# Home Health Certification and Plan of Care

**Order ID: 1150/17077**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 3D90K81AX16 | 03/12/2026 | From: 03/12/2026 To: 05/10/2026 | 22798 | 217058 |

**6. Patient's Name and Address**

Rosie Moore
300 Sunflower Dr apt 324,
BEL AIR, MD 21014-
678-910-5613

**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** 08/11/1955 **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| Z47.1 | Aftercare following joint replacement surgery | 03/12/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| Z96.641 | Presence of right artificial hip joint | 03/12/26 |
| M17.11 | Unilateral primary osteoarthritis right knee | 03/12/26 |
| I13.0 | Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny | 03/12/26 |
| I50.9 | Heart failure unspecified | 03/12/26 |
| E11.22 | Type 2 diabetes mellitus w diabetic chronic kidney disease | 03/12/26 |
| N18.4 | Chronic kidney disease stage 4 (severe) | 03/12/26 |
| D63.1 | Anemia in chronic kidney disease | 03/12/26 |
| N25.81 | Secondary hyperparathyroidism of renal origin | 03/12/26 |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | 03/12/26 |
| E78.5 | Hyperlipidemia unspecified | 03/12/26 |
| E11.42 | Type 2 diabetes mellitus with diabetic polyneuropathy | 03/12/26 |
| K57.30 | Dvrtclos of lg int w/o perforation or abscess w/o bleeding | 03/12/26 |
| G47.33 | Obstructive sleep apnea (adult) (pediatric) | 03/12/26 |
| M85.80 | Oth disrd of bone density and structure unspecified site | 03/12/26 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 03/12/26 |
| M05.9 | Rheumatoid arthritis with rheumatoid factor unspecified | 03/12/26 |
| E66.01 | Morbid (severe) obesity due to excess calories | 03/12/26 |
| Z68.37 | Body mass index [BMI] 37.0-37.9 adult | 03/12/26 |
| Z79.85 | Lng trm (crnt) use injectable non-insulin antidiabetic drugs | 03/12/26 |
| Z79.82 | Long term (current) use of aspirin | 03/12/26 |
| Z90.710 | Acquired absence of both cervix and uterus | 03/12/26 |
| Z87.891 | Personal history of nicotine dependence | 03/12/26 |

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

Tylenol - Acetaminophen 0 500 mg / 1 Tablet by mouth in the morning As needed for pain
Sodium Bicarbonate - Sodium Bicarbonate 0 650 mg / 1 Tablet by mouth twice a day Take 2 tablets after meals
Rocaltrol - Calcitriol 0.25mcg 0.25mcg / 1 Capsule by mouth threee times per week Supplement
Pepcid - Famotidine 40 mg 40 mg / 1 Tablet by mouth once a day GERD
Norvasc - Amlodipine Besylate eq 10 mg base eq 10 mg base / 1 Tablet by mouth once a day HTN
HYZAAR 0 100-25 mg / 1 Tablet by mouth once a day HTN/Fluid pill
Humulin 70/30 Insulin - Insulin Recombinant Human 0 100 unit/mL (70-30) / Inject 20 Units subcutaneous twice a day T2DM
Folic Acid - Folic Acid 1 mg 1 mg / 1 Tablet by mouth once a day
Ecotrin - Aspirin 0 Low Strength 81 mg / 1 Tablet by mouth twice a day
PRAVACHOL 0 20 mg / 1 Tablet by mouth in the evening to prevent heart attack and stroke
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg, 1 tablet by mouth every 6 hours as needed for pain
Colace - Docusate Sodium 100Mg, 1 Capsule by mouth twice a day stool softener

**14. DME and Supplies:**

diabetic supplies, bath bench, cane, walker

**15. Safety Measures:**

diabetic precautions, , ambulates with device, walker precautions, , no lifting, hip precautions, bathroom safety,

**16. Nutrition:**

diabetic, low sodium

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Ambulation

**18.B. Activities Permitted**

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:**

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**

family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

**Homebound status:** After undergoing Right Total Hip Replacement, 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 70-year-old female who is alert and oriented to person, place, time, and situation (A&O4), recently referred to home health services following an elective right total hip replacement due to osteoarthritis. Her past medical history is significant for secondary hyperparathyroidism, severe obesity, hyperlipidemia, coronary artery disease, rheumatoid arthritis, hypertension, type 2 diabetes mellitus, chronic kidney disease, diverticulitis, macular degeneration, and prior surgical history including hysterectomy and appendectomy. The patient resides alone in an apartment within a senior living facility with elevator access; however, family members are and actively involved, taking turns assisting with her care during the postoperative recovery period. Prior to surgery, the patient was independent with community mobility and ambulated with a single-point cane. Currently, she ambulates with a rolling walker and is weight-bearing as tolerated on the right lower extremity, adhering to anterior hip precautions. On assessment, the patient demonstrates right lower extremity weakness, impaired balance, gait dysfunction, decreased strength, and deficits in functional transfers and bed mobility, all contributing to reduced independence and increased fall risk. All prescribed medications are available in the home. Education was provided regarding medication compliance for effective pain management, use of ice for swelling control, and strategies to prevent constipation commonly associated with postoperative immobility and analgesic use. Therapeutic interventions included initiation and instruction of a home exercise program consisting of supine and seated lower extremity exercises performed in accordance with hip precautions. The patient's daughter was educated on how to assist with exercises, ambulation using a rolling walker, and safe bed mobility techniques. Both the patient and family demonstrated understanding of the instructions, with no further questions at the conclusion of the session. The patient exhibits good rehabilitation potential and is expected to benefit from continued skilled physical therapy services to address deficits in strength, balance, mobility, and functional independence, with the goal of returning to her prior level of function while maintaining safety within the home environment. <br> Date of Order <span style="font-size:

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 03/12/2026

**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 : 02/27/2026

**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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14px;">03/12/2026 Orders Physician Face-to-Face Date: 02/27/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right Total Hip Replacement Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: soc PT Eval Notes: eval <br> Physician Narcisse, Patrick

## SN Careplans

SN WK1: 1 (03/12/26-03/14/26) ,WK2: 1 (03/15/26-03/21/26)

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: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, limited strength, Pain Interference with ADLs, balance deficit, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Right Hip - Right hip replacement surgery

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Hip - Right hip replacement surgery: Remove dressing on the 7th day post op and leave open to air. cover if dry gauze if drainage occurs., physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Hip - Right hip replacement surgery: Remove dressing on the 7th day post op and leave open to air. cover if dry gauze if drainage occurs., cough/deep breathing exercises, incentive spirometer, glucose testing via monitor

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

## SN Goals

PATIENT-STATED GOAL: to walk without assistive devices

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 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

Signature of Physician:

Date



Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

03/12/2026

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PT WK1: 2 (03/12/26-03/14/26) ,WK2: 3 (03/15/26-03/21/26) ,WK3: 1 (03/22/26-03/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, 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

PROCEDURES: cough/deep breathing exercises, incentive spirometer, 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 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 - 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: To walk with nothing and being independent in the home

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Shower/Bathe Self - 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 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 05. Setup or clean-up assistance

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 | 03/12/2026 |