Home Health Certification and Plan of Care

Order ID: 1150/12186

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35187390	09/06/2025	From: 09/06/2025 To: 11/04/2025	17083	217058

6. Patient's Name and Address

Bob Hardesty
2724 Norland Road,
BALTIMORE, MD 21230-
443-768-6209

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 10/01/1940 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	09/06/25

13. ICD	Other Pertinent Diagnoses	Date
I48.91	Unspecified atrial fibrillation	09/06/25
I10.	Essential (primary) hypertension	09/06/25
E03.9	Hypothyroidism unspecified	09/06/25
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	09/06/25
D64.9	Anemia unspecified	09/06/25
E78.5	Hyperlipidemia unspecified	09/06/25
E55.9	Vitamin D deficiency unspecified	09/06/25
N32.81	Overactive bladder	09/06/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	09/06/25
N13.8	Other obstructive and reflux uropathy	09/06/25
N39.498	Other specified urinary incontinence	09/06/25
Z46.6	Encounter for fitting and adjustment of urinary device	09/06/25
R26.89	Other abnormalities of gait and mobility	09/06/25
Z79.01	Long term (current) use of anticoagulants	09/06/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	09/06/25
Z96.642	Presence of left artificial hip joint	09/06/25

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

omega 3 acid ethyl esters take 1 gram capsule,take 1 tablet BID by mouth once a day supplement
rybelsus 14mg tablet, take 1 tablet by mouth once a day NIDDM
tamsulosin 0.4mg 2 capsuleS by mouth at bedtime FOR URINARY OBSTRUCTIONS
Lisinopril - Lisinopril 40 mg 40mg tablet, take 1 tablet by mouth once a day BLOOD PRESSURE
Synthroid - Levothyroxine Sodium 0.075 mg **see current annual edition, 1.8 description of special situations, levothyroxine sodium 75mcg tablet, take 1 tablet by mouth once a day HYPOTHYROIDISM
Warfarin - Warfarin Sodium 5mg oral tablet , take 1 to 2 tablet by mouth once a day 5 MG EVERY DAY EXCEOT MOND AND WEDNESDAY 7.5 MG
Simvastatin - Simvastatin 10 mg 10mg tablet, take 1 tablet by mouth once a day CHOLESTEROL
Terazosin - Terazosin 10mg oral capsule, take 1 tablet by mouth once a day capsule every evening
HIGH BLOOD PRESSURE
Lopressor - Metoprolol Tartrate 50 mg 50mg tablet take 1 tablet by mouth twice a day A FIB
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000mcg tablet, take 1 tablet by mouth once a day SUPPLEMENT
Mvi - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1tablet by mouth once a day SUPPLEMENT
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25mcg1000 units take 1 tablet by mouth once a day SUPPLEMENT
Acetaminophen - Acetaminophen 500MG; 1 TAB by mouth as necessary Every 8 hours as needed for PAIN
Finasteride - Finasteride 5mg tablet. take 1 tablet by mouth once a day BPH relieves urinary symptoms such as: Frequent urgent urination, Difficulty starting urination, a weak urinary stream, need to urinate at night

14. DME and Supplies:

urinary/catheter supplies, diabetic supplies, cane

15. Safety Measures:

standard precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, medication safety, ambulates with assistance, sharps precautions, anticoagulant precautions

16. Nutrition:

low sodium, diabetic,

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance

18.B. Activities Permitted

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: fair

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: Due to diagnosis of Type 2 Diabetes Mellitus With Diabetic Neuropathy, Unspecified, 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 with complications related to urinary outflow obstruction and is currently prescribed finasteride and tamsulosin. Past medical history includes atrial fibrillation, non-insulin-dependent diabetes mellitus with neuropathy, bilateral lower extremity edema, anemia, benign prostatic hyperplasia, and degenerative joint disease. The patient is maintained on warfarin with INR managed by the primary physician and has a scheduled urology follow-up on 9/16/25. No new orders were received, and the plan is to provide education on indwelling Foley catheter management. The patient is alert and oriented x3, denies pain or shortness of breath, with clear lung sounds, fair appetite, last bowel movement two days ago, and +2 to +3 bilateral lower extremity edema noted. A 16Fr 10cc indwelling Foley catheter is in place, draining clear yellow urine. Blood glucose was 107 mg/dL, and the patient uses a Dexcom monitor. He ambulates with a quad cane, and his son provides assistance with ADLs and IADLs as needed. Skilled nursing reviewed all medications, provided education on bleeding precautions, Foley catheter care, proper hygiene, and techniques for switching between leg and drainage bags. The importance of adequate hydration for catheter flushing and RN/MD alert criteria were also reinforced. The patient was receptive to all instructions.
 Date of Order 09/06/2025 Orders Physician Face-to-Face Date: 07/13/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management due to Type 2 Diabetes Mellitus With Diabetic Neuropathy, Unspecified 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
 Physician Scharff, David

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 09/06/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

David Scharff
808 S Conkling St
Baltimore, MD 21224
PHONE: 410-327-7144 FAX: 14103277116 NPI: 1467560839

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 : 07/13/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/12186

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35187390	09/06/2025	From: 09/06/2025 To: 11/04/2025	17083	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Bob Hardesty 2724 Norland Road, BALTIMORE, MD 21230- 443-768-6209	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

SN Careplans

SN WK1: 1 (09/06/25-09/06/25)

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

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; 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, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, M1610 - Urinary Catheter, urine retention, limited endurance, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, monitor intake & output, catheter change, care & irrigation: NO HOME HELATH ORDERS TO CHANGE. ONLY TEACH INDWELLING FOLEY CATHETER CARE.

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 modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * 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, * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: TO GET THE CATHETER OUT

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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* 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
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

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
* 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

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	09/06/2025