

Home Health Certification and Plan of Care				Order ID: 1150/18544	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
291296646		05/08/2026		From: 05/08/2026 To: 07/06/2026	
				4. Medical Record No.	
				25084	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Paula Buccì 201 Cross Pointe Ct Unit 1C, ABINGDON, MD 21009- 443-743-6991			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
02/16/1949			Female		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
Z47.1			ECOTRIN 0 Delayed Release 81 mg/tablet / Take 81 mg by mouth daily Zofran Odt - Ondansetron 0 Disintegrating Tablet 4 mg / Dissolve 1 tablet on the tongue by mouth every 8 hours as needed for nausea or vomiting Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 125 mcg (5,000 unit) tablet / Take 5,000 Units by mouth daily SYNTHROID 137 mcg / 1 Tablet by mouth every morning 30 minutes before a meal LIPITOR 20 mg / 1 Tablet by mouth daily Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1,000 mcg / 1 Tablet by mouth once a day LUTEIN 15-0.7 mg / 1 Capsule by mouth daily LEXAPRO 10 mg / 1 Tablet by mouth daily FOSAMAX 70 mg / 1 Tablet by mouth once a week Take in the morning with 8 ounces of water at least 30 minutes before the first food, drink or other medication of the day. Do not lie down for at least 30 minutes after swallowing tablet. Singulair - Montelukast Sodium eq 10 mg base Take 1 tablet by mouth in the evening Ear fullness Proair Hfa - Albuterol Sulfate eq 0.09 mg base/inh Inhale 2 Puffs by mouth every 4 hours As needed for SOB Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg, 1 tablet by mouth every 4 hours As needed for pain Colace - Docusate Sodium 100 mg , Take 1 tablet by mouth twice a day Stool softener Extra Strength Tylenol - Acetaminophen 500mg, 2 tablets by mouth every 6 hours As needed for pain Ibuprofen - Ibuprofen 600 mg Take 1 tablet by mouth every 8 hours As needed for pain Flonase Allergy Relief - Fluticasone Propionate Nasal Suspension 50 mcg/actuation / Use 1 Spray Each nostril 2 times a day		
13. ICD			14. DME and Supplies:		
Z96.652			wheelchair, walker, grab bars, bath bench, commode, cane		
H90.3					
G43.109					
F51.01					
J30.9					
E78.00					
E03.9					
F41.1					
F32.A					
K58.9					
K21.9					
Z79.51					
Z86.0100					
Z86.73					
Z96.1					
Z87.891					
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			amoxicillin		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			Up As Tolerated		
19. Mental & Pyschosocial Status:			20. Prognosis:		
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			fair		
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: patient will be responsible for managing treatment PT: family/caregiver will		
Homebound status:					
After undergoing Left 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">Patient is a 77-year-old female referred to home health services following elective left total knee replacement surgery, returning home the same day with assistance from family. Past medical history is significant for generalized anxiety disorder, colon polyps, migraines, TIA, and other chronic conditions. Patient is alert and oriented x4. Physical assessment completed with vital signs within normal limits, lungs clear to auscultation, and no respiratory distress noted. Medications were reviewed, and education was provided regarding medication compliance, personal hygiene, edema management, proper lower extremity positioning, use of ice and elevation, exercises, and signs/symptoms of infection, with patient verbalizing understanding. Patient currently ambulates with a walker and presents with pain, decreased ROM and strength in the left lower extremity, impaired balance, ambulatory dysfunction, and deficits in bed mobility and transfers, requiring assistance with mobility and placing her at high risk for falls. Patient lives alone; however, a friend will remain with her during recovery to assist as needed. Due to significant effort required to leave the home, patient is considered homebound. Skilled physical therapy services are medically necessary to address strength, ROM, balance, gait, transfers, and functional mobility deficits to prevent further decline and loss of independence. Home exercise program initiated including ankle pumps, seated heel slides, LAQ, quad sets, and glute sets, 1-2 sets of 10 repetitions.</p><p class="MsoNoSpacing"></p><p class="MsoNoSpacing">Date of Order</p></p> <p class="MsoNoSpacing">05/08/2026 Physician Face-to-Face Date: 04/28/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left 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</p></p> <p class="MsoNoSpacing"> 1 - SOC - SN Notes: PT Eval Notes: </p></p></p> <p class="MsoNoSpacing">Physician: Narcisse, Patrick</p>					
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POTS		
Electronically Signed by Messick, Charles RN on 05/08/2026					
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 : 04/28/2026		
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.		
			PAGE 1 of 3		

Home Health Certification and Plan of Care				Order ID: 1150/18544
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
291296646	05/08/2026	From: 05/08/2026 To: 07/06/2026	25084	217058
6. Patient's Name and Address Paula Buccì 201 Cross Pointe Ct Unit 1C, ABINGDON, MD 21009- 443-743-6991		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 (05/08/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) 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, 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:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, abn cholesterol > 200 mg/dL, M1033 - Exhaustion, M1400 - Dyspnea, abnormal thyroid <> 0.40 - 4.50 mIU/mL, limited strength, balance deficit, Pain Interference with Therapy activities, Pain Interference with ADLs, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Left Knee - Left knee replacement surgery PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Knee - Left knee replacement surgery: Left knee surgical site: Remove Aquacel dressing on the 7th day post op and LOTA, otherwise cover with a dr6 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 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, patient's transportation needs are met	SN Goals PATIENT-STATED GOAL: to walk without assistance or device 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 patient's transportation needs are met
--	---

PT Careplans	PT Goals
--------------	----------

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

Home Health Certification and Plan of Care				Order ID: 1150/18544
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
291296646	05/08/2026	From: 05/08/2026 To: 07/06/2026	25084	217058
6. Patient's Name and Address Paula Buccì 201 Cross Pointe Ct Unit 1C, ABINGDON, MD 21009- 443-743-6991			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 (05/08/26-05/09/26) ,WK2: 3 (05/10/26-05/16/26) ,WK3: 2 (05/17/26-05/23/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, Pain Effect on Sleep, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, 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, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand PROCEDURES: Medication management : Review medication with pt and caregiver, cough/deep breathing exercises, incentive spirometer, home exercise program: qs, aps, laq, hip flexion, seated heelslides, SLR, GS, L knee flexion and extension stretching, equipment training: Trg safe mgmt of rw amd possible trg with spc, work simplification/energy conservation, 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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 - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Knee ROM			PATIENT-STATED GOAL: To walk better get off the walker, be independent and drive again 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 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 Sit to Stand - 06. Independent Car Transfer - 06. Independent 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 Don/Doff Footwear - 06. Independent Knee ROM Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 04. Supervision or touching assistance Upper Body Dressing - 06. Independent Walk 10 Feet - 05. Setup or clean-up assistance Lower Body Dressing - 06. Independent Eating - 06. Independent	

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