Home Health Certification and Plan of Care

Order ID: 1150/20774

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8CH9U70GF19	03/27/2026	From: 07/25/2026 To: 09/22/2026	23908	217058

6. Patient's Name and Address
Julius Murphy
3761 Ravenwood Avenue,
BALTIMORE, MD 21213-
410-488-4954

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 07/14/1946 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	03/27/26

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	03/27/26
N18.9	Chronic kidney disease u	03/27/26
D63.1	Anemia in chronic kidney disease	03/27/26
I48.91	Unspecified atrial fibrillation	03/27/26
H54.8	Legal blindness as defined in USA	03/27/26
I69.392	Facial weakness following cerebral infarction	03/27/26
I69.351	Hemiplga following cerebral infrc aff right dominant side	03/27/26
I69.398	Other sequelae of cerebral infarction	03/27/26
H54.7	Unspecified visual loss	03/27/26
E46.	Unspecified protein-calorie malnutrition	03/27/26
D50.0	Iron deficiency anemia secondary to blood loss (chronic)	03/27/26
E78.5	Hyperlipidemia unspecified	03/27/26
K22.711	Barrett's esophagus with high grade dysplasia	03/27/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	03/27/26
R33.8	Other retention of urine	03/27/26
E11.36	Type 2 diabetes mellitus with diabetic cataract	03/27/26
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	03/27/26
E55.9	Vitamin D deficiency unspecified	03/27/26
K44.9	Diaphragmatic hernia without obstruction or gangrene	03/27/26
Z79.82	Long term (current) use of aspirin	03/27/26
Z96.0	Presence of urogenital implants	03/27/26

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

Latanoprost - Latanoprost 0.005% both eyes at bedtime Instill 1 application in both eyes at bedtime for glaucoma
Acetaminophen - Acetaminophen 325mg by mouth every 6 hours Give 2 tablet by mouth every 6 hours as needed for Pain "Use caution W/ APAP total daily dose greater than 3,000mg"
Aspirin - Aspirin 81 mg by mouth once a day Aspirin Tablet Chewable 81 MG Give 1 tablet by mouth one time a day for heart health/A-fib
Atorvastatin Calcium - Atorvastatin Calcium 40mg by mouth at bedtime Give 1 tablet by mouth at bedtime for HLD
Calcium carbonate tablet chewable 500mg by mouth before meal Give 2 tablet by mouth before meals for GERD
Calcium-Vitamin D3 Oral Capsule 600mg-12.5MG-MCG 600mg-12.5MG-MCG by mouth twice a day (Calcium Carbonate-Cholecalciferol) Give 1 capsule by mouth two times a day for supplement
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65Fe) MG by mouth once a day Give 1 tablet by mouth one time a day for anemia
Flomax - Tamsulosin Hydrochloride 0.4 mg by mouth once a day Give 1 capsule by mouth one time a day for benign prostatic hyperplasia
Magnesium Oxide - Simethicone 400mg by mouth once a day Give 2 tablet by mouth one time a day for SUPPLEMENTATION
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth in the morning Give 1 tablet by mouth in the morning for SUPPLEMENTATION
POLYETHYLENE GLYCOL 1450 17g by mouth once a day Give 17 gram by mouth one time a day for bowel regimen
Protonix - Pantoprazole Sodium eq 40 mg base by mouth twice a day Give 1 tablet by mouth two times a day for GERD 1 hour before eating
Dorzolamide Hydrochloride And Timolol Maleate - Dorzolamide Hydrochloride: Timolol Maleate eq 2 perc base;eq 0.5 perc base left eye twice a day instill 1 drop in left eye two times a day for glaucoma

14. DME and Supplies:
hospital bed, wheelchair

15. Safety Measures:
supervision at all times, standard precautions, diabetic precautions, medication safety, no bp right arm, fall precautions, wheelchair precautions, activity supervision

16. Nutrition:
low sodium, diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Bowel/Bladder Incontinence, Ambulation, Hearing, Endurance

18.B. Activities Permitted
Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment
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: The patient is a 79-year-old male residing at home with his wife of 61 years, who serves as his primary caregiver. The patient requires assistance with mobility due to significant functional limitations, making it a taxing effort for him to leave the home. His past medical history is significant for atrial fibrillation, hypertension, hyperlipidemia, legal blindness, cerebral infarction with right-sided hemiparesis including facial involvement, anemia, history of diabetes mellitus (currently not receiving treatment), benign prostatic hyperplasia (BPH), gastroesophageal reflux disease, glaucoma, hearing loss, chronic pain, and urinary retention requiring an indwelling Foley catheter. The patient is currently alert and oriented to person, place, and time, occasionally demonstrating orientation to situation (A&O x3-4). He reports a good appetite and denies abdominal discomfort, constipation, or pain at this time. The patient's stated goal is to regain strength and improve overall functioning. On assessment, the patient exhibits right-sided weakness secondary to prior cerebral infarction. Skin assessment revealed intact skin with no evidence of wounds or skin breakdown. No abnormal bleeding was observed. The patient continues to have an indwelling Foley catheter in place due to urinary retention associated with BPH; the catheter was observed to be intact. Urine was noted to be dark in color; however, the caregiver reports this represents improvement from previous hematuria. Per caregiver documentation, the Foley catheter was last changed on March 5, 2026, and is typically replaced every four to six weeks. At the time of assessment, there were no active physician orders related to catheter management. The nurse plans to contact the patient's urologist for further guidance regarding catheter care and follow-up. The patient has a scheduled home provider visit on April 3, 2026, at 1:15 PM with a physician from Johns Hopkins. The patient's primary care provider is Dr. Lara Chaaban. <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-2 CE-FMS-Medications">Medications</mh> were reviewed with the patient and spouse, including education on medication purpose, administration, and potential side effects. The caregiver maintains a written <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-5 CE-FMS-medication%20list">medication list</mh> and plans to present it during the upcoming provider visit for reconciliation following the patient's recent skilled nursing facility discharge. Skilled nursing services have been ordered with a frequency of 1 week for 1 visit, followed by 2 weeks for 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh>, then 1 week for 4 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh>, with additional physical therapy and

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Gail Berkenblit
601 N. Caroline Street
Baltimore, MD 21287
PHONE: 4109556450 FAX: 14106141515 NPI: 1841256781

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 : 03/17/2026

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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occupational therapy services ordered. The patient is also receiving skilled occupational therapy services following hospitalization related to urinary retention and Foley catheter placement associated with BPH. Prior to hospitalization, the patient lived with his spouse in a two-story home with eight steps required to enter the residence. He was previously independent with basic self-care, functional transfers, and ambulation on the second floor of the home, although he expressed fear when navigating stairs. His spouse assisted with instrumental activities of daily living, including meal preparation, housekeeping, and laundry. At present, the patient demonstrates decreased standing balance, reduced standing tolerance, diminished bilateral upper extremity strength, and decreased overall activity tolerance. These deficits have resulted in reduced independence with self-care tasks, functional transfers, and functional ambulation compared to his prior level of function. Skilled occupational therapy services are recommended to address these impairments, improve functional mobility and strength, and support the patient in progressing toward his prior level of independence and personal goal of regaining strength and functional ability within the home environment.
 Date of Order 07/21/2026 Orders Physician Face-to-Face Date: 03/17/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN, PT, OT due to 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
 4 - Recertification Notes: The patient is recertified due to urine retention requiring Foley catheter change every 4 weeks and as needed requiring skilled nursing. The patient has right side weakness requiring one-person assistance, making it a taxing effort to leave the home, with sediment noted in the Foley tubing and bloody drainage noted during Foley catheter change, requiring EMS transport to Good Sam for further evaluation after unsuccessful provider notification.
 Physician Berkenblit, Gail

SN Careplans

SN WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26)

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

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months

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 pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
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.

No open wounds noted; 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:See MOLST Dated 1/24/2026

PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal blood pressure

PROCEDURES: Foley Catheter: Change 16 Fr Foley catheter monthly or as needed, inflation 10 ml, Physician foley order: Nurse obtained verbal order for Foley change per RN Nancy Clasing, at MD's office. 16fr 10cc every 4 weeks or as needed, 10cc flushing for sediment build up as needed., monitor intake & output, coordinate/arrange resources for vision-impaired

TEACH PATIENT/CAREGIVER: * 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals,

SN Goals

PATIENT-STATED GOAL: I want to get stronger and better;Foley catheter

GOALS
patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* 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
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient is adequately supervised

meal preparation is available to patient for all meals

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	07/21/2026

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