Home Health Certification and Plan of Care

Order ID: 1150/16888

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: 03/07/2026 To: 05/05/2026	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
A41.53	Sepsis due to Serratia	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
N39.0	Urinary tract infection site not specified	01/06/26
R78.81	Bacteremia	01/06/26
I33.0	Acute and subacute infective endocarditis	01/06/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	01/06/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	01/06/26
N18.30	Chronic kidney disease stage 3 unspecified	01/06/26
E11.39	Type 2 diabetes w oth diabetic ophthalmic complication	01/06/26
Z45.2	Encounter for adjustment and management of VAD	01/06/26
Z79.2	Long term (current) use of antibiotics	01/06/26
Z46.6	Encounter for fitting and adjustment of urinary device	01/06/26
E87.5	Hyperkalemia	01/06/26
G89.29	Other chronic pain	01/06/26
Z79.891	Long term (current) use of opiate analgesic	01/06/26
B96.89	Oth bacterial agents as the cause of diseases classd elswhr	01/06/26
T83.091A	Mech compl of indwelling urethral catheter init	01/06/26
E11.36	Type 2 diabetes mellitus with diabetic cataract	01/06/26
R91.1	Solitary pulmonary nodule	01/06/26
E11.3293	Type 2 diab with mild nonp rtnop without macular edema bi	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
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
Humulin 70/30 Insulin - Insulin Recombinant Human 015 Units, 100 UNIT/ML suspension intravenous twice a day 25 Units, 2 times daily before meals
Famotidine - Famotidine 40 mg 40mg by mouth once a day Gerd
Miralax - Polyethylene Glycol 3350 17gm by mouth as necessary
Finasteride - Finasteride 5 mg 5mg by mouth once a day BPH
Levaquin - Levofloxacin 750 mg 1 tablet by mouth four times per week Antibiotic
Cefepime Hydrochloride - Cefepime Hydrochloride 2 gram intravenous once a day Infuse for 6 weeks for UTI/SEPSIS

14. DME and Supplies:

rolling walker, hand held shower, diabetic supplies, bath bench, commode, grab bars, cane, 4 wheeled walker, PICC line supplies

15. Safety Measures:

smoke detectors , transfer with assist, supervision at all times, sharps precautions, no bp right arm, hand rails, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, standard precautions, emergency phone # clearly displayed, ambulates with assistance, walker precautions, medication safety, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence, Endurance

18.B. Activities Permitted

Exercises Prescribed, Walker

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Sepsis due to Serratia, 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/06/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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Clinical Condition Requiring Homecare:

The patient continues to require skilled nursing services due to ongoing urinary retention requiring intermittent monitoring and management of a Foley catheter, along with a history of recurrent urinary tract infections and recent septicemia, including bacteremia with Klebsiella, Serratia, and Aerococcus, as well as bacterial endocarditis confirmed by echocardiogram. Recent urine cultures have grown yeast, necessitating continued monitoring and potential treatment adjustments. The patient has had multiple recent hospital admissions for urinary retention and sepsis, including admissions from 1/17-1/29 and on 1/31, and a recent emergency department visit on 2/7 for a malfunctioning urinary catheter accompanied by hypogastric pain, bladder scan showing 883 mL of retained urine, fever of 100.3F, elevated lactate of 3.4, and transient tachycardia of 124 bpm. Ongoing skilled assessment is required to monitor vital signs, laboratory results, and response to antibiotic therapy, including Levaquin 750 mg every 48 hours and cefepime 2 g IV every 12 hours for six weeks. The patient's complex chronic conditions include uncontrolled type 2 diabetes mellitus, essential hypertension, hepatitis C, chronic opioid use on methadone, diabetic retinopathy with macular edema, and cataracts, placing the patient at high risk for complications such as infection, renal dysfunction, and poor glycemic control. Due to recurrent infections and sepsis, the patient remains at high risk for rapid deterioration at home and requires assistance with medication management, catheter care, and monitoring for signs of recurrent infection or complications. Continued coordination of care is also necessary due to complex medical and social factors, including a history of alcohol and drug use and separated marital status. Home health recertification is requested to allow continued skilled nursing assessment, medication management, and patient and caregiver education to reduce the risk of further hospitalizations and support safe recovery at home.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 03/06/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 01/04/2026
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management due to Sepsis due to Serratia
 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>
 4 - Recertification Notes: due to has urinary retention requiring intermittent monitoring and management of a Foley catheter<o:p></o:p> Physician: Mason, Sherell

SN Careplans

SN WK2: 1 (03/08/26-03/14/26) ,WK3: 1 (03/15/26-03/21/26) ,WK4: 1 (03/22/26-03/28/26) ,WK5: 1 (03/29/26-04/04/26) ,WK6: 1 (04/05/26-04/11/26)

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: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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: M2102d - Caregiver Performs Treatment, decreased urine output, limited strength

PROCEDURES: Labs: Weekly dressing changes to PICC RUE and Labs CBC, CHEM 7, LFT, Foley Catheter Care: Follow up with Urology Foley catheter exchange dates 2/17 and 3/17., 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., 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, 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

SN Goals

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's living environment is clean/uncluttered

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

caregiver administers and/or packages medications appropriately

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/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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/06/2026