Home Health Certification and Plan of Care

Order ID: 1150/15291

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
72121872	01/06/2026	From: 01/06/2026 To: 03/06/2026	21147	217058

6. Patient's Name and Address

Robin Anderson
3731 Evergreen Ave,
BALTIMORE, MD 21206-
443-629-8146

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 08/09/1954 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	01/06/26

13. ICD	Other Pertinent Diagnoses	Date
R33.8	Other retention of urine	01/06/26
K83.8	Other specified diseases of biliary tract	01/06/26
N13.30	Unspecified hydronephrosis	01/06/26
I10.	Essential (primary) hypertension	01/06/26
E11.9	Type 2 diabetes mellitus without complications	01/06/26
E78.5	Hyperlipidemia unspecified	01/06/26
K59.00	Constipation unspecified	01/06/26
Z87.891	Personal history of nicotine dependence	01/06/26
Z79.82	Long term (current) use of aspirin	01/06/26
Z79.4	Long term (current) use of insulin	01/06/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	01/06/26

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

Aspirin - Aspirin 81 mg tablet by mouth once a day 81 mg, 1 time daily
Lipitor - Atorvastatin Calcium 80 mg, oral tablet by mouth once a day 80 mg, 1 time daily
Jardiance - Empagliflozin 12.5 mg oral tablet by mouth once a day 12.5 mg, 1 time daily
Humulin 70/30 Insulin - Insulin Recombinant Human 25 Units, 100 UNIT/ML suspension intravenous twice a day 25 Units, 2 times daily before meals
Glucophage - Metformin Hydrochloride 1,000 mg oral tablet by mouth twice a day 1,000 mg, 2 times daily with meals
Flomax - Tamsulosin Hydrochloride 0.4 mg mg capsule by mouth once a day 0.4 mg, 1 time daily
Methadone - Methadone Hydrochloride 22mg by mouth once a day
Apresazide - Hydralazine Hydrochloride: Hydrochlorothiazide 100 mg Oral 3X daily
70/30 Insulin - Insulin Recombinant Human: Insulin Susp Isophane Recombinant Human 25 Units Subcutaneous 1X daily QAM

14. DME and Supplies:

urinary/catheter supplies

15. Safety Measures:

transfer with assist, smoke detectors , bathroom safety, , sharps precautions, , hand rails, ambulates with assistance, , , diabetic precautions, activity supervision

16. Nutrition:

renal diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Transfer bed/Chair, Exercises Prescribed, 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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Benign Prostatic Hyperplasia With Lower Urinary Tract Symptoms, 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 71-year-old male who was recently hospitalized for bilateral renal swelling secondary to urinary retention caused by an enlarged prostate with associated urine backflow. During hospitalization, a 16 French Foley catheter with a 10 mL balloon was inserted, and the patient was discharged home with the catheter in place. He was instructed to follow up with Urology for a voiding trial to determine the potential for catheter removal. The patient resides with his girlfriend in a second-floor row home. The patient's past medical history is significant for diabetes mellitus, hypertension, and substance use disorder, currently managed with methadone. Medication review revealed that empagliflozin (Jardiance) and metformin were discontinued due to acute kidney injury, and the patient was transitioned to insulin glargine for glycemic control. The patient was discharged with an insulin vial and syringes; nursing staff advised the patient to request an insulin pen at his follow-up appointment with his provider if preferred for ease of administration. At the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient did not have his prescribed antihypertensive medications in the home, as he had not yet picked them up from the pharmacy. Skilled nursing education was provided regarding the importance of consistent meal intake and adherence to a 60-gram carbohydrate-controlled diet in conjunction with prescribed insulin therapy. The nurse provided dietary education and sent the patient meal ideas from the Kaiser Permanente website as examples of appropriate food choices to support blood glucose control. Additional education was provided on Foley catheter care, including monitoring for signs and symptoms of complications such as increased genital pain or absence of urine output in the drainage bag, and the importance of promptly reporting these findings to the healthcare provider. The patient demonstrated understanding of all education provided through teach-back. The plan of care includes continued skilled nursing services to reinforce disease management education, monitor urinary catheter status, assess medication compliance, and support safe transition and follow-up with urology and primary care.
 Date of Order 01/06/2026 Orders Physician Face-to-Face Date: 01/04/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management due to Benign Prostatic Hyperplasia With Lower Urinary Tract Symptoms 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 Mason, Sherell

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sherell Mason
815 E. Pratt Street
Baltimore, MD 21202
PHONE: 410-637-5700 FAX: 14106375661 NPI: 1750375481

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 : 01/04/2026

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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SN WK1: 1 (01/06/26-01/10/26) ,WK2: 1 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26) ,WK4: 1 (01/25/26-01/31/26) ,WK5: 1 (02/01/26-02/07/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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 ; Foley CareRN to teach proper Foley care, how to empty Foley bag and monitor for any s/s of infection.
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, Home Safety, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, urine retention, decreased urine output, muscle weakness, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, monitor intake & output, catheter change, care & irrigation: RN to teach proper Foley care, how to empty Foley bag and monitor for any s/s of infection., teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange for maintenance of clean/uncluttered living area

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 medicatio, * 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 relaxatio, * 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, sch, * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately

PATIENT-STATED GOAL: Patient states he wants to have his foley removed so he can get back to spending time with his granddaughter

GOALS
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
* 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, sch

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 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 medicatio

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 relaxatio

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

patient's living environment is clean/uncluttered

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/06/2026