Home Health Certification and Plan of Care

Order ID: 1150/18074

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
081069141	04/18/2026	From: 04/18/2026 To: 06/16/2026	23046	217058

6. Patient's Name and Address

Cheryl Bost
9529 Orbitan Ct,
PARKVILLE, MD 21234-
410-353-9683

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 03/05/1967 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	04/18/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.651	Presence of right artificial knee joint	04/18/26
M17.12	Unilateral primary osteoarthritis left knee	04/18/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	04/18/26
N18.4	Chronic kidney disease stage 4 (severe)	04/18/26
N25.81	Secondary hyperparathyroidism of renal origin	04/18/26
J30.9	Allergic rhinitis unspecified	04/18/26
M10.9	Gout unspecified	04/18/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	04/18/26
M54.50	Low back pain unspecified	04/18/26
G89.29	Other chronic pain	04/18/26
J45.909	Unspecified asthma uncomplicated	04/18/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/18/26
E66.9	Obesity unspecified	04/18/26
Z68.34	Body mass index [BMI] 34.0-34.9 adult	04/18/26
Z79.82	Long term (current) use of aspirin	04/18/26
Z94.0	Kidney transplant status	04/18/26
Z86.718	Personal history of other venous thrombosis and embolism	04/18/26
Z85.828	Personal history of other malignant neoplasm of skin	04/18/26

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

COZAAR 50 mg/tablet / Take half tablet by mouth daily
AMITIZA 8 mcg / 1 Capsule by mouth 2 times a day
DELTASONE 5 mg / 1 Tablet by mouth daily
PROGRAF 1 mg / 1 Capsule by mouth every morning AND every evening
PROTONIX DR 20 mg / 1 Tablet by mouth in the morning AND 2 tablets every evening 30 to 60 minutes before breakfast and dinner.
(Patient taking differently: Take 20 mg by mouth 2 times a day)
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2,000 unit Oral one daily
Tylenol Es - Acetaminophen 500 mg by mouth 2 times a day for knee joint pain
CELLCEPT 500 mg/tablet / Take 2 tablets by mouth 2 times a day
Extra Strength Tylenol - Acetaminophen 500mg, 2 tablets by mouth every 8 hours As needed for pain
Zofran - Ondansetron Hydrochloride eq 4 mg base Take 1 tablet by mouth every 8 hours N/V
Pradaxa - Dabigatran Etexilate Mesylate 110mg, take 1 capsule by mouth twice a day Blood thinner

14. DME and Supplies:

cane, walker, commode

15. Safety Measures:

walker precautions, standard precautions, medication safety, knee precautions, fall precautions, emergency phone # clearly displayed, bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:

cardiac diet,

17. Allergies:

entex la ivp dye norvasc pneumovax adhesive tape lisinopril

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Endurance, Ambulation

18.B. Activities Permitted

Walker, 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: No

20. Prognosis: fair

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: patient will be responsible for managing treatment PT: another facility/provi

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 alert and oriented, residing alone in a multi-level home, and was referred to home health services following a right knee replacement surgery. The right knee is covered with a Mepilex dressing to remain in place for seven days postoperatively, with no complications observed or reported. Past medical history includes osteoarthritis, hypertensive kidney disease, gout, and stage 4 chronic kidney disease. The patient reports right knee pain at 3/10 and presents with moderate pain and postoperative edema. A sister-in-law provides intermittent assistance with meal preparation, shopping, and errands. Durable medical equipment in the home includes a walker, cane, Iceman device, bedside commode, shower chair, and elevated toilet seat. PT/OT evaluations have been ordered, and skilled nursing services are recommended at a frequency of 1W2, with the next visit scheduled for Wednesday. During the visit, the patient participated in therapeutic exercises, including heel slides, short arc quadriceps exercises, marching, stair negotiation, and heel raises (10 repetitions 2 sets each), and received education on safe use of a rolling walker, stair navigation, and proper application of ice to the right knee.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 04/18/2026
 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 Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/18/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/18074

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
081069141	04/18/2026	From: 04/18/2026 To: 06/16/2026	23046	217058

6. Patient's Name and Address
Cheryl Bost
9529 Orbitan Ct,
PARKVILLE, MD 21234-
410-353-9683

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 WK1: 1 (04/18/26-04/18/26) ,WK2: 1 (04/19/26-04/25/26)

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: 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure, diarrhea, constipation, abnormal bowel sounds, nausea/vomiting, muscle spasms, muscle weakness, limited range of motion, obesity, #1 - Non-Observable Surgical Wound - Other - Right knee - Incision not observable due to non removable dressing. Mepilex dressing to remain in place for 7 days post surgery.

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Other - Right knee - Incision not observable due to non removable dressing. Mepilex dressing to remain in place for 7 days post surgery., cough/deep breathing exercises, apply anti-embolitic stockings, home exercise program

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 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

PATIENT-STATED GOAL: I want to be up and about

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

PT Careplans

PT WK2: 3 (04/19/26-04/25/26) ,WK3: 3 (04/26/26-05/02/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0170F1 - Toilet Transfer, GG0130C1 - Toileting Hygiene, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns

PROCEDURES: home exercise program: Heel slides, le abd/add, long arc , slr , marching , heel raises--10x2 reps, therapeutic exercises: Heel slides, le abd/add, long arc , slr , marching , heel raises, equipment training, gait training/stair training: Gait training with rolling walker and cane, transfers training

TEACH PATIENT/CAREGIVER: 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

PT Goals

PATIENT-STATED GOAL: To walk straight

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

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

Date
04/18/2026

Home Health Certification and Plan of Care

Order ID: 1150/18074

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
081069141	04/18/2026	From: 04/18/2026 To: 06/16/2026	23046	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Cheryl Bost 9529 Orbitan Ct, PARKVILLE, MD 21234- 410-353-9683	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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, Upper Body Dressing - 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/18/2026