Home Health Certification and Plan of Care

Order ID: 1150/20843

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
64124731	07/24/2026	From: 07/24/2026 To: 09/21/2026	27743	217058

6. Patient's Name and Address

Frieda Winkler
5113 Castlestone Dr,
ROSEDALE, MD 21237-
410-931-1851

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 12/20/1947 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	07/24/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.651	Presence of right artificial knee joint	07/24/26
J45.40	Moderate persistent asthma uncomplicated	07/24/26
N18.31	Chronic kidney disease stage 3a	07/24/26
M51.379	Other intervertebral disc degeneration lumbosacral region	07/24/26
M16.0	Bilateral primary osteoarthritis of hip	07/24/26
I70.0	Atherosclerosis of aorta	07/24/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	07/24/26
J30.9	Allergic rhinitis unspecified	07/24/26
M65.4	Radial styloid tenosynovitis [de Quervain]	07/24/26
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	07/24/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/24/26
M85.80	Oth disrd of bone density and structure unspecified site	07/24/26
A69.20	Lyme disease unspecified	07/24/26
R73.03	Prediabetes	07/24/26
R91.1	Solitary pulmonary nodule	07/24/26
E66.9	Obesity unspecified	07/24/26
Z68.31	Body mass index [BMI] 31.0-31.9 adult	07/24/26
Z79.899	Other long term (current) drug therapy	07/24/26
Z99.89	Dependence on other enabling machines and devices	07/24/26
Z87.891	Personal history of nicotine dependence	07/24/26

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

ECOTRIN 0 Delayed Release 81 MG / 1 Tablet by mouth twice a day Do not chew or crush
Extra Strength Tylenol - Acetaminophen 500mg, 2 tablets by mouth every 6 hours As needed for pain
Meloxicam - Meloxicam 15 mg Take 1 tablet by mouth once a day For pain
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg, 1 tablet by mouth every 4 hours As needed for pain
Colace - Docusate Sodium 100 mg , Take 1 capsule by mouth twice a day Stool softener
Ventolin - Albuterol 90 mcg/actuation Inhl HFAA / Inhale 1 puff by mouth every 4 hours as needed for quick relief of asthma symptoms or cough (rescue inhaler)
ALLEGRA 180 mg tablet by mouth takes PRN
DUONEB 0.5 mg-3 mg(2.5 mg base)/3 mL Inhl Neb Soln / Use 3 mL via nebulizer by mouth every 6 hours
Fluticasone-Salmeterol (WIXELA INHUB) 250-50 mcg/dose / Inhale 1 puff by mouth 2 times a day (Controller inhaler)
MUCINEX 1,200 mg 12hr ER Tab by mouth once daily
TUMS 300 mg (750 mg) tablet by mouth once or twice weekly
ATROVENT 21 mcg (0.03 %) Nasl Spray / Use 2 sprays in each nostril Nasal three times a day as needed for runny nose

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

16. Nutrition:

low sodium,

17. Allergies:

chlorpheniramine maleate

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: 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 Right total 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: The patient is a 78-year-old female admitted to home health services following a right total knee replacement. Her past medical history is significant for moderate persistent asthma, chronic kidney disease (CKD) stage III, osteoarthritis involving multiple joints including the bilateral hips, arthritis of the right shoulder, left wrist and knee pain, lumbar spine degeneration, coronary artery disease with aortic involvement, obstructive sleep apnea requiring CPAP therapy, gastroesophageal reflux disease (GERD), and obesity. The patient is alert and oriented to person, place, time, and situation (A&O 4) and is not in acute distress. She denies nausea, vomiting, headache, and shortness of breath but reports postoperative right knee pain rated at 5/10. She lives alone; however, her daughter, who is her primary caregiver, is staying with her during her postoperative recovery to provide assistance. The patient uses CPAP therapy at night and a nebulizer as needed for asthma management. A comprehensive skilled nursing assessment was completed. The patient remained hemodynamically stable with no signs of respiratory distress. Postoperative pain was localized to the right knee surgical site and was managed according to the prescribed treatment plan. Skilled nursing provided education regarding medication adherence, pain management, appropriate use of prescribed medications, application of ice to the surgical knee to reduce pain and swelling, constipation prevention related to decreased mobility and pain medication use, infection prevention, incision monitoring for signs and symptoms of infection, adequate hydration and nutrition to promote healing, fall prevention strategies, and the importance of adhering to postoperative activity restrictions and physician recommendations. The patient verbalized understanding of all teaching provided. A skilled home health physical therapy evaluation was completed due to postoperative weakness and functional decline following right total knee replacement. The patient demonstrates decreased right lower extremity strength, impaired gait mechanics, limited range of motion, decreased balance, and reduced functional mobility. She resides in a townhouse with nine steps to enter equipped with a handrail. Although the bedroom and bathroom are located on the second floor, a temporary first-floor living arrangement has been established to improve safety during recovery. The patient ambulates approximately 30 feet on level indoor surfaces using a rolling walker with supervision and verbal cueing to improve gait mechanics. She is able to negotiate 11 stairs using a handrail and cane with supervision and verbal cueing for proper sequencing and safety. Bed mobility and transfers to and from the bed, chair, and toilet are completed with supervision. Outside ambulation and car transfer abilities were not assessed during this evaluation. The patient participated in therapeutic exercises, including quadriceps sets, short arc quadriceps exercises, hip flexion, straight leg raises, hip abduction, seated knee extensions, and ankle pumps, completing 10 repetitions of each exercise

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/24/2026

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 : 07/09/2026

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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with verbal cueing for proper technique. Right knee range of motion measured 0 to 100 degrees. A written home exercise program was provided, and the patient was instructed to perform the exercises twice daily. Additional education included applying ice to the right knee for 20 minutes several times daily, elevating the right lower extremity above heart level when resting to reduce postoperative edema, except while ambulating or eating, and walking at least five times daily using only the rolling walker to maximize safety and promote recovery. The patient is homebound due to the considerable and taxing effort required to leave the home following recent surgery, postoperative weakness, impaired mobility, and increased fall risk, as evidenced by a Tinetti Balance and Gait Assessment score of 14/28. Skilled home health physical therapy is medically necessary to provide therapeutic exercise, gait training, transfer training, balance training, range of motion exercises, progression of the home exercise program, and patient education to improve strength, restore functional mobility, reduce fall risk, and facilitate a safe return to her prior level of independence.
 Date of Order 07/24/2026 Orders Physician Face-to-Face Date: 07/09/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right total 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: eval
 Physician Narcisse, Patrick

SN Careplans

SN WK1: 1 (07/24/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26)

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: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 replacement surgery.

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Knee - Right knee replacement surgery.: Right knee surgical site: Remove Aquacel dressing on the 7th day post op and LOTA. Otherwise, cover with a dry 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound

SN Goals

PATIENT-STATED GOAL: To walk without pain

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/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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/24/2026

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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

PT Careplans

PT WK1: 1 (07/24/26-07/25/26) ,WK2: 3 (07/26/26-08/01/26) ,WK3: 2 (08/02/26-08/08/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Stretching to right knee.: Have client sit in chair and bend right knee and measure. No manual stretching is required 5x hold 10 seconds, cough/deep breathing exercises, home exercise program: Written instructions were issued. Supine quad sets, short arc quads, hip flexion, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps, equipment training, 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 - 02. Substantial/maximal assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: To be able to get around the house by myself and return to driving

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

Oral Hygiene - 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 - 02. Substantial/maximal assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/24/2026