

Home Health Certification and Plan of Care				Order ID: 1150/17783	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
661082474		04/03/2026		From: 04/03/2026 To: 06/01/2026	
				4. Medical Record No.	
				23738	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Gail Oglin 1321Malbay Dr, LUTHERVILLE TIMONIUM, MD 21093- 410-821-8361				HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239	
8. DOB				9.Sex	
01/09/1948				Female	
11. ICD		Principal Diagnosis		Date	
Z47.1		Aftercare following joint replacement surgery		04/03/26	
13. ICD		Other Pertinent Diagnoses		Date	
Z96.651		Presence of right artificial knee joint		04/03/26	
M17.12		Unilateral primary osteoarthritis left knee		04/03/26	
M79.7		Fibromyalgia		04/03/26	
E78.5		Hyperlipidemia unspecified		04/03/26	
I87.2		Venous insufficiency (chronic) (peripheral)		04/03/26	
I70.0		Atherosclerosis of aorta		04/03/26	
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs		04/03/26	
M47.22		Other spondylosis with radiculopathy cervical region		04/03/26	
G47.00		Insomnia unspecified		04/03/26	
G47.33		Obstructive sleep apnea (adult) (pediatric)		04/03/26	
M54.16		Radiculopathy lumbar region		04/03/26	
M48.02		Spinal stenosis cervical region		04/03/26	
M48.061		Spinal stenosis lumbar region without neurogenic claud		04/03/26	
K76.89		Other specified diseases of liver		04/03/26	
H91.91		Unspecified hearing loss right ear		04/03/26	
K21.9		Gastro-esophageal reflux disease without esophagitis		04/03/26	
K58.9		Irritable bowel syndrome without diarrhea		04/03/26	
E66.01		Morbid (severe) obesity due to excess calories		04/03/26	
Z68.35		Body mass index [BMI] 35.0-35.9 adult		04/03/26	
Z79.51		Long term (current) use of inhaled steroids		04/03/26	
Z86.0102		Personal history of hyper		04/03/26	
14. DME and Supplies:				15. Safety Measures:	
rolling walker, walker, 4 wheeled walker				walker precautions, restricted ROM, medication safety, fall precautions, bleeding precautions, ambulates with device, ambulates with assistance, knee precautions, emergency phone # clearly displayed, supervision at all times, transfer with assist, standard precautions, bathroom safety, anticoagulant precautions, activity supervision	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				atorvastatin doxycycline metronidazole naproxen tetracycline vibraymycin	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation, Endurance				Walker, Exercises Prescribed, Up As Tolerated	
19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: NA Patient nonresponsive, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: good					
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.				SN: family/caregiver will be responsible for managing treatment PT: another fac	
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 78-year-old female admitted to home health services following a right total knee arthroplasty performed for chronic osteoarthritis associated with severe preoperative pain and decreased mobility. Postoperatively, she reports severe right knee pain rated at 10/10, currently managed with prescribed analgesics, and denies chest pain or shortness of breath. The surgical incision is intact with no signs of infection, though mild to moderate swelling is present. She ambulates with a walker, demonstrates limited weight-bearing tolerance, and requires assistance with transfers and activities of daily living, including bathing, dressing, and toileting. The patient is homebound due to recent surgery, pain, weakness, impaired mobility, and increased fall risk, requiring considerable effort and assistance to leave the home safely. She resides with her husband in a single-family home and has documented allergies to atorvastatin, doxycycline, metronidazole, naproxen, tetracycline, and Vibramycin. She is a full code with a MOLST on file and is scheduled to begin outpatient therapy in approximately three weeks. During the visit, she demonstrated poor pain tolerance, requiring assistance with therapeutic exercises, including heel slides and short arc quadriceps exercises, and ambulated approximately 150 feet with a walker but tolerated the session poorly.</o:p></o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">04/03/2026 Physician Face-to-Face Date: 03/20/2026 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: <span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial;			
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 04/03/2026					
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 2391 Greenspring Dr Timonium , MD 21093 PHONE: 410-847-3000 FAX: NPI: 1508397092				F2F date : 03/20/2026	
27. Attending Physician's Signature and Date Signed				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.	
04/13/2026 Date of physician last face-to-face				PAGE 1 of 3	

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background-clip: initial;"><o:p></o:p></p> <p class="MsoNoSpacing">Physician: Narcisse, Patrick</p>	
SN Careplans	SN Goals
SN WK1: 1 (04/03/26-04/04/26) ,WK2: 1 (04/05/26-04/11/26)	PATIENT-STATED GOAL: Patient states she wants to be able to walk up and down the stairs again without any 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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance	patient/caregiver recalls
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications	* 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.	* 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
Assess: Musculoskeletal status.	* teach relaxation skills and diversional activities
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	* recalls related medication(s) purpose, schedule
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.	patient/caregiver recalls
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques	* lifestyle modifications to manage respiratory condition including
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education.,	* diet changes and regular exercise
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training	* strategies to control shortness of breath
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.	* home remedies to keep lungs healthy
; 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	* recalls related medication(s) purpose, schedule
Advance Directive:MOLST	patient self-administers medications as prescribed
PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, M1400 - Dyspnea, dependent edema, muscle weakness, limited range of motion, limited endurance, limited strength, swelling of affected area, Pain Effect on Sleep, daytime fatigue, balance deficit, difficulty sleeping, Pain Interference with ADLs, Pain Interference with Therapy activities, loss of appetite, swell/redness surround. skin, bruising/discoloration, #1 - Non-Observable Surgical Wound - Other - right knee - R RKA	* recalls related medication(s) purpose, schedule
PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Other - right knee - R RKA: 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., apply anti-embolitic stockings, teach/coordinate/arrange medication packaging and/or administration	caregiver administers and/or packages medications appropriately
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 keep home safe for patient with dementia coping strategies for the caregiver*, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately	

PT Careplans	PT Goals
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Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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410-821-8361			410-321-8448		
			1487113239		
PT WK1: 1 (04/03/26-04/04/26) ,WK2: 3 (04/05/26-04/11/26) ,WK3: 2 (04/12/26-04/18/26)			PATIENT-STATED GOAL: To walk without pain		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, 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			GOALS		
PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, strengthening exercises: Heel slides, slr, le abd/add, long arc , marching , heel raises and stair training, gait training on uneven surfaces, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, 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, Upper Body Dressing - 06. Independent			Toilet Transfer - 06. Independent		
			Shower/Bathe Self - 05. Setup or clean-up assistance		
			Sit to Stand - 06. Independent		
			Car Transfer - 06. Independent		
			Walk 10 Feet - 06. Independent		
			Walk 50 ft with 2 Turns - 06. Independent		
			Walk 150 Feet - 06. Independent		
			Walk 10 ft on Uneven Surface - 06. Independent		
			1 - Step (curb) - 06. Independent		
			4 Steps - 06. Independent		
			12 Steps - 06. Independent		
			Picking Up Object - 06. Independent		
			Oral Hygiene - 06. Independent		
			Toileting Hygiene - 06. Independent		
			Lower Body Dressing - 06. Independent		
			Don/Doff Footwear - 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		

Signature of Physician:	Date
	PAGE 3 of 3
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