

Home Health Certification and Plan of Care				Order ID: 1150/16873	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
2D55UT7AD76		03/06/2026		From: 03/06/2026 To: 05/04/2026	
				4. Medical Record No.	
				22742	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Wanda Russell				HomeCentris Healthcare LLC	
22 Broadbridge Rd,				10 Crossroads Drive, Suite 102	
ROSEDALE, MD 21237-				Owings Mills, MD 21117-8284	
443-691-4964				410-321-8448	
				1487113239	
8. DOB				9. Sex	
04/19/1956				Female	
11. ICD		Principal Diagnosis		Date	
Z47.1		Aftercare following joint replacement surgery		03/06/26	
13. ICD		Other Pertinent Diagnoses		Date	
I10.		Essential (primary) hypertension		03/06/26	
M19.041		Primary osteoarthritis right hand		03/06/26	
M19.042		Primary osteoarthritis left hand		03/06/26	
M67.48		Ganglion other site		03/06/26	
R73.03		Prediabetes		03/06/26	
K21.9		Gastro-esophageal reflux disease without esophagitis		03/06/26	
E66.9		Obesity unspecified		03/06/26	
Z68.33		Body mass index [BMI] 33.0-33.9 adult		03/06/26	
Z96.653		Presence of artificial knee joint bilateral		03/06/26	
14. DME and Supplies:				15. Safety Measures:	
walker				standard precautions, fall precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, bathroom safety, anticoagulant precautions, activity supervision	
16. Nutrition:				17. Allergies:	
low sodium				adipex-p	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation				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: fair					
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.				another facility/provider 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:		<p class="MsoNoSpacing">The patient is a 69-year-old female with a past medical history significant for obesity, bilateral hand arthritis, gastroesophageal reflux disease (GERD), hypertension, and ganglion cyst. She is status post right total knee replacement and is currently alert and oriented 4. Following surgery, the patient experienced nausea and vomiting, which recurred during the visit, although she reports no other recent episodes prior to this event. She reports a pain level of 6/10 and fatigue but denies dizziness, lightheadedness, or shortness of breath. A full physical assessment was completed and medications were reviewed. The patient ambulates with a walker and has family support involved in her care. She presents with postoperative pain and edema of the right knee. During the visit, therapeutic exercises were performed, including heel slides and lower-extremity abduction/adduction in supine; heel slides and long arc quads in sitting; and marching and heel raises in standing. The patient also ambulated approximately 200 feet using a rolling walker. Skilled therapy is indicated to address postoperative pain, edema, strength, and functional mobility to support recovery and improve independence.</o:p></o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">03/06/2026 Physician Face-to-Face Date: 02/23/2026 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></p> <p class="MsoNoSpacing"> 1 - SOC - SN Notes: PT Eval Notes: <o:p></o:p></p> <p class="MsoNoSpacing">Physician: Narcisse, Patrick</p>			
SN Careplans				SN Goals	
SN WK1: 1 (03/06/26-03/07/26) ,WK2: 1 (03/08/26-03/14/26)				PATIENT-STATED GOAL: To walk well without pain	
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				GOALS	
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance				patient/caregiver recalls	
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion				* how to achieve wound healing including cleaning and dressing wound	
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				* 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	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 03/06/2026					
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 : 02/23/2026	
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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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:Durable power of attorney for health care/Medical power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, muscle weakness, Pain Interference with ADLs, balance deficit, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Right Knee - right knee replacement surgery PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Knee - right knee replacement surgery: Remove Aquacel dressing after 7 days post op and LOTA. Otherwise, cover with a dry gauze dressing if drainage occurs., Medication Review: Medication reviewed with the patient/caregiver., cough/deep breathing exercises, incentive spirometer 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 medication(s) purpose, schedule, * 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule			* diet changes and regular exercise * strategies to control shortness of breath * home remedies to keep lungs healthy * 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 relaxation skills and diversional activities * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule		
PT Careplans			PT Goals		
PT WK1: 1 (03/06/26-03/07/26) ,WK2: 3 (03/08/26-03/14/26) ,WK3: 2 (03/15/26-03/21/26)			PATIENT-STATED GOAL: To walk with out pain		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Effect on Sleep, GG0170P1 - Picking Up Object, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, GG0170F1 - Toilet Transfer, 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			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 Shower/Bathe Self - 05. Setup or clean-up assistance Sit to Stand - 06. Independent Car Transfer - 06. Independent 4 Steps - 05. Setup or clean-up assistance Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent		
PROCEDURES: cough/deep breathing exercises, equipment training, gait training on uneven surfaces, gait training/stair training, transfers training			patient/caregiver recalls * lifestyle modifications to manage respiratory condition including		
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 medication(s) purpose, schedule, * 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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					
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			03/06/2026		

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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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent		* diet changes and regular exercise * strategies to control shortness of breath * home remedies to keep lungs healthy * 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 relaxation skills and diversional activities * recalls related medication(s) purpose, schedule 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 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent		

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