Home Health Certification and Plan of Care

Order ID: 1150/15977

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
59198182	02/03/2026	From: 02/03/2026 To: 04/03/2026	20734	217058

6. Patient's Name and Address

Berkley Kern
337 Nicholson Rd,
ESSEX, MD 21221-
410-852-2854

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 10/28/1951 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	02/03/26

13. ICD	Other Pertinent Diagnoses	Date
E11.9	Type 2 diabetes mellitus without complications	02/03/26
I10.	Essential (primary) hypertension	02/03/26
E78.5	Hyperlipidemia unspecified	02/03/26
J84.10	Pulmonary fibrosis unspecified	02/03/26
N52.8	Other male erectile dysfunction	02/03/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	02/03/26
Z96.643	Presence of artificial hip joint bilateral	02/03/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	02/03/26
Z87.81	Personal history of (healed) traumatic fracture	02/03/26
Z86.14	Personal history of methicillin resis staph infection	02/03/26

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

Atorvastatin - Atorvastatin Calcium 1 Tablet (40mg) by mouth at bedtime Take 1 tablet by mouth daily For cholesterol and heart protection
Amlodipine - Amlodipine Besylate 1 Tablet (10mg) by mouth once a day Hypertension
Clopidogrel - Clopidogrel 75 mg 1 Tablet (75mg) by mouth once a day Stroke prevention
Gabapentin - Gabapentin 100 mg See Directions by mouth three times a day Take 1 capsule by mouth every morning AND 1 capsule every noon AND 3 capsules daily at bedtime.
Trazodone - Trazodone Hydrochloride 1 Tablet (50mg) by mouth at bedtime As needed for Insomnia.
Acetaminophen - Acetaminophen 2 Tablets (1,000mg) by mouth every 6 hours As needed for Mild to Moderate pain rated 1-5 on numeric scale.
Pradaxa - Dabigatran Etexilate Mesylate 1 Tablet (220mg) by mouth once a day Anticoagulant
Colace - Docusate Sodium 1 Tablet (100mg) by mouth twice a day Stool softner
Oxaydo - Oxycodone Hydrochloride 1-2 Tablets (5mg - 10mg) by mouth every 4 hours Take 1-2 tablets every 4 hours as needed for moderate to severe pain rated 6-10 on numeric scale.

14. DME and Supplies:

walker, cane

15. Safety Measures:

walker precautions, smoke detectors , , , hip precautions, emergency phone # clearly displayed, bathroom safety, ambulates with device, supervision at all times, medication safety, ambulates with assistance, standard precautions, fall precautions, diabetic precautions, bleeding precautions, activity supervision

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

Aspirin

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Cane, Walker, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:

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.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status:

After undergoing Left 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:

The patient is a male in his mid-70s status post left total hip replacement performed in January 2026 at Kaiser, referred for skilled home health physical therapy due to postoperative decline in functional mobility, left lower extremity weakness, impaired balance, and gait dysfunction. He is ambulating with a two-wheeled/front-wheeled walker and denies signs or symptoms of infection or medication-related issues. On evaluation, the patient demonstrates bilateral lower extremity weakness greater on the left (LLE strength approximately 3+/5; RLE 4/5), impaired weight bearing through the left lower extremity, and altered gait mechanics characterized by decreased left stance time and an antalgic pattern. Functionally, he requires minimal assistance for bed mobility and sit-to-stand transfers and ambulates approximately 40-60 feet with contact guard assistance, requiring verbal cues for safety and adherence to hip precautions. Balance is impaired, with fair static standing balance using an assistive device and poor dynamic balance, placing him at increased risk for falls. He is currently unable to safely negotiate stairs or uneven surfaces and is considered homebound due to recent surgery, pain, weakness, abnormal gait, impaired balance, and the need for an assistive device and assistance for mobility. Skilled home health physical therapy is medically necessary to address strength deficits, gait and balance impairments, transfer safety, and education on hip precautions to promote safe recovery, reduce fall risk, prevent complications, and avoid rehospitalization.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 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 Left Total

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/03/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/15977

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
59198182	02/03/2026	From: 02/03/2026 To: 04/03/2026	20734	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Berkley Kern 337 Nicholson Rd, ESSEX, MD 21221- 410-852-2854	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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>
 1 - SOC - SN Notes:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"><o:p></o:p> PT Eval Notes: <o:p></o:p> Physician: Narcisse, Patrick

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: 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: , M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, constipation, swelling of affected area, limited range of motion, muscle weakness, limited endurance, limited strength, Pain Effect on Sleep, Pain Interference with ADLs

PROCEDURES: cough/deep breathing exercises, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Remove post op surgical dressing 7 days after surgery on 2/6/2027 from left hip., teach/coordinate/arrange medication packaging and/or administration

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

SN Goals

PATIENT-STATED GOAL: Patient states "I want my hip to heal without complications so I can get back to the horse track."

GOALS
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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 2 (02/03/26-02/07/26) ,WK2: 3 (02/08/26-02/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170I1 - Walk 10 Feet, 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, GG0130B1 - Oral Hygiene, 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

PT Goals

PATIENT-STATED GOAL: To have a successful post op procedure

GOALS
Chair to Bed to Chair - 06. Independent

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

Signature of Physician:	Date

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

Home Health Certification and Plan of Care

Order ID: 1150/15977

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
59198182	02/03/2026	From: 02/03/2026 To: 04/03/2026	20734	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Berkley Kern 337 Nicholson Rd, ESSEX, MD 21221- 410-852-2854	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PROCEDURES: Medication Review: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , Medication Review: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time. , equipment training, 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 - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 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

works best to relieve pain
* teach relaxatio

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/03/2026