Home Health Certification and Plan of Care

Order ID: 1150/18903

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
651050897	05/22/2026	From: 05/22/2026 To: 07/20/2026	25557	217058

6. Patient's Name and Address
Karen Hodges
628 Saint Dunstans Rd,
BALTIMORE, MD 21212-
443-690-1163

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 02/26/1970 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	05/22/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	05/22/26
M17.11	Unilateral primary osteoarthritis right knee	05/22/26
I10.	Essential (primary) hypertension	05/22/26
I83.93	Asymptomatic varicose veins of bilateral lower extremities	05/22/26
J45.909	Unspecified asthma uncomplicated	05/22/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	05/22/26
G43.909	Migraine unsp not intractable without status migrainosus	05/22/26
R73.03	Prediabetes	05/22/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/22/26
E66.9	Obesity unspecified	05/22/26
Z68.33	Body mass index [BMI] 33.0-33.9 adult	05/22/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	05/22/26
Z79.51	Long term (current) use of inhaled steroids	05/22/26
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	05/22/26
Z99.89	Dependence on other enabling machines and devices	05/22/26

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

Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 5mg by mouth every 4 hours Post surgical pain
Colace - Docusate Sodium 100mg by mouth twice a day 1-2 tabs for bowel regimen
Aspirin 81Mg - Aspirin 81mg by mouth twice a day
FLONASE 2 Sprays Each nostril daily
HYDROCHLOROTHIAZIDE 25 MG tablets Oral every morning Dose reduced on 4/10/2026 as home BP low
GLUCOPHAGE 500 MG tablet Oral every evening with a meal for prediabetes - dose reduced 3/2026 as feeling tired with zepbound
COZAAR 25 mg 25mg tablet Oral daily
tirzepatide (ZEPBOUND) 5 mg/0.5 mL SubQ Soln 5 MG mL Subcutaneous every week (0.5 mL = 50 units)

14. DME and Supplies:
walker, cane

15. Safety Measures:
bathroom safety, , knee precautions, standard precautions, supervision at all times, , walker precautions, bleeding precautions, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:
regular,

17. Allergies:
alli phentermine hydrochloride topiramate wellbutrin

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Walker, Cane, 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: good

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
patient will be responsible for managing treatment

Homebound status: After undergoing Left 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:

Start of Care completed for a 56-year-old female status post left total knee replacement performed on Thursday, 05/21/2026, by Dr. Narcisse. Consents were reviewed and signed by the patient. Past medical history is significant for asthma, obstructive sleep apnea, osteoarthritis of the left knee, obesity, gastroesophageal reflux disease, and diabetes mellitus. Patient resides with her husband in a single-family home with six steps and railing required for entry. Bedroom and bathroom are located on the second floor of the home. Patient is considered homebound secondary to recent left knee replacement surgery, impaired mobility, pain, decreased endurance, fall risk, and the considerable effort required to safely leave the home using a rolling walker with assistance. Homebound status is further supported by a Tinetti balance and gait assessment score of 15/28, indicating increased fall risk. Upon assessment, patient was alert and oriented x4 and in no acute distress. Patient reported left knee pain rated at 3-4/10, managed with prescribed pain medications and anti-inflammatory therapy. Patient ambulates within the home using a rolling walker with supervision and utilizes a step-to gait pattern for safety and fall prevention. Patient is able to negotiate seven stairs using a railing and cane with supervision. Transfers to bed, chair, and toilet are completed with supervision, and bed mobility is performed with supervision as well. Therapist did not assess outdoor ambulation or car transfer at this visit. Patient denied any recent falls, dizziness, or lightheadedness. Lungs were clear to auscultation bilaterally. Incentive spirometer use was reviewed and reinforced to promote pulmonary hygiene and reduce postoperative respiratory complications. Postoperative dressing to the left knee remained intact, clean, and dry during assessment. Patient was instructed not to wet or soak the dressing and educated on proper incision and dressing care. Mild expected bruising was noted to the anterior aspect of the left knee with little to no bruising observed posteriorly. No abnormal bleeding or additional wounds were noted during assessment. Patient was instructed to immediately notify the surgeon of any increased pain, swelling, redness, drainage, excessive bruising, or other signs of complications. Education was also provided regarding pain management techniques, including medication compliance and the use of ice therapy as directed. Patient reported last bowel movement occurred prior to surgery. Skilled nursing provided education regarding opioid-induced constipation, use of stool softeners, hydration, dietary measures, and bowel regimen management to promote regular bowel movements. Patient denied nausea, vomiting, or urinary discomfort and reported oral intake and appetite were slowly improving, with breakfast tolerated well on the morning of assessment. Patient verbalized understanding of hydration importance for prevention of dehydration and constipation. Physical therapy evaluation noted left knee range of motion measured at 0 to 105 degrees. Patient tolerated 10 repetitions each of supine therapeutic exercises including hip flexion, quad sets, short arc quads, straight leg raises, hip abduction, knee extension, and ankle pumps. Skilled home health therapy services are medically necessary to improve left knee range of motion, strength, balance, gait, stair negotiation, safety awareness, and overall functional mobility in order to return the patient to prior level of independence. Ongoing skilled nursing will continue for postoperative assessment, pain management, medication education, incision monitoring, fall prevention, and reinforcement of patient and caregiver education.
 Date of Order 05/22/2026 Orders Physician Face-to-Face Date: 05/05/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control, PT-eval & treat due to Left 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:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/22/2026

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 : 05/05/2026

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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eval
 Physician Narcisse, Patrick

SN Careplans

SN WK1: 1 (05/22/26-05/23/26) ,WK2: 1 (05/24/26-05/30/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

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; 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 ; 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.

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.
Advance Directive:NA

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, meal preparation, M2102f - Patient Supervision, M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure, limited range of motion, swelling of affected area, Pain Effect on Sleep, Pain Interference with ADLs, Pain Interference with Therapy activities, balance deficit, loss of appetite, obesity, red/tender pressure points, #1 - Non-Observable Surgical Wound - Anterior Left Knee - , swell/redness surround. skin

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Knee -, cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: 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., coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: To increase mobility to return to walking and hiking

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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

05/22/2026

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PT WK1: 1 (05/22/26-05/23/26) ,WK2: 3 (05/24/26-05/30/26) ,WK3: 2 (05/31/26-06/06/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170P1 - Picking Up Object, 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, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, 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, GG0170F1 - Toilet Transfer

PROCEDURES: Stretching to left knee 5 x hold 10 seconds initially 0-105 degrees : 5x flexion, home exercise program: Supine hip flexion, quad sets, short arc quads, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet 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, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: To be able to walk in the house with my cane

GOALS

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Toilet Transfer - 06. Independent

Picking Up Object - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

Sit to Stand - 05. Setup or clean-up assistance

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

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

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

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Walk 150 Feet - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Eating - 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	05/22/2026