Home Health Certification and Plan of Care

Order ID: 1150/19096

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01037956	05/29/2026	From: 05/29/2026 To: 07/27/2026	25765	217058

6. Patient's Name and Address

Stephen Shive
921 Wiseburg Rd,
White Hall, MD 21161-
443-841-0889

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 09/28/1951 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	05/29/26

13. ICD	Other Pertinent Diagnoses	Date
G47.33	Obstructive sleep apnea (adult) (pediatric)	05/29/26
I10.	Essential (primary) hypertension	05/29/26
E78.00	Pure hypercholesterolemia unspecified	05/29/26
G43.709	Chronic migraine w/o aura not intractable w/o stat migr	05/29/26
H90.A22	Snsrnrl hear loss uni l ear with rstrcd hear cntra side	05/29/26
L71.9	Rosacea unspecified	05/29/26
M47.812	Spondylosis w/o myelopathy or radiculopathy cervical region	05/29/26
Z79.82	Long term (current) use of aspirin	05/29/26
Z79.51	Long term (current) use of inhaled steroids	05/29/26
Z98.1	Arthrodesis status	05/29/26
Z96.643	Presence of artificial hip joint bilateral	05/29/26

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

Esidrix - Hydrochlorothiazide 25 mg/tablet / Take half tablet by mouth in the morning
Norvasc - Amlodipine Besylate 10 mg / 1 Tablet by mouth once a day
Protonix - Pantoprazole Sodium Delayed Release 20 mg / 1 Tablet by mouth twice a day 30 to 60 minutes before breakfast and dinner
Crestor - Rosuvastatin Calcium 5 mg / 1 Tablet by mouth once a day to prevent heart attack and stroke
Flomax - Tamsulosin Hydrochloride 0.4 mg / 1 Capsule by mouth twice a day BPH
Cialis - Tadalafil 5 mg / 1 Tablet by mouth once a day at approximately the same time daily without regard to timing of sexual activity
Maxalt-Mlt - Rizatriptan Benzoate 10 mg/tablet / Dissolve 1 tablet by mouth as necessary at onset of migraine headache. Dose can be repeated after 2 hours if no relief. No more than 2 tablets per day. No more than 6 tablets per week.
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 mcg (1,000 unit)/tablet / Take 2 tablets by mouth once a day
VITAMIN C WITH ROSE HIPS SR 1,000 mg/tablet / Takes 2 tablets by mouth once a day
Tylenol - Acetaminophen 500 mg / 2 Tablets by mouth as necessary every 6 hours
Ecotrin - Aspirin 0 Delayed Release 81 mg / 1 Tablet by mouth twice a day
Colace - Docusate Sodium 100 mg / 1 Capsule by mouth twice a day
Ibuprofen - Ibuprofen 600 mg Take 1 tablet by mouth every 6 hours As needed for pain
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg, take 1 tablet by mouth every 4 hours As needed for pain
Fluticasone (FLONASE ALLERGY RELIEF) 50 mcg/actuation Nasl SpSn / 2 Sprays Nasal as necessary
Narcan - Naloxone Hydrochloride 4 mg/actuation Nasl Spray / Use 1 spray in one nostril Nasal as necessary and seek immediate emergency medical assistance. If the desired response is not obtained after 2 or 3 minutes, administer second dose using a new device in the other nostril until emergency medical assistance arrives. For emergency use only

14. DME and Supplies:

walker, , bath bench, cane

15. Safety Measures:

walker precautions, medication safety, ambulates with device, fall precautions, hip precautions, standard precautions, bathroom safety

16. Nutrition:

low sodium

17. Allergies:

angiotensin-converting enzyme inhibitors escitalopram oxalate

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 Left Total Hip 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:

The patient is a 74-year-old male with a past medical history significant for obstructive sleep apnea, hypertension, chronic migraines, myalgia, rosacea, cervical spondylosis, osteoarthritis, hearing loss, and prior right total hip replacement and cervical fusion. He recently underwent an elective left anterior total hip replacement without complications. The patient is alert and oriented 4 and reports pain rated 5/10 at the surgical site, which is managed with prescribed pain medication and ice therapy. The surgical incision is covered with an Aquacel dressing scheduled for removal on postoperative day seven and then to remain open to air. The patient denies shortness of breath, nausea, or vomiting; lung sounds are clear to auscultation, and bowel sounds are active. Compression stockings are in place, and medication reconciliation was completed. Education was provided regarding infection prevention, medication compliance, constipation prevention, proper use of ice therapy, anterior hip precautions, positioning during sleep, and fall prevention strategies. The patient lives with his wife in a two-story home and was previously independent with community mobility and driving. Currently, he presents with left lower extremity weakness, antalgic gait pattern, impaired balance as evidenced by a Tinetti score of 10/28, and minor transfer deficits. Instruction was provided on safe stair negotiation using a handrail and single-point cane with a step-to gait pattern. The patient ambulates with a walker, and family members are actively involved in his care. Skilled physical therapy services are recommended to address strength, balance, gait, transfer deficits, and overall functional mobility to support a safe return to prior level of function.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> <p

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/29/2026

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 : 05/08/2026

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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class="MsoNoSpacing">05/29/2026
 Physician Face-to-Face Date: 05/08/2026
 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Hip 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>
 1 - SOC - SN Notes:
 PT Eval Notes: <o:p></o:p> Physician: Narcisse, Patrick

SN Careplans

SN WK1: 1 (05/29/26-05/30/26) ,WK2: 1 (05/31/26-06/06/26)

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 Left Hip - Left hip replacement surgery

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Hip - Left hip replacement surgery: Left hip 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 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

SN Goals

PATIENT-STATED GOAL: To walk safely 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

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

05/29/2026

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PT WK2: 3 (05/31/26-06/06/26) ,WK3: 3 (06/07/26-06/13/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170O1 - 12 Steps, GG0130F1 - Upper Body Dressing, 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, GG0170D1 - Sit to Stand, 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

PROCEDURES: Medication management : Review medication with patient and caregiver., home exercise program: Laq, Standing heel raises hip flexion on left lower extremity, hamstring curls on left lower extremity, only seated hip flexion for right lower extremity ankle pumps, glut sets, home exercise program: Laq, Standing heel raises hip flexion on left lower extremity, only hamstring curls on left lower extremity, only seated hip flexion for right lower extremity ankle pumps sets, home exercise program: Laq, Standing heel raises hip flexion on left lower extremity, hamstring curls on left lower extremity, only seated hip flexion for right lower extremity ankle pumps, glut sets, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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 - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: To improve my strength and balance , be able to walk and progress off the walker

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 - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 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	05/29/2026