

Home Health Certification and Plan of Care				Order ID: 1150/17397	
1. Patient s HI claim No. 89333025		2. Start Of Care Date 03/20/2026		3. Certification Period From: 03/20/2026 To: 05/18/2026	
		4. Medical Record No. 23159		5. Provider No. 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			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD Z47.1	Principal Diagnosis Aftercare following joint replacement surgery	Date 03/20/26	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		
13. ICD I12.9	Other Pertinent Diagnoses Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	Date 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	AthscI 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			
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 03/31/2026 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. PAGE 1 of 4		

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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:		<p class="MsoNoSpacing">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></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">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></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 (03/20/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26)				PATIENT-STATED GOAL: to be able to go to outpatient therapy		
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: 2. Non-agency caregiver(s) need training/supportive services to 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 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.				* position changes		
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.				* skin care		
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				* diet modification		
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.				* record wound measurements		
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.				* recalls related medication(s) purpose, schedule		
Provide education content at patient's level of health literacy.				patient/caregiver recalls		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.				* depression-prevention strategies including avoidance of isolation		
Assess: Musculoskeletal status.				* healthy eating		
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				* sleeping habits		
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.				* identification of activities that bring pleasure		
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques				* preventive care		
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education.,				* recalls related medication(s) purpose, schedule		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training				patient/caregiver recalls		
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.				* 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		
; 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				* teach relaxation skills and diversional activities		
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)				* recalls related medication(s) purpose, schedule		
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 -				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
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Optional Name/Signature of Nurse/Therapist:	Date
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Don't cough, make deep upper body breathing, cough depression, make oral hygiene, make 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/dyscoloration, 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 Goals			
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)			PATIENT-STATD GOAL: To walk normally without the Walker, be able to drive and be independent.			
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			GOALS Toilet Transfer - 06. Independent			
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			Chair to Bed to Chair - 06. Independent			
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			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			
			PAGE 3 of 4			
Optional Name/Signature of Nurse/Therapist:			Date			
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			Don/Doff Footwear - 06. Independent	

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