

Home Health Certification and Plan of Care				Order ID: 1150/15438	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
59320099		01/15/2026		From: 01/15/2026 To: 03/15/2026	
				4. Medical Record No.	
				19755	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Richard Baker			HomeCentris Healthcare LLC		
1208 Overbrook Rd,			10 Crossroads Drive, Suite 102		
BALTIMORE, MD 21239-			Owings Mills, MD 21117-8284		
310-295-7500			410-321-8448		
			1487113239		
8. DOB			9. Sex		
03/03/1974			Male		
11. ICD			Date		
Z47.1			01/15/26		
Principal Diagnosis			Aftercare following joint replacement surgery		
13. ICD			Date		
Z96.641			01/15/26		
M16.12			01/15/26		
J45.909			01/15/26		
E78.00			01/15/26		
N40.0			01/15/26		
K21.9			01/15/26		
R73.03			01/15/26		
Z79.84			01/15/26		
Z87.891			01/15/26		
Other Pertinent Diagnoses			Date		
Presence of right artificial hip joint			01/15/26		
Unilateral primary osteoarthritis left hip			01/15/26		
Unspecified asthma uncomplicated			01/15/26		
Pure hypercholesterolemia unspecified			01/15/26		
Benign prostatic hyperplasia without lower urinry tract symp			01/15/26		
Gastro-esophageal reflux disease without esophagitis			01/15/26		
Prediabetes			01/15/26		
Long term (current) use of oral hypoglycemic drugs			01/15/26		
Personal history of nicotine dependence			01/15/26		
10. Medications: Dose/Frequency/Route (N)ew (C)hanged			Acetaminophen - Acetaminophen 500 mg, Take 1 tablet by mouth every 6 hours Take 1 tablet by mouth every 6 hours as needed for pain Motrin - Ibuprofen 600 mg 600 mg600 mg, Take 1 tablet by mouth every 6 hours Take 1 tablet by mouth every 6 hours as needed . Take with food Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 5mg; 1-2 tabs by mouth every 4 hours as needed for pain Aspirin 81Mg - Aspirin 81 mg, Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day for 28 days Colace - Docusate Sodium 100 mg, Take 1 capsule by mouth twice a day Take 1 capsule by mouth 2 times a day Omeprazole Magnesium - Omeprazole Magnesium eq 20 mg base eq 20 mg base20 mg , Take 1 capsule by mouth in the morning Take 1 capsule by mouth every morning 30 to 60 minutes prior to a meal Zyrtec - Cetirizine Hydrochloride 5 mg/5ml 5 mg/5ml10 mg, Take 10 mg Tablet by mouth once a day allergies Norvasc - Amlodipine Besylate eq 2.5 mg base 2.5 mg Oral Tab, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily (Patient not taking: Reported on 11/14/2025)		
14. DME and Supplies:			15. Safety Measures:		
grab bars, walker, bath bench, cane			standard precautions, fall precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, ambulates with assistance, transfer with assist, hip precautions, activity supervision		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation			Cane, Walker, Exercises Prescribed		
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Pyschosocial Status: Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: good					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.			patient will be responsible for managing treatment		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 01/15/2026					
24. Physician's Name and Address			26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.		
Patrick Narcisse			F2F date : 11/14/2025		
2391 Greenspring Dr					
Timonium , MD 21093					
PHONE: 410-847-3000 FAX: NPI: 1508397092					
27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face			28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.		
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6. Patient's Name and Address Richard Baker 1208 Overbrook Rd, BALTIMORE, MD 21239- 310-295-7500		7. Provider's Name, Address and Telephone Number HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		

Homebound status: After undergoing Right Total Hip Replacement surgery, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare: <p class="MsoNoSpacing">The patient is a 51-year-old male status post right total hip arthroplasty, admitted for skilled nursing (SN) and physical therapy (PT) evaluation and treatment. He is alert and oriented 3, reports pain at 4/10 managed with oxycodone, and denies shortness of breath; lung sounds are clear throughout. He reports a good appetite, with last bowel movement prior to surgery. The right anterior hip dressing is clean, dry, and intact, and the patient is ambulating short distances with a walker for safety. His spouse assists with all ADLs and IADLs as needed. Skilled nursing reviewed all medications, including doses and frequency, provided education on effective pain management, and reviewed all postoperative instructions; the patient and spouse were receptive. PT evaluation was completed, noting decreased strength (2-/5 MMT), requiring contact guard assistance for transfers and short-distance ambulation with emphasis on improving trunk extension and step length. The patient was instructed in an initial seated home exercise program focusing on flexion and extension stretching, and hip precautions were reviewed, particularly for bed and toilet transfers, with the patient demonstrating understanding. The patient would benefit from continued skilled PT services to improve strength, range of motion, and mobility safety in order to return to prior level of function.</o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">01/15/2026
Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 11/14/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right Total Hip Replacement surgery
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p></p> <p class="MsoNoSpacing">
 1 - SOC - SN Notes:<o:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Narcisse, Patrick</p>

SN Careplans

SN WK1: 1 (01/15/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds ; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.

Assess/Instruct Pt/PCg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.

Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale

Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.

Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.

Provide education content at patient's level of health literacy.

Assess/Instruct Pt/PCg: Safety measures to prevent injury.

Assess: Musculoskeletal status.

Teach Pt/PCg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device

Assess/Instruct Pt/PCg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.

Pt/PCg educated in pain management techniques including positioning and relaxation techniques

Instruct Pt/PCg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education..

Assess/Instruct Pt/PCg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training

Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

RIGHT ANTERIOR HIP

Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, #1 - Non-Observable Surgical Wound - Anterior Right Hip - nonremovable dressing clean, dry and intact

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Hip - nonremovable dressing clean, dry and intact, Medication Review- : Medications reviewed with

SN Goals

PATIENT-STATED GOAL: I WANT THE PAIN TO GET BETTER

GOALS

patient/caregiver recalls

- * how to achieve wound healing including cleaning and dressing wound
- * position changes
- * skin care
- * diet modification
- * record wound measurements
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * how to manage inflammatory process
- * optimize mobility with active and passive range of motion exercises
- * fluid and diet intake to promote healing
- * prevent constipation
- * home safety
- * recalls related medic

patient/caregiver recalls

- * lifestyle modifications to manage respiratory condition including
- * diet changes and regular exercise
- * strategies to control shortness of breath
- * home remedies to keep lungs healthy
- * recalls related medicatio

patient/caregiver recalls

- * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
- * teach relaxatio

patient self-administers medications as prescribed

- * recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/15/2026

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patient/caregiver. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: SN TO REMOVE HIP DRESSING POST OP DAY 7 AND KEEP OPEN TO AIR	
TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medicatio, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxatio, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medic, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals	

PT Careplans PT WK1: 1 (01/15/26-01/17/26) ,WK2: 3 (01/18/26-01/24/26) ,WK3: 2 (01/25/26-01/31/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 Dyspnea, Pain Effect on Sleep, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, cough/deep breathing exercises, equipment training, work simplification/energy conservation, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medicatio, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxatio, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 06. Independent, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Medication Review	PT Goals PATIENT-STATED GOAL: To be able to walk without pain GOALS Chair to Bed to Chair - 05. Setup or clean-up assistance Sit to Stand - 05. Setup or clean-up assistance Toilet Transfer - 05. Setup or clean-up assistance 1 - Step (curb) - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Car Transfer - 06. Independent Shower/Bathe Self - 04. Supervision or touching assistance Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance patient/caregiver recalls * lifestyle modifications to manage respiratory condition including * diet changes and regular exercise * strategies to control shortness of breath * home remedies to keep lungs healthy * recalls related medicatio patient/caregiver recalls * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain * teach relaxatio Medication Review Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 05. Setup or clean-up assistance Upper Body Dressing - 05. Setup or clean-up assistance
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/15/2026