Home Health Certification and Plan of Care

Order ID: 1150/18579

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
12311510	05/08/2026	From: 05/08/2026 To: 07/06/2026	25635	217058

6. Patient's Name and Address
Robert Joyce
1702 PLEASANTVILLE RD,
FOREST HILL, MD 21050-
410-879-7734

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 03/01/1955 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
L03.115	Cellulitis of right lower limb	05/08/26

13. ICD	Other Pertinent Diagnoses	Date
B95.61	Methicillin suscep staph infct causing dis classd elswhr	05/08/26
M00.061	Staphylococcal arthritis right knee	05/08/26
E11.9	Type 2 diabetes mellitus without complications	05/08/26
I10.	Essential (primary) hypertension	05/08/26
F32.A	Depression unspecified	05/08/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/08/26
E66.811	Obesity class 1 (E66.811	05/08/26
Z68.31	Body mass index [BMI] 31.0-31.9 adult	05/08/26
Z45.2	Encounter for adjustment and management of VAD	05/08/26
Z79.2	Long term (current) use of antibiotics	05/08/26
Z79.4	Long term (current) use of insulin	05/08/26
Z79.82	Long term (current) use of aspirin	05/08/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	05/08/26
Z87.891	Personal history of nicotine dependence	05/08/26

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

HYDROCHLOROTHIAZIDE 12.5 MG mg by mouth daily
ASPIRIN 81 MG mg by mouth daily
Acetaminophen And Hydrocodone Bitartrate - Acetaminophen: Hydrocodone Bitartrate 1 Tablet by mouth as necessary Q6H
Glucose 16 g or 32 g by mouth as necessary Q15 min
Glucagon - Glucagon Hydrochloride 1 mg intramuscular as necessary once until discontinued
ATORVASTATIN 20 mg Oral nightly
LISINOPRIL 10 mg Oral 1X daily
PANTOPRAZOLE 40 mg Oral 1X daily
PAROXETINE 10 mg Oral 1X daily
OXYCODONE 5 mg Oral Q3H PRN
insulin glargine-yfgn 12 Units subcutaneous in the evening
insulin lispro 0-6 Units subcutaneous in the evening
insulin lispro 0-7 Units subcutaneous three times a day AC

14. DME and Supplies:
IV supplies, wound care supplies

15. Safety Measures:
standard precautions, knee precautions, hand rails, fall precautions, diabetic precautions, bleeding precautions, , ambulates with assistance, emergency phone # clearly displayed, medication safety, smoke detectors , transfer with assist, sharps precautions, anticoagulant precautions, bathroom safety, activity supervision

16. Nutrition:
diabetic

17. Allergies:
penicillin

18.A. Functional Limitations
Endurance, 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: good

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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Cellulitis of right lower limb, 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 71-year-old male, Robert Lamonte Joyce, admitted to home health services following recent hospitalization for right knee septic arthritis with methicillin-sensitive Staphylococcus aureus (MSSA) bacteremia. His past medical history is significant for diabetes mellitus, essential hypertension, obesity with BMI of 31, multiple prior right knee surgeries 4, and a remote history of staphylococcal infection approximately 30 years ago. The patient initially presented to the hospital with fever, severe right knee pain, swelling, and impaired mobility. Blood cultures confirmed MSSA bacteremia; however, the exact source of the bacteremia remains unclear. Due to chronic right knee changes and extensive prior surgical history, the patient is considered at high risk for recurrent infection. During hospitalization, the patient was initially treated with intravenous vancomycin and ceftriaxone and was later transitioned to IV Ancef per Infectious Disease recommendations. The patient underwent right knee intervention/chondroplasty with placement of a right knee drain, which remained in place for several days post-procedure. A right upper extremity PICC line remains in place for long-term intravenous antibiotic therapy. Due to the severity of septic arthritis with associated bacteremia and elevated risk for recurrence, prolonged IV antibiotic treatment is required, and transition to oral antibiotics is not recommended at this time. The patient was admitted to home health for skilled nursing services including PICC line care and monitoring, IV antibiotic administration and education, infection surveillance, medication management, pain assessment, cardiopulmonary assessment, diabetic management, safety monitoring, and disease process education. Current physician orders include Ancef 1 gram IV every 8 hours via PICC line with an anticipated completion date of June 27 to complete an 8-week antibiotic course. Weekly CBC and BMP laboratory monitoring have been ordered, with repeat sedimentation rate scheduled in two weeks. PICC line removal is planned upon completion of IV antibiotic therapy per physician order. Skilled nursing assessment was completed during the visit. PICC line site was assessed and noted to have a clean, dry, and intact dressing without signs or symptoms of infection, inflammation, or other complications. Patient and caregiver were instructed on proper PICC line precautions, aseptic technique, recognition of signs and symptoms of line infection, potential adverse reactions to IV antibiotic therapy, and the importance of completing the full prescribed antibiotic regimen. Education was also provided regarding monitoring for fever, worsening right knee pain or swelling, redness, drainage, shortness of breath, signs and symptoms of hyperglycemia or hypoglycemia, and indications for notifying the physician or seeking emergency medical attention. Fall precautions, infection prevention strategies, and home safety measures were reviewed in detail. The patient remains homebound secondary to weakness, pain, impaired mobility, decreased endurance, need for assistive device use, and the ongoing requirement for skilled IV therapy management. Patient and caregiver verbalized understanding of all education provided and are agreeable to the current plan of care.
 Date of Order 05/08/2026 Orders Physician Face-to-Face Date: 05/05/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Cellulitis of right lower limb 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:
 Physician Desai, Apurva

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Apurva Desai
3400 Box Hill Corp Ctr Dr St 100-200
Abingdon, MD 21009
PHONE: 4436431500 FAX: 14436431505 NPI: 1346396348

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 : 05/05/2026

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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SN Careplans

SN WK1: 2 (05/08/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK5: 1 (05/31/26-06/06/26) ,WK6: 1 (06/07/26-06/13/26) ,WK7: 1 (06/14/26-06/20/26) ,WK8: 1 (06/21/26-06/27/26) ,WK9: 1 (06/28/26-07/04/26) ,WK10: 1 (07/05/26-07/06/26)

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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2102f - Patient Supervision, M2020 - Oral Med Management, dependent edema, M1400 - Dyspnea, muscle weakness, limited endurance, limited strength, swelling of affected area, Pain Effect on Sleep, Pain Interference with ADLs, obesity, swell/redness surround. skin, red/tender pressure points, #1 - Observable Surgical Wound - Other - Right knee - Surgical incisions to right knee from right knee drain that is now removed and only sutures remain in place., bruising/discoloration

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Right knee - Surgical incisions to right knee from right knee drain that is now removed and only sutures remain in place.: OTA, cough/deep breathing exercises, incentive spirometer, teach/coordinate/arrange medication packaging and/or administration, infusion therapy: PICC Line Lab Draws and Care Orders: Use antimicrobial disc with all dressing changes. Apply Curos caps between line uses. PICC line may be removed after the last dose of IV medication has been administered unless otherwise stated: Yes Cathflo Activase per protocol as needed for occluded central line: Yes Flush with 0.9% saline 10 mL before and after each dose: Yes Use SASH method for flushing: Yes May flush on days when medication(s) are not administered and line has not been pulled: Yes Medication Ancef Dosage: 1 g Frequency: Every 8 hours Duration through: 06/27/26 Follow-Up Labs Weekly: CBC BMP Sedimentation rate (Sed rate) should be repeated in 2 weeks. PICC Line Flush Orders 0.9% saline after lab draw: Yes Heparin 100 units/mL, 5 mL after dose: Yes Heparin 100 units/mL after lab draw: Yes

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: I want to be able to drive again

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

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/08/2026

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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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/08/2026