

Home Health Certification and Plan of Care				Order ID: 1150/15753	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
01238118		01/21/2026		From: 01/21/2026 To: 03/21/2026	
				4. Medical Record No.	
				21621	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Julius Hopkins 433 Star Circle, Randallstown, MD 21133- 410-499-6527			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			11/09/1952		
9. Sex			Male		
11. ICD			Principal Diagnosis		
112.9			Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny		
			Date		
			01/21/26		
13. ICD			Other Pertinent Diagnoses		
N18.9			Chronic kidney disease u		
D63.1			Anemia in chronic kidney disease		
E78.5			Hyperlipidemia unspecified		
N40.1			Benign prostatic hyperplasia with lower urinary tract symp		
R33.8			Other retention of urine		
N13.8			Other obstructive and reflux uropathy		
D37.4			Neoplasm of uncertain behavior of colon		
E87.6			Hypokalemia		
N13.2			Hydronephrosis with renal and ureteral calculous obstruction		
N13.30			Unspecified hydronephrosis		
Z46.6			Encounter for fitting and adjustment of urinary device		
			Date		
			01/21/26		
14. DME and Supplies:			15. Safety Measures:		
urinary/catheter supplies, walker, cane,			emergency phone # clearly displayed, bathroom safety, supervision at all times, medication safety, hand rails, standard precautions, fall precautions, activity supervision		
16. Nutrition:			17. Allergies:		
renal diet			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance			Cane, Walker, Exercises Prescribed, Up As Tolerated		
19. Mental & Psychosocial 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:			22.B.Discharge Plans		
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.			family/caregiver will be responsible for managing treatment		
Homebound status:			Due to diagnosis of Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified 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:			<p class="MsoNoSpacing">The patient is a 73-year-old male referred to home health services following hospitalization for hyperkalemia, benign prostatic hyperplasia (BPH), urinary retention, and anemia. He has a past medical history significant for villous adenoma of the colon, which was surgically removed. The patient reports a prior history of urinary retention that required catheterization. <o:p></o:p></p> <p class="MsoNoSpacing"><o:p></o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">01/21/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 01/17/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management dx: Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified 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<o:p></o:p></p> <p class="MsoNoSpacing"> 1 - SOC - SN Notes: <o:p></o:p></p> <p class="MsoNoSpacing">Physician:Nadeem, Faryal</p>		
SN Careplans			SN Goals		
SN WK1: 1 (01/21/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26)			PATIENT-STATED GOAL: Patient states "I would like to get this catheter removed as soon as possible."		
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			GOALS		
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8			* how to take the patient's blood pressure		
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 p/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.			* record the reading		
			* 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 maintain a diary to monitor effective and non-effective pain relief		
			including documenting time of pain, rating, precipitating events, medications,		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 01/21/2026					
24. Physician's Name and Address			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.		
Faryal Nadeem			F2F date : 01/17/2026		
7141 Security Blvd					
Windsor Mill, MD 21244					
PHONE: 800-777-7904 FAX: NPI: 1699138537					
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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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:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, M1610 - Urinary Catheter, muscle weakness, limited endurance, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, B1000 - Vision Deficit, loss of appetite PROCEDURES: Educate Foley Catheter care : - Teach foley catheter care and prevention of UTI - Teach cleaning and change of day/night urine collection bag. - Teach s/sx of UTI , cough/deep breathing exercises, catheter change, care & irrigation, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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 relaxatio, * 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, sch, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence		treatments, and what works best to relieve pain * teach relaxatio 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, sch patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient is adequately supervised caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/21/2026