Home Health Certification and Plan of Care

Order ID: 1150/15839

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
931037659	01/27/2026	From: 01/27/2026 To: 03/27/2026	21112	217058

6. Patient's Name and Address

Ivan Gettle
1417 Dalewood Dr,
JOPPA, MD 21085-
410-227-1666

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

8. DOB 04/10/1942 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	01/27/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.651	Presence of right artificial knee joint	01/27/26
I10.	Essential (primary) hypertension	01/27/26
M48.061	Spinal stenosis lumbar region without neurogenic claud	01/27/26
M54.16	Radiculopathy lumbar region	01/27/26
E78.00	Pure hypercholesterolemia unspecified	01/27/26
I70.0	Atherosclerosis of aorta	01/27/26
H91.93	Unspecified hearing loss bilateral	01/27/26
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	01/27/26
H40.1121	Primary open-angle glaucoma left eye mild stage	01/27/26
J31.0	Chronic rhinitis	01/27/26
G89.4	Chronic pain syndrome	01/27/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	01/27/26
F41.9	Anxiety disorder unspecified	01/27/26
R73.03	Prediabetes	01/27/26
R91.8	Other nonspecific abnormal finding of lung field	01/27/26
Z85.828	Personal history of other malignant neoplasm of skin	01/27/26
Z96.1	Presence of intraocular lens	01/27/26
Z98.1	Arthrodesis status	01/27/26
Z91.81	History of falling	01/27/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Bunavail - Buprenorphine Hydrochloride: Naloxone Hydrochloride 4 mg/act Spray contents in 1 nostril for adult or child not breathing or responding. Call 911. If patient is
Amlodipine Besylate And Atorvastatin Calcium - Amlodipine Besylate: Atorvastatin Calcium 90 tablet Oral daily for cholesterol and heart protection
Albuterol Sulfate And Ipratropium Bromide - Albuterol Sulfate: Ipratropium Bromide 30 mL Each nostril Use 2 sprays in each nostril 2 times a day
Accuneb - Albuterol Sulfate 18 g Inhalation Inhale every 4 hours as needed for cough, shortness of breath or wheezing
Afaxin - Vitamin A Palmitate unit Oral one tab daily
8-Hour Bayer - Aspirin 81 MG Oral Tablet , Take 1 tablet by mouth twice a day 1 tab twicedaily
Aches-N-Pain - Ibuprofen 600mg = 1tab by mouth every 6 hours Take 1 tab every six hours as needed for pain.
Colace - Docusate Sodium 100mg=1tab by mouth twice a day Take 1 tabe twice daily for constipation
Flomax - Tamsulosin Hydrochloride 0.4 mg 1 tab by mouth once a day Take 1tab daily for enlarged prostate
Lipitor - Atorvastatin Calcium eq 40 mg base 40mg=1tab by mouth once a day Take 1 40mg tab nightly for cholesterol
Cymbalta - Duloxetine Hydrochloride 30 mg 30mg=1tab by mouth once a day Take 1tab 30mg daily for back pain.
Ibuprofen - Ibuprofen 600 mg 1 tab 600mg by mouth every 6 hours Take 1 600mg tab every 6 hours for pain.
Extra Strength Tylenol - Acetaminophen 500mg=1tab by mouth every 6 hours Take 1 tab every6 hours as needed for pain.
Miralax - Polyethylene Glycol 3350 17 grams by mouth once a day 1 cap full to 8 ounces of any beverage for constipation
Betimol - Timolol 0.5% left eye once a day One drop daily in left eye for glaucoma

14. DME and Supplies:

rolling walker

15. Safety Measures:

walker precautions, smoke detectors , restricted ROM, medication safety, fall precautions, bleeding precautions, ambulates with device, ambulates with assistance, supervision at all times, transfer with assist, standard precautions, knee precautions, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

naldecon ex

18.A. Functional Limitations

Bowel/Bladder Incontinence, Endurance, Ambulation, Hearing

18.B. Activities Permitted

Transfer bed/Chair, Walker, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: After undergoing Right Total Knee 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: The patient is an 83-year-old male status post right total knee replacement on 1/23 who is currently home with poorly controlled pain. He resides with his son in the basement level of a bilevel home, which requires navigating approximately 10 steps from the front entrance. The patient was not taking his pain medications on a routine schedule, resulting in increased pain; a pill organizer was obtained, and the RN assisted the son in setting up a scheduled medication regimen. His past medical history includes bilateral hearing loss, chronic rhinitis, benign prostatic hyperplasia, Fuchs disease, diverticulitis and diverticulosis, left macular pucker, pseudophakia, osteoarthritis, and right posterior vitreous detachment. He is allergic to Naldecon and is full code. The patient ambulates with a rolling walker and one-person assistance and exhibits intermittent confusion, forgetfulness, and feelings of being overwhelmed, indicating a need for extensive caregiver education regarding medication management. He discontinued Cymbalta independently, believing it to be a narcotic, which resulted in withdrawal symptoms; the RN provided education to the patient and son on the importance of medication tapering, as Cymbalta is prescribed for sciatica pain. Safety concerns include multiple loose rugs in the main living area that pose a significant fall risk and should be secured or removed. The patient has a half bath on his living level and will use his son's bathroom for showering. Physical therapy assessment revealed right knee pain and edema with significantly limited range of motion (-2 to 65 degrees of flexion). Therapeutic interventions included assisted stretching, strengthening, joint mobilization, gait training with a rolling walker, and education on ice use for pain and edema management. The patient is scheduled for surgical follow-up on 2/6 and will begin outpatient physical therapy on 2/5.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/27/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 12/29/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right Total Knee 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>
 1 - SOC - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> <p

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Patrick Narcisse
2391 Greenspring Dr
Timonium , MD 21093
PHONE: 410-847-3000 FAX: NPI: 1508397092

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.

F2F date : 12/29/2025

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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Ivan Gettle 1417 Dalewood Dr, JOPPA, MD 21085- 410-227-1666	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

class="MsoNoSpacing">Physician: Narcisse, Patrick</p>

SN Careplans

SN WK1: 1 (01/27/26-01/31/26) ,WK2: 1 (02/01/26-02/07/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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; 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.

; 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
Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: , M1720 - Anxiety, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, M1400 - Dyspnea, dependent edema, limited range of motion, limited strength, swelling of affected area, poor muscle tone, muscle weakness, limited endurance, B0200 - Hearing Deficit, B1000 - Vision Deficit, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, #1 - Observable Surgical Wound - Other - right knee -

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - right knee -, incentive spirometer, physician-ordered wound care: 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., wound vacuum, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * 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 keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, * how to keep home safe

SN Goals

PATIENT-STATED GOAL: Patient states he wants to be out of pain and be able to get out of the house without falling

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 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/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related m

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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/27/2026

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for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 3 (01/27/26-01/31/26) ,WK2: 3 (02/01/26-02/07/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, 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, GG0130B1 - Oral Hygiene, 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

PROCEDURES: cough/deep breathing exercises, incentive spirometer, wheelchair training, equipment training, gait training on uneven surfaces, 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 - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: To walk pain freel

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

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

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/27/2026