

Home Health Certification and Plan of Care				Order ID: 1150/15980	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
34316270		02/03/2026		From: 02/03/2026 To: 04/03/2026	
4. Medical Record No.		5. Provider No.			
20733		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Thelma Marshall 1606 Roundhill Rd, BALTIMORE, MD 21218- 410-598-4034			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB 08/16/1941			9.Sex Female		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
Z47.1			Amlodipine - Amlodipine Besylate 5 mg take 1 tablet by mouth once a day		
Principal Diagnosis			EUCERIN ORIGINAL Top Lotn topical as necessary Apply to		
Aftercare following joint replacement surgery			affected area(s)		
Date			as needed		
02/03/26			Famotidine - Famotidine 20 mg take 1 tablet by mouth once a day		
13. ICD			Aspirin - Aspirin 81 mg take 1 tablet by mouth once a day		
Z96.641			Systane - Normal Saline 1 drop each eye both eyes four times a day 1 drop		
M15.0			in each eye 3-4 timesdaily for dry eye syndrome		
Primary generalized (osteo)arthritis					
E03.9					
Hypothyroidism unspecified					
I10.					
Essential (primary) hypertension					
M51.17					
Intvrt disc disorders w radiculopathy lumbosacral region					
I65.23					
Occlusion and stenosis of bilateral carotid arteries					
E78.5					
Hyperlipidemia unspecified					
D50.9					
Iron deficiency anemia unspecified					
K21.9					
Gastro-esophageal reflux disease without esophagitis					
G31.84					
Mild cognitive impairment of uncertain or unknown etiology					
H35.371					
Puckering of macula right eye					
H04.123					
Dry eye syndrome of bilateral lacrimal glands					
R73.03					
Prediabetes					
Z79.82					
Long term (current) use of aspirin					
Z79.51					
Long term (current) use of inhaled steroids					
Z96.653					
Presence of artificial knee joint bilateral					
Date					
02/03/26					
14. DME and Supplies:			15. Safety Measures:		
rolling walker, commode, 4 wheeled walker			walker precautions, smoke detectors , hip precautions, bathroom safety, anticoagulant precautions, ambulates with device, ambulates with assistance, medication safety, supervision at all times, transfer with assist, standard precautions, fall precautions, bleeding precautions, activity supervision		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			oxycodone-acetaminophen codeine phosphate hydromorphone morphine oxyco		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation			Exercises Prescribed, Up As Tolerated		
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		
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 an 84-year-old female, four days status post right total hip replacement, residing in a multi-level rowhome/townhouse with stairs and receiving around-the-clock assistance from family members, including her grandson. Her pain is well controlled, she is a full code, and she is weight bearing as tolerated while applying ice to the surgical site as instructed. The patient ambulates approximately 30 feet indoors with a rolling walker under supervision, performs limited stair negotiation with a rail and cane using contact guard assistance, and requires one-person assistance or supervision for transfers to a recliner or bedside commode; she is currently sleeping in a recliner and declined bed mobility assessment. Past medical history includes hyperlipidemia, hypertension, osteoarthritis, and mild cognitive disorder. She has a bedside commode and walker available but does not yet have an outpatient therapy appointment scheduled and is not taking all medications recommended on discharge. Balance and mobility deficits place her at increased fall risk, as evidenced by a Tinetti score of 12/28, rendering her homebound due to the significant effort required to leave the home with an assistive device. The patient tolerated therapeutic exercises including quad sets, glute sets, hip flexion, knee extension, and ankle pumps, and would benefit from skilled home therapy to improve strength, mobility, and safety and to facilitate a return toward prior level of independence.</p><p class="MsoNoSpacing"><0:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<0:p></o:p></p> <p class="MsoNoSpacing">02/03/2026 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 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<0:p></o:p></p> <p class="MsoNoSpacing"> 1 - SOC - SN Notes:<0:p></o:p></p> <p class="MsoNoSpacing">PT Eval Notes: <0:p></o:p></p> <p class="MsoNoSpacing">Physician: Narcisse, Patrick</p>					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 02/03/2026					
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 : 12/29/2025		
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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SN Careplans

SN WK1: 1 (02/03/26-02/07/26) ,WK2: 1 (02/08/26-02/14/26)

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: 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, M1400 - Dyspnea, dependent edema, swelling of affected area, limited endurance, limited strength, muscle weakness, Pain Interference with ADLs, balance deficit, daytime fatigue, Pain Effect on Sleep, bruising/discoloration, swell/redness surround. skin, #1 - Observable Surgical Wound - Other - Right hip -

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Right hip -: 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., incentive spirometer, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: Patient states she wants to be able to go up her stairs so she can sleep in her own bed.

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

- * 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

caregiver administers and/or packages medications appropriately

PT Careplans

PT Goals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/03/2026

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PT WK1: 2 (02/03/26-02/07/26) ,WK2: 3 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, Pain Effect on Sleep, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, 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, GG0170F1 - Toilet Transfer PROCEDURES: equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: * 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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet 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, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent		PATIENT-STATED GOAL: Walk independently without pain using a cane GOALS Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance Toilet Transfer - 06. Independent 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 150 Feet - 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 Car Transfer - 05. Setup or clean-up assistance Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent Chair to Bed to Chair - 05. Setup or clean-up assistance Shower/Bathe Self - 02. Substantial/maximal assistance Lower Body Dressing - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance Sit to Stand - 05. Setup or clean-up assistance Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/03/2026