Home Health Certification and Plan of Care

Order ID: 1150/17854

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
87164333	04/08/2026	From: 04/08/2026 To: 06/06/2026	23739	217058

6. Patient's Name and Address

Diane Fischer
7879 Oakdale Ave,
ROSEDALE, MD 21237-
443-934-7052

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 11/25/1955 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	04/08/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.651	Presence of right artificial knee joint	04/08/26
I70.0	Atherosclerosis of aorta	04/08/26
I11.0	Hypertensive heart disease with heart failure	04/08/26
I50.30	Unspecified diastolic (congestive) heart failure	04/08/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	04/08/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/08/26
D17.71	Benign lipomatous neoplasm of kidney	04/08/26
I27.29	Other secondary pulmonary hypertension	04/08/26
E03.9	Hypothyroidism unspecified	04/08/26
I48.91	Unspecified atrial fibrillation	04/08/26
D68.69	Other thrombophilia	04/08/26
E78.5	Hyperlipidemia unspecified	04/08/26
I42.9	Cardiomyopathy unspecified	04/08/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	04/08/26
G47.00	Insomnia unspecified	04/08/26
E27.8	Other specified disorders of adrenal gland	04/08/26
E55.9	Vitamin D deficiency unspecified	04/08/26
M79.7	Fibromyalgia	04/08/26
F41.1	Generalized anxiety disorder	04/08/26
F33.9	Major depressive disorder recurrent unspecified	04/08/26
Z79.01	Long term (current) use of anticoagulants	04/08/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/08/26
Z95.810	Presence of automatic (implantable) cardiac defibrillator	04/08/26
Z98.84	Bariatric surgery status	04/08/26

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

ZOLOFT 100 mg Oral Tab Oral daily Depression
WELLBUTRIN 300 mg Oral 24hr XL Tab Oral daily Depression
WARFARIN 5 mg Oral Tab Oral as directed by Anticoagulation Service blood thinner
VITAMIN 50 mcg (2,000 unit) Oral Cap Oral daily supplement
TOPROL 25 mg Oral 24hr SA Tab Oral daily HTN
PEPCID 20 mg Oral Tab Oral 2 times a day GERD
NEURONTIN 600 mg Oral Tab Oral 3 times a day NEUROPATHIC PAIN
MICONAZOLE 3 100 mg Vagl Supp vaginal Insert 1 suppository vaginally daily at bedtime
LIPITOR 80 mg Oral Tab Oral daily for cholesterol
LEVOTHYROXINE 112 mcg Oral Tab Oral every morning
DRISDOL 1.25 mg (50,000 unit) Oral Cap Oral every 7 days
BACID 1 billion cell Oral Cap Oral Use once a day with vanfin as a probiotic
LASIX 40 mg Oral Tab Oral daily as needed for edema (as needed for edema of the body)
GLUCOTROL 5 mg Oral Tab Oral 2 times a day 30 minutes before meals
JARDIANCE 25 mg Oral Tab Oral daily
LANOXIN 250 mcg (0.25 mg) Oral Tab Oral daily
ALDACTONE 25 mg Oral Tab Oral daily for fluid retention
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg, 1 tablet by mouth every 4 hours As needed for pain.
Extra Strength Tylenol - Acetaminophen 500mg, 2 tablets by mouth every 6 hours As needed for pain

14. DME and Supplies:

walker, bath bench

15. Safety Measures:

walker precautions, standard precautions, medication safety, knee precautions, fall precautions, bleeding precautions, bathroom safety, anticoagulant precautions, ambulates with device

16. Nutrition:

diabetic

17. Allergies:

lisinopril

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: Yes

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

another facility/provider will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: After undergoing Right 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 70-year-old female status post right total knee replacement (RT TKR). Her past medical history is significant for hypothyroidism, fibromyalgia, vitamin D deficiency, prior hysterectomy, and chronic hand joint pain. At the time of assessment, the patient reported a pain level of 5/10 but denied shortness of breath, nausea, vomiting, or dizziness. Vital signs were within normal limits. Respiratory assessment revealed lungs clear to auscultation bilaterally, and gastrointestinal assessment noted active bowel sounds. A full physical assessment was completed. The surgical site on the right knee is currently covered with an Aquacel dressing, which is scheduled to be removed on postoperative day seven and then left open to air if healing progresses appropriately. The patient also performs weekly INR monitoring using a home INR machine and reports the results directly to her pharmacist for anticoagulation management. Medication reconciliation was completed with the patient during the visit to ensure proper adherence and understanding of the medication regimen. Education was provided regarding postoperative care, including the importance of pain management, the use of ice and limb elevation to reduce swelling, constipation prevention related to decreased mobility and potential pain medication use, and adherence to prescribed therapeutic exercises to support recovery. The patient currently ambulates with the assistance of a walker. Physical therapy interventions focused on improving mobility and promoting safe functional movement following surgery. The patient was instructed and educated in safe transfer techniques, particularly when transitioning from her high bed to a standing position. Therapeutic exercises were performed with assistance, including quadriceps isometric contractions, heel slides, and lower extremity abduction and

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/08/2026

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 : 01/27/2026

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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adduction exercises while in bed. The patient was then assisted to sit at the edge of the bed, where she performed long arc quadriceps exercises. Following this, she was assisted to stand and successfully ambulated approximately 80 feet using a rolling walker with supervision. Education was reinforced regarding the consistent use of ice to manage postoperative pain and edema. The plan of care includes continued monitoring of the surgical site, reinforcement of pain and edema management strategies, progression of therapeutic exercises, and ongoing gait and transfer training to improve strength, mobility, and safety. Skilled therapy services will focus on restoring functional mobility, preventing complications related to immobility, and facilitating the patient's safe return to her prior level of function following knee replacement surgery.
 Date of Order 04/08/2026 Orders Physician Face-to-Face Date: 01/27/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right 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

SN Careplans

SN WK1: 1 (04/08/26-04/11/26) ,WK2: 1 (04/12/26-04/18/26)

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: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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: D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Right Knee - Right knee replacement surgery

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Knee - Right knee replacement surgery: Right knee surgical site: Remove aquacel dressing on the 7th day post op and LOTA, otherwise cover with a dry gauze dressing if drainage occurs., 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

SN Goals

PATIENT-STATED GOAL: To walk without pain

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
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/08/2026

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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

PT Careplans

PT WK1: 2 (04/08/26-04/11/26) ,WK2: 3 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, 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, equipment training, strengthening exercises: Heel slides, le abd/add, slr, Long arc , marching and heel raises --10x2 reps, gait training on uneven surfaces, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car 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, 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: To walk with controlled pain

GOALS
Chair to Bed to Chair - 06. Independent

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

Shower/Bathe Self - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 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

Walk 10 Feet - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/08/2026