Home Health Certification and Plan of Care

Order ID: 1150/11876

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
93261976	08/02/2025	From: 08/02/2025 To: 09/30/2025	15924	217058

6. Patient's Name and Address

Steven Merkler
402 VALLEY MEADOW CIRCLE APT T1,
REISTERSTOWN, MD 21136-
443-938-2637

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 11/26/1958 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	08/02/25

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	08/02/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/02/25
N18.4	Chronic kidney disease stage 4 (severe)	08/02/25
D63.1	Anemia in chronic kidney disease	08/02/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/02/25
J44.89	Other specified chronic obstructive pulmonary disease	08/02/25
G62.9	Polyneuropathy unspecified	08/02/25
I25.2	Old myocardial infarction	08/02/25
I70.0	Atherosclerosis of aorta	08/02/25
F41.9	Anxiety disorder unspecified	08/02/25
F39.	Unspecified mood [affective] disorder	08/02/25
K21.9	Gastro-esophageal reflux disease without esophagitis	08/02/25
R91.8	Other nonspecific abnormal finding of lung field	08/02/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	08/02/25
E66.9	Obesity unspecified	08/02/25
Z68.35	Body mass index [BMI] 35.0-35.9 adult	08/02/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/02/25
Z95.5	Presence of coronary angioplasty implant and graft	08/02/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	08/02/25
Z87.891	Personal history of nicotine dependence	08/02/25

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

Atorvastatin - Atorvastatin Calcium 80 mg, take (80 mg) tablet by mouth once a day
Carvedilol - Carvedilol 25 mg, take (25 mg) tablet by mouth twice a day 25 mg, Oral, 2X daily WC
Jardiance - Empagliflozin 10 mg, take (10 mg) tablet by mouth once a day 10 mg, Oral, 1X daily
Gabapentin - Gabapentin 100 mg, take (100 mg) tablet by mouth once a day
Hydralazine - Hydralazine Hydrochloride 75 mg, take (75 mg) tablet by mouth three times a day 75 mg, Oral, 3X daily
Lidocaine - Lidocaine 2 patch transdermal once a day 2 patch, Transdermal, Q24H
Nifedipine - Nifedipine 60 mg, take (60 mg) tablet by mouth once a day 60 mg, Oral, 1X daily
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg, take (0.4 mg) tablet by mouth in the evening 0.4 mg, Oral, 1X daily QPM

14. DME and Supplies:

diabetic supplies, urinary/catheter supplies

15. Safety Measures:

standard precautions, sharps precautions, remove environmental barriers, medication safety, medical alert/lifeline, fall precautions, emergency phone # clearly displayed, diabetic precautions, bathroom safety, ambulates with assistance

16. Nutrition:

diabetic,

17. Allergies:

augmentin codeine lisinopril pentasa nsaids

18.A. Functional Limitations

Endurance

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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 Chronic Kidney Disease, 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 was recently hospitalized due to complications related to benign prostatic hyperplasia (BPH). Past medical history includes hypertension, diabetes mellitus, myocardial infarction, heart failure, coronary artery disease, and anxiety. Vital signs are within normal limits, and the skin is intact. The patient has a 24 French, 30 cc indwelling Foley catheter in place, which is draining an adequate amount of tea-colored urine. The catheter is being managed by a urologist, with a follow-up appointment scheduled for Tuesday. Skilled nursing visits are recommended at a frequency of once weekly for five weeks, with the next visit scheduled for Wednesday.
 Date of Order 08/02/2025 Orders Physician Face-to-Face Date: 07/29/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management due to Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 Chronic Kidney Disease 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: Physician Watts, Charlotte

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/02/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Charlotte Watts
2391 Greenspring Dr
Timonium, MD 21093
PHONE: 4103395500 FAX: 14103395960 NPI: 1336481951

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 : 07/29/2025

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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SN WK1: 1 (08/02/25-08/02/25)

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, blood sugar < 60 > 300

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

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
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, M1600 - UTI, M1610 - Urinary Catheter, cloudy urine, limited endurance

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, apply anti-embolitic stockings, glucose testing via monitor, catheter change, care & irrigation: 24f/30cc in dwelling foley managed by urologist. Patient may shower and clean meatus with mild soap and water to remove much and build up of discharge.

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PATIENT-STATED GOAL: I want to get rid of this foley and return to work.

GOALS
patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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 SN RN	08/02/2025