Home Health Certification and Plan of Care

Order ID: 1150/20385

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
87164333	07/09/2026	From: 07/09/2026 To: 09/06/2026	23739	217058

6. Patient's Name and Address

Diane Fischer
7879 Oakdale Ave,
ROSEDALE, MD 21237-
443-934-7052

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 11/25/1955 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	07/09/26

13. ICD	Other Pertinent Diagnoses	Date
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	07/09/26
I11.0	Hypertensive heart disease with heart failure	07/09/26
I50.30	Unspecified diastolic (congestive) heart failure	07/09/26
I48.91	Unspecified atrial fibrillation	07/09/26
D68.69	Other thrombophilia	07/09/26
I70.0	Atherosclerosis of aorta	07/09/26
E78.5	Hyperlipidemia unspecified	07/09/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/09/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	07/09/26
I42.9	Cardiomyopathy unspecified	07/09/26
E03.9	Hypothyroidism unspecified	07/09/26
M79.7	Fibromyalgia	07/09/26
D17.71	Benign lipomatous neoplasm of kidney	07/09/26
E27.8	Other specified disorders of adrenal gland	07/09/26
F33.9	Major depressive disorder recurrent unspecified	07/09/26
E55.9	Vitamin D deficiency unspecified	07/09/26
F41.1	Generalized anxiety disorder	07/09/26
G47.00	Insomnia unspecified	07/09/26
I27.21	Secondary pulmonary arterial hypertension	07/09/26
Z79.01	Long term (current) use of anticoagulants	07/09/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/09/26
Z96.653	Presence of artificial knee joint bilateral	07/09/26
Z95.810	Presence of automatic (implantable) cardiac defibrillator	07/09/26
Z98.84	Bariatric surgery status	07/09/26
Z87.891	Personal history of nicotine dependence	07/09/26

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

Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg, 1 tablet by mouth every 4 hours As needed for pain.
Extra Strength Tylenol - Acetaminophen 500mg, 2 tablets by mouth every 6 hours As needed for pain
Metformin - Metformin Hydrochloride 500mg by mouth once a day Not taking as prescribed
Rx- 2 tablets BID
WELLBUTRIN 300 mg Oral 24hr XL Tab Oral daily Depression
WARFARIN 5 mg Oral Tab Oral as directed by Anticoagulation Service blood thinner
NEURONTIN 600 mg Oral Tab Oral 3 times a day NEUROPATHIC PAIN
LIPITOR 80 mg Oral Tab Oral daily for cholesterol
LEVOTHYROXINE 112 mcg Oral Tab Oral every morning
JARDIANCE 25 mg Oral Tab Oral daily
ALDACTONE 25 mg Oral Tab Oral daily for fluid retention HTN
LANOXIN 250 mcg (0.25 mg) Oral Tab Oral daily A-FIB
ZOLOFT 100 mg Oral Tab Oral daily Depression
LASIX 40 mg Oral Tab Oral daily as needed for edema (as needed for edema of the body) PRN

14. DME and Supplies:

walker, diabetic supplies, bath bench

15. Safety Measures:

bathroom safety, knee precautions, walker precautions, medication safety, fall precautions, ambulates with device

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

lisinopril

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: 1. In new or complex situations only, 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

patient will be responsible for managing treatment

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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/09/2026

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 : 06/30/2026

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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Clinical Condition Requiring Homecare:

The patient is a 70-year-old female admitted to home health following an elective left total knee replacement on 7/8/2026, with a past medical history significant for heart failure, major depressive disorder, type 2 diabetes mellitus, hypertension, and recurrent urinary tract infections. She returned home the same day with family assistance and presents with postoperative left knee pain, decreased range of motion and strength, impaired balance, ambulatory dysfunction, and deficits in bed mobility and transfers, placing her at high risk for falls and requiring assistance with all functional mobility. On assessment, she reported left knee pain rated 4/10 with intermittent sharp pain radiating down the left leg at night. The surgical dressing was clean, dry, and intact with trace edema of the left lower extremity, negative Homan's sign, no calf redness or warmth, clear lung sounds, audible bowel sounds, and no complaints of shortness of breath, chest pain, dizziness, nausea, or vomiting. Skilled assessment, medication reconciliation, and patient education were completed, including instruction on edema management, lower extremity positioning, signs and symptoms of infection, and positioning to promote knee extension and flexion. A home exercise program was initiated consisting of ankle pumps, quadriceps sets, gluteal sets, seated heel slides, knee extensions, and hip flexion exercises. Due to significant postoperative functional deficits and homebound status, skilled home health physical therapy is medically necessary to improve strength, range of motion, balance, gait, transfers, and functional mobility, reduce fall risk, maximize independence, and prevent further functional decline.<o:p></o:p>   Date of Order<o:p></o:p> 07/09/2026
Physician Face-to-Face Date: 06/30/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Knee Replacement surgery<o:p></o:p> 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:<o:p></o:p> PT Eval Notes: <o:p></o:p> Physician: Narcisse, Patrick

SN Careplans

SN WK1: 1 (07/09/26-07/11/26) ,WK2: 1 (07/12/26-07/18/26)

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; 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

SN Goals

PATIENT-STATED GOAL: "I want this knee to heal like the other one did."

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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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, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, muscle weakness, limited range of motion, limited strength, limited endurance, balance deficit, Pain Effect on Sleep, Pain Interference with ADLs, bruising/discoloration, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Left Knee -

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Knee -: 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., 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence

* recalls related medication(s) purpose, schedule

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

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (07/09/26-07/11/26) ,WK2: 3 (07/12/26-07/18/26) ,WK3: 2 (07/19/26-07/25/26)

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 medications with patient, Range of motion : Patient will improve left knee extension to 0 degrees and flexion to ninety five to 100 degrees, Range of motion : Patient will improve left knee extension to 0 degrees and flexion to ninety five to 100 degrees, cough/deep breathing exercises, incentive spirometer, home exercise program: Ankle pumps quad sets heelslides supine and seated gluteal sets knee extension hip flexion heel raises standing as tolerated for Left leg hamstring curls terminal knee extension on the left and hip flexion on the left using the walker for support, equipment training, 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, 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 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, Range of motion

PT Goals

PATIENT-STATED GOAL: To walk with no device and being independent in the home. To be able to drive and , be back to normal

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

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

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 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

Signature of Physician:	Date
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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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Range of motion

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	PAGE 4 of 4
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