Home Health Certification and Plan of Care

Order ID: 1150/17397

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
89333025	03/20/2026	From: 03/20/2026 To: 05/18/2026	23159	217058

6. Patient's Name and Address

Alice White
2002 Swansea Rd,
BALTIMORE, MD 21239-
443-257-6814

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 09/08/1958 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	03/20/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	03/20/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	03/20/26
N18.9	Chronic kidney disease u	03/20/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/20/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	03/20/26
E78.5	Hyperlipidemia unspecified	03/20/26
F32.A	Depression unspecified	03/20/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	03/20/26
B00.89	Other herpesviral infection	03/20/26
K63.5	Polyp of colon	03/20/26
D47.1	Chronic myeloproliferative disease	03/20/26
M54.31	Sciatica right side	03/20/26
H35.033	Hypertensive retinopathy bilateral	03/20/26
E11.36	Type 2 diabetes mellitus with diabetic cataract	03/20/26
H52.10	Myopia unspecified eye	03/20/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/20/26
E66.01	Morbid (severe) obesity due to excess calories	03/20/26
Z68.34	Body mass index [BMI] 34.0-34.9 adult	03/20/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/20/26
Z79.82	Long term (current) use of aspirin	03/20/26
Z96.653	Presence of artificial knee joint bilateral	03/20/26
Z87.891	Personal history of nicotine dependence	03/20/26

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

COLACE 100 mg / 1 Capsule by mouth twice a day
Glucophage Xr - Metformin Hydrochloride 500 mg / 1 Tablet by mouth in the evening Take 2 tablets with a meal for Diabetes
Tylenol - Acetaminophen 500 mg / 1 Tablet by mouth every 6 hours as needed
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 5,000 mcg SL Subl Tab by mouth once a day Dissolve 0.5 tablets under the tongue
Lexapro - Escitalopram Oxalate eq 20 mg base / 1 Tablet by mouth once a day
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg (65 mg iron) / 1 Tablet by mouth once a day
Vitamin B Complex - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 Capsule by mouth once a day
Lipitor - Atorvastatin Calcium eq 40 mg base / 1 Tablet by mouth once a day
Multivitamin Oral Tab 1 Tablet by mouth once a day
turmeric ORAL by mouth once a day Take 2 tablets (1200mg)
Ecotrin - Aspirin 0 Low Strength 81 mg / 1 Tablet by mouth twice a day
Clopidogrel - Clopidogrel 75 mg 75mg= 1 tab by mouth once a day 1 tab daily for blood clot prevention
Cymbalta - Duloxetine Hydrochloride 60 mg 60mg=1 tab by mouth once a day 1 tab daily for depression
Lisinopril And Hydrochlorothiazide - Hydrochlorothiazide: Lisinopril 12.5 mg;20 mg 12.5mg:20mg=1 tab by mouth once a day 1 tab daily for blood pressure
Albuterol Inhaler - Albuterol 90mcg inhalant every 4 hours inhale two puffs every 4 hours as needed for wheezing
Cinnamon Bark 500 mg Oral Cap by mouth before meal Take 1 tablet by mouth daily
Moxifloxacin - Moxifloxacin 0.5% both eyes four times a day Instill 1 Drop in both eyes 4 times a day starting 2 days before surgery and after surgery as directed
Metformin - Metformin Hydrochloride 500mg tabs by mouth in the evening 2 tabs every evening with meals for diabetes
Metoprolol Succinate - Metoprolol Succinate eq 50 mg tartrate 50mg=1 tab by mouth once a day 1 tab daily for blood pressure
Predair Forte - Prednisolone Sodium Phosphate 1% both eyes once a day Shake well before use.
Instill 1 drop into both
eyes as directed after
surgery
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth every 6 hours 1-2 tabs every 6 hours as needed for pain
Neurontin - Gabapentin 600 mg 600 mg / 1 Tablet by mouth as necessary Take half tablet

14. DME and Supplies:

rolling walker, hand held shower, bath bench, commode, grab bars, walker, cane, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , medication safety, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, ambulates with assistance, emergency phone # clearly displayed, supervision at all times, transfer with assist, standard precautions, knee precautions, hand rails, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

erythromycin ethylsuccinate morphine

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

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: Yes

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by

22.B.Discharge Plans

patient will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/20/2026

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 : 03/03/2026

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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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.

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 a 67-year-old female evaluated at home following an elective right total knee replacement, having returned home the same day with family assistance. She is a full code with documented allergies to erythromycin ethylsuccinate (causing nausea and vomiting) and morphine (causing itching requiring treatment with diphenhydramine). The patient reports a history of significant right knee pain, previously rated up to 8/10 with mechanical symptoms, which had caused functional limitations including difficulty kneeling and impaired ability to safely exit the bathtub. Currently, her surgical dressing is clean, dry, and intact with no signs of infection; mild swelling is present, and pain is well controlled. She resides in a two-story townhouse with two steps to enter and no bathroom on the main floor, living with her husband and small dog. At present, she ambulates with a walker and requires one-person assistance, demonstrating decreased range of motion, strength deficits, impaired balance, ambulatory dysfunction, and limitations in bed mobility and transfers, placing her at high risk for falls and making leaving the home a taxing effort. Education was provided on edema management, proper lower extremity positioning, and recognition of infection signs and symptoms, with good understanding demonstrated. A home exercise program was initiated, including ankle pumps, heel slides, quadriceps sets, long arc quadriceps, hip flexion, and gluteal sets (1-2 sets of 10 repetitions). Continued skilled physical therapy is recommended to address functional deficits, improve safety, and prevent further decline and loss of independence.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/20/2026
 Physician Face-to-Face Date: 03/03/2026
 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>
 1 - SOC - SN Notes:
 PT Eval 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> Physician: Narcisse, Patrick

SN Careplans

SN WK1: 1 (03/20/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26)

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, 8. Currently reports exhaustion

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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1820 - Lower Body Dressing, M1830 - Bathing, M1840 - Toilet Transferring, M1845 - Toileting, M1850 - Transferring, M1860 - Ambulation/Locomotion, M1870 - Self Feeding, M1810 - Upper Body Dressing, D0160 - Depression, M2102c - Med Admin, M2102d -

SN Goals

PATIENT-STATED GOAL: to be able to go to outpatient therapy

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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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
* 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
* 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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician: | Date

Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN | Date 03/20/2026

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Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M1400 - Dyspnea, dependent edema, M1033 - Exhaustion, muscle weakness, limited strength, limited endurance, difficulty sleeping, balance deficit, daytime fatigue, Pain Interference with ADLs, Pain Effect on Sleep, obesity, bruising/discoloration, swell/redness surround. skin, #1 - Observable Surgical Wound - Other - right knee - Right TKA incision

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - right knee - Right TKA incision, 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (03/20/26-03/21/26) ,WK2: 3 (03/22/26-03/28/26) ,WK3: 2 (03/29/26-04/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170P1 - Picking Up Object, GG0130A1 - Eating, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, 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: Flexibility: Patient will improve , right knee flexion and extension by ten plus degrees, 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, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 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 - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Flexibility

PT Goals

PATIENT-STATED GOAL: To walk normally without the Walker, be able to drive and be independent.

GOALS
Toilet Transfer - 06. Independent

Chair to Bed to Chair - 06. Independent

Car Transfer - 06. Independent

Walk 150 Feet - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

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

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

Flexibility

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

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

Oral Hygiene - 06. Independent

Eating - 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 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

4 Steps - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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Don/Doff Footwear - 06. Independent

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