Home Health Certification and Plan of Care

Order ID: 1150/17620

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
98318308	03/27/2026	From: 03/27/2026 To: 05/25/2026	23433	217058

6. Patient's Name and Address

Donald Coleman
3925 Cedardale Road,
BALTIMORE, MD 21215-
443-380-2227

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 03/10/1952 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	03/27/26

13. ICD	Other Pertinent Diagnoses	Date
E78.5	Hyperlipidemia unspecified	03/27/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	03/27/26
N18.31	Chronic kidney disease stage 3a	03/27/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	03/27/26
G47.00	Insomnia unspecified	03/27/26
N28.1	Cyst of kidney acquired	03/27/26
H25.9	Unspecified age-related cataract	03/27/26
H52.203	Unspecified astigmatism bilateral	03/27/26
K58.9	Irritable bowel syndrome without diarrhea	03/27/26
R73.03	Prediabetes	03/27/26
Z96.653	Presence of artificial knee joint bilateral	03/27/26

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

Lipitor - Atorvastatin Calcium eq 20 mg base / 1 Tablet by mouth once a day for cholesterol and heart protection
Tenormin - Atenolol 25 mg / 1 Tablet by mouth once a day Take half tablet
Norvasc - Amlodipine Besylate eq 10 mg base / 1 Tablet by mouth once a day
ASTELIN 137 mcg (0.1 %) / Use 1 spray in each nostril Nasal twice a day Use 1 spray in each nostril 2 times a day
CARDURA 8 mg / 1 Tablet by mouth once a day Take 1 tablet by mouth daily
AMBIEN 10 mg / 1 Tablet by mouth at bedtime Take 1 tablet by mouth at bedtime as needed for sleep
Oxaydo - Oxycodone Hydrochloride 5mg=1tablet by mouth every 4 hours Take 1 tablet every 4 hours as needed for pain
Extra Strength Tylenol - Acetaminophen 500mg=1tablet by mouth every 6 hours Take 1 tablet every 6 hours as needed for pain
Colace - Docusate Sodium 100mg=1tablet by mouth once a day Take 1 tablet daily for constipation
Aspirin 81Mg - Aspirin 81mg=1tablet by mouth once a day Take 1 tablet daily
Senna - Senna 8mg=1 tablet by mouth once a day Take 1 tablet daily for constipation
Tramadol - Tramadol Hydrochloride 50mg=1tablet by mouth once a day Take 2 tablets daily as needed for back pain
Atarax - Hydroxyzine Hydrochloride 25 mg 25mg=1tablet by mouth at bedtime Take 1 tablet at bedtime for Insomnia

14. DME and Supplies:

bath bench, walker, cane

15. Safety Measures:

walker precautions, smoke detectors , emergency phone # clearly displayed, bathroom safety, ambulates with device, knee precautions, , , , , ambulates with assistance

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

dayvigo

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Up As Tolerated, Walker, Exercises Prescribed, Transfer bed/Chair

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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

SN: family/caregiver will be responsible for managing treatment
PT: patient will be responsible for managing treatment

Homebound status: After undergoing Left total knee 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 74-year-old individual admitted to home health services status post left total knee replacement secondary to osteoarthritis, with secondary diagnoses of stable chronic kidney disease stage 3 and hypertension. Past medical history is also significant for right knee replacement and sleep apnea. The patient is alert and oriented 3 and was seen at home for the initial skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. The patient denies chest pain, shortness of breath, dizziness, or other acute symptoms and reports adherence to the prescribed medication regimen. Vital signs were obtained and are within acceptable limits. Medication reconciliation was completed with no discrepancies noted. On physical <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient demonstrates limited range of motion in the left knee, measured at 7-100 degrees, with mild edema present. The surgical incision on the left knee is clean, dry, and intact, with no signs of infection such as redness, warmth, or drainage. The patient ambulates with a rolling walker for approximately 30 feet 2 on indoor surfaces with supervision and verbal cues for proper gait pattern. The patient is able to negotiate 14 steps using a rail and cane with supervision. Bed mobility is performed with supervision. Outside mobility and car transfer skills were not assessed during this visit. The patient requires assistance with mobility and some activities of daily living and is considered a fall risk due to recent surgery, decreased mobility, and a Tinetti score of 14/28. The patient is homebound due to the significant effort required to leave the home environment. The patient resides alone in a townhouse with environmental barriers, including eight steps to enter without a rail and a bedroom and bathroom located on the second floor. Notably, carpeting on the stairs is coming loose, and removal was recommended to reduce fall risk. Therapeutic interventions initiated during the visit included supine exercises such as quadriceps sets, short arc quadriceps, hip flexion, hip abduction, knee extension, and ankle pumps, all of which were tolerated well. Comprehensive education was provided regarding medication management, pain control, wound care, and recognition of signs and symptoms of infection. Additional teaching emphasized the importance of blood pressure control and adherence to a low-sodium, renal-friendly diet in the context of hypertension and chronic kidney disease. The patient was also instructed on fall prevention strategies and the safe use of assistive devices. The patient verbalized understanding of all education provided and agrees with the plan of care. Skilled nursing and therapy services are indicated for ongoing wound monitoring, pain management, strengthening, and improvement of range of motion, as well as continued education on disease processes and safety. The plan of care focuses on progressing functional mobility, increasing independence with activities of daily living, and reducing fall risk to support safe return to prior level of function.
 Date of Order 03/27/2026 Orders Physician Face-to-Face Date: 03/13/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left total knee replacement Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: eval
 Physician Narcisse, Patrick

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/27/2026

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 : 03/13/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/17620

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
98318308	03/27/2026	From: 03/27/2026 To: 05/25/2026	23433	217058

6. Patient's Name and Address
Donald Coleman
3925 Cedardale Road,
BALTIMORE, MD 21215-
443-380-2227

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

SN Careplans

SN WK1: 1 (03/27/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26)

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: D0160 - Depression, A1250 - Lack of Necessary Transportation, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, Home Safety, M2102f - Patient Supervision, meal preparation, M2102c - Med Admin, M1400 - Dyspnea, dependent edema, limited range of motion, limited endurance, limited strength, Pain Effect on Sleep, B1000 - Vision Deficit, balance deficit, Pain Interference with ADLs, #1 - Non-Observable Surgical Wound - Anterior Left Knee -

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Knee -, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange preparation of missing meals

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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient has adequate floor/roof/windows, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: Patient stated he wants to heal better with this knee replacement than he did with the last one

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
* 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 keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient has adequate floor/roof/windows

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
03/27/2026

Home Health Certification and Plan of Care

Order ID: 1150/17620

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
98318308	03/27/2026	From: 03/27/2026 To: 05/25/2026	23433	217058

6. Patient's Name and Address
Donald Coleman
3925 Cedardale Road,
BALTIMORE, MD 21215-
443-380-2227

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

PT WK1: 1 (03/27/26-03/28/26) ,WK2: 3 (03/29/26-04/04/26) ,WK3: 2 (04/05/26-04/11/26)

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

PROCEDURES: Home exercise program : Supine quad sets, short arc quads, hip flexion, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension and ankle pumps, equipment training, gait training on uneven surfaces, 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet 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 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, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: To be able to walk with a cane by myself

GOALS
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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

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

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

Car Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal assistance

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
03/27/2026