

Home Health Certification and Plan of Care				Order ID: 1150/19057	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
8CH9U70GF19		03/27/2026		From: 05/26/2026 To: 07/24/2026	
				4. Medical Record No.	
				23908	
				5. Provider No.	
				217058	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Julius Murphy				HomeCentris Healthcare LLC	
3761 Ravenwood Avenue,				10 Crossroads Drive, Suite 102	
BALTIMORE, MD 21213-				Owings Mills, MD 21117-8284	
410-488-4954				410-321-8448	
				1487113239	
8. DOB				9.Sex	
07/14/1946				Male	
11. ICD			Date		
112.9			03/27/26		
Principal Diagnosis			Hypertensive chronic kidney disease w stg 1-4/unspr chr kdny		
13. ICD			Date		
E11.22			03/27/26		
Type 2 diabetes mellitus w diabetic chronic kidney disease					
N18.9			03/27/26		
Chronic kidney disease u					
D63.1			03/27/26		
Anemia in chronic kidney disease					
I48.91			03/27/26		
Unspecified atrial fibrillation					
H54.8			03/27/26		
Legal blindness as defined in USA					
I69.392			03/27/26		
Facial weakness following cerebral infarction					
I69.351			03/27/26		
Hemiplgia following cerebral infrc aff right dominant side					
I69.398			03/27/26		
Other sequelae of cerebral infarction					
H54.7			03/27/26		
Unspecified visual loss					
E46.			03/27/26		
Unspecified protein-calorie malnutrition					
D50.0			03/27/26		
Iron deficiency anemia secondary to blood loss (chronic)					
E78.5			03/27/26		
Hyperlipidemia unspecified					
K22.711			03/27/26		
Barrett's esophagus with high grade dysplasia					
N40.1			03/27/26		
Benign prostatic hyperplasia with lower urinary tract symp					
R33.8			03/27/26		
Other retention of urine					
E11.36			03/27/26		
Type 2 diabetes mellitus with diabetic cataract					
E11.319			03/27/26		
Type 2 diabetes w unspr diabetic rtnop w/o macular edema					
E55.9			03/27/26		
Vitamin D deficiency unspecified					
K44.9			03/27/26		
Diaphragmatic hernia without obstruction or gangrene					
Z79.82			03/27/26		
Long term (current) use of aspirin					
Z96.0			03/27/26		
Presence of urogenital implants					
14. DME and Supplies:				15. Safety Measures:	
hospital bed, urinary/catheter supplies				restricted ROM, transfer with assist, supervision at all times, standard precautions, fall precautions, activity supervision, ambulates with assistance, ambulates with device	
16. Nutrition:				17. Allergies:	
regular				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Bowel/Bladder Incontinence, Legally Blind, Ambulation, Rightside weakness				Other, Hospital bed	
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:				22.B.Discharge Plans	
SELF-CARE: , MOBILITY:				family/caregiver will be responsible for managing treatment patient 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: 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. Medications were reviewed with the patient and spouse, including education on medication purpose, administration, and potential side effects. The caregiver maintains a written medication list 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 visits, then 1 week for 4 visits, with additional physical therapy and					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POTS	
Electronically Signed by Messick, Charles RN on 05/22/2026					
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.	
Gail Berkenblit				F2F date : 03/17/2026	
601 N. Caroline Street					
Baltimore, MD 21287					
PHONE: 4109556450 FAX: 14106141515 NPI: 1841256781					
27. Attending Physician's Signature and Date Signed				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.	
06/04/2026 Date of physician last face-to-face				PAGE 1 of 3	

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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.

Order</div><div>05/22/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 03/17/2026</div><div>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</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div>
</div><div>4 - Recertification Notes: The patient is recertified due to Foley catheter change for urine retention requiring Foley catheter placed every 4 weeks and as needed requiring skilled nursing, right side weakness requires one-person assistance making it taxing efforts to leave the home.</div><div>
</div><div>Physician</div><div>Berkenblit, Gail</div>

SN Careplans

SN WK1: 2 (05/26/26-05/30/26) ,WK2: 1 (05/31/26-06/06/26) ,WK4: 1 (06/14/26-06/20/26) ,WK6: 1 (06/28/26-07/04/26) ,WK8: 1 (07/12/26-07/18/26) ,WK9: 1 (07/19/26-07/24/26)

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: 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; 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

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., cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, monitor intake & output, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, 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,

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	05/22/2026

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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
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/22/2026