

Home Health Certification and Plan of Care				Order ID: 1150/18700	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
79266232		05/14/2026		From: 05/14/2026 To: 07/12/2026	
4. Medical Record No.		5. Provider No.			
21117		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Raxaben Patel 9633 Biggs Rd, MIDDLE RIVER, MD 21220- 302-757-9629			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB 04/12/1961 9.Sex Female			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD Z47.1		Principal Diagnosis Aftercare following joint replacement surgery		Date 05/14/26	
13. ICD I10. E78.00 D50.9 R73.03 Z79.82 Z86.0100 Z96.653		Other Pertinent Diagnoses Essential (primary) hypertension Pure hypercholesterolemia unspecified Iron deficiency anemia unspecified Prediabetes Long term (current) use of aspirin Personal history of colonic polyps Presence of artificial knee joint bilateral		Date 05/14/26 05/14/26 05/14/26 05/14/26 05/14/26 05/14/26 05/14/26	
14. DME and Supplies: bath bench, walker, cane			15. Safety Measures: standard precautions, knee precautions, fall precautions, ambulates with device, walker precautions, medication safety, bathroom safety, anticoagulant precautions		
16. Nutrition: low sodium			17. Allergies: no known allergies		
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: No					
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 SN: patient will be responsible for managing treatment PT: family/caregiver will		
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 65-year-old female, alert and oriented x4, with a past medical history significant for hypertension, bilateral knee osteoarthritis, hypercholesterolemia, prediabetes, iron deficiency anemia, adenomatous colonic polyps, and prior right total knee replacement. She is status post elective left total knee replacement surgery without complications and currently resides with her husband and son in a two-story townhome with seven entrance steps and railing access. Due to a language barrier, the patient's son assists with interpretation. The surgical site is covered with an Aquacel dressing scheduled for removal on postoperative day seven, after which it will remain open to air; mild swelling was noted around the incision site. The patient reports pain at 3/10, managed effectively with prescribed medication, ice, elevation, and compression stockings. Assessment findings revealed clear lung sounds, normal bowel sounds, and no complaints of nausea, vomiting, headache, dizziness, or lightheadedness. Medication reconciliation and education were completed regarding pain management, medication compliance, hand and personal hygiene, ice application, elevation, ankle pumps, and proper positioning to maintain knee extension. The patient ambulates with a rolling walker and participated well in physical therapy interventions, including lower extremity strengthening and range-of-motion exercises, gait training, transfer training, stair negotiation using a single-point cane and handrail, and caregiver education on safe ambulation and stair assistance. Prior to surgery, the patient was independent with ambulation, activities of daily living, and instrumental activities of daily living. Continued home health physical therapy services are recommended to improve strength, mobility, gait safety, endurance, and return to prior level of function.</o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">05/14/2026 Physician Face-to-Face Date: 05/04/2026 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: <o:p></o:p></p> <p class="MsoNoSpacing">Physician: Narcisse, Patrick</p> <p class="MsoNoSpacing"><o:p> </o:p></p>					
SN Careplans			SN Goals		
SN WK1: 1 (05/14/26-05/16/26) ,WK2: 1 (05/17/26-05/23/26)			PATIENT-STATED GOAL: To be able to walk faster without 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 patient/caregiver recalls		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			* how to achieve wound healing including cleaning and dressing wound		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion			* position changes		
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.			* 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		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 05/14/2026				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 : 05/04/2026		
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		

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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: M2020 - Oral Med Management, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, balance deficit, Pain Interference with ADLs, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Right Knee - right knee surgical site. PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Knee - right knee surgical site.: Right knee surgical site: Remove the Aquacel dressing on the 7th post-op day and leave it open to air. If not, please cover with a dry gauze dressing if drainage happens., 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, * 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		* 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		
PT Careplans		PT Goals		
PT WK1: 1 (05/14/26-05/16/26) ,WK2: 3 (05/17/26-05/23/26) ,WK3: 2 (05/24/26-05/30/26)		PATIENT-STATED GOAL: To be Independent walking and going up and down steps		
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		GOALS		
PROCEDURES: Medication management : Review medication with caregiver, cough/deep breathing exercises, incentive spirometer, home exercise program: Supine QS, SLR, seated heelsides, laq, heelraises, hip flexion, TKES, equipment training: Ed safety spc amd rw, work simplification/energy conservation, 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, 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		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		
		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		
		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		
Signature of Physician:		Date		
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Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		05/14/2026		

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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 - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 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 Shower/Bathe Self - 03. Partial/moderate assistance	

Signature of Physician:	Date
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Electronically Signed by Messick, Charles RN	05/14/2026