Home Health Certification and Plan of Care

Order ID: 1150/11332

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
AA00003992	04/20/2024	From: 06/14/2025 To: 08/12/2025	4464	217058

6. Patient's Name and Address
Wendy Spranzman
6005 Eunice Avenue ,
BALTIMORE, MD 21214-
203-313-3163

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 08/11/1951 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G35.	Multiple sclerosis	04/20/24

13. ICD	Other Pertinent Diagnoses	Date
N39.0	Urinary tract infection site not specified	04/20/24
N39.498	Other specified urinary incontinence	04/20/24
Z46.6	Encounter for fitting and adjustment of urinary device	04/20/24
L57.0	Actinic keratosis	04/20/24
M81.0	Age-related osteoporosis w/o current pathological fracture	04/20/24
E78.2	Mixed hyperlipidemia	04/20/24
F10.90	Alcohol use unspecified uncomplicated	04/20/24
K21.9	Gastro-esophageal reflux disease without esophagitis	04/20/24
K59.09	Other constipation	04/20/24
Z79.899	Other long term (current) drug therapy	04/20/24
Z99.3	Dependence on wheelchair	04/20/24

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

cholecalciferol , vitamin d3 (vitamin d3 oral) tablet by mouth as necessary
diphenhydramine (sleep aid, diphenydramine) 25mg tablet by mouth at bedtime As needed for sleep
Baclofen - Baclofen 20 mg 1tab by mouth twice a day
Kenalog - Triamcinolone Acetonide 0.025% ointment topical once a day Apply to lips daily
Foley Catheter 16fr - every other week for monitoring and assessment and every 4 weeks catheter change
Alendronate Sodium - Alendronate Sodium eq 70 mg base 70mg by mouth once a week Tuesdays bone health
Bactrim - Sulfamethoxazole: Trimethoprim Ss by mouth once a day Bladder treatment
Cipro - Ciprofloxacin Hydrochloride eq 250 mg base 250 MG, Give 1 tablet by mouth once a day For bladder therapy

14. DME and Supplies:
hoyer lift, wheelchair

15. Safety Measures:
fall precautions, supervision at all times, standard precautions, wheelchair precautions, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
LATEX

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

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 to receive home care indefinately

Homebound status: Due to diagnosis of Multiple sclerosis, 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 being recertified for monthly Foley catheter changes due to multiple sclerosis (MS) and a bladder prolapse, which necessitate catheterization every four weeks to maintain bladder health and prevent urinary tract infections. The patient is alert and oriented to person, place, and time, and continues to receive Foley catheter care as directed. During the visit, the patient reported a sensation of leaking; however, no leakage was noted on assessment. The Foley tubing was found to be secure, with 3cc initially in the balloon. The nurse reinflated the balloon with 10cc of saline, and the catheter remained properly in place. Urine was light yellow, and the patient denied any discomfort or pain with urination. The patient is wheelchair and bed-bound due to MS and is currently being treated for a buttock's rash with silver sulfadiazine cream, which has shown improvement. No photo was taken during the visit, as the nurse coordinates assessments with bath days; the caregiver was unavailable due to illness, so no bath was given that day. The caregiver reports regular repositioning to offload pressure from the buttocks. No itching or signs of infection were reported. The patient denied any recent falls, reports a good appetite, no nausea or vomiting, and had a bowel movement the day prior. She has a history of urinary incontinence and previously experienced a clogged catheter. A follow-up with her urologist has occurred, though no updates were provided regarding bladder therapy. The patient has 1–2 doses of Gentamicin flush at home and plans to message her urologist for guidance. She is also scheduled for a gastrointestinal evaluation in September and reports passing gas frequently. Date of Order 06/12/2025 Order Physician Face-to-Face Date: 04/15/2024 Clinical Condition Requiring Home Care per Certifying Physician: SN Re certification for disease management DX: Multiple sclerosis 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 SN Notes: for monthly Foley catheter changes due to multiple sclerosis (MS) and a bladder prolapse Physician: Kim, Lana

SN Careplans

SN WK2: 1 (06/15/25-06/21/25) ,WK3: 1 (06/22/25-06/28/25) ,WK4: 1 (06/29/25-07/05/25) ,WK5: 1 (07/06/25-07/12/25) ,WK6: 1 (07/13/25-07/19/25) ,WK7: 1 (07/20/25-07/26/25) ,WK8: 1 (07/27/25-08/02/25) ,WK9: 1 (08/03/25-08/09/25)

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: 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
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

SN Goals

PATIENT-STATED GOAL: to get the Gentamycin bladder irrigation resumed

GOALS
patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* 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

patient/caregiver recalls
* how to manage skin condition including physician-prescribed treatment
* skin care
* bathing
* sun protection

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Leiter, Susan SN RN on 06/12/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Lana Kim
7602 Belair Rd
Baltimore, MD 21236
PHONE: 410-663-8100 FAX: 14106638119 NPI: 1376952184

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 : 04/15/2024

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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PROBLEMS IDENTIFIED ON ASSESSMENT: urine retention, swelling of affected area

PROCEDURES: cough/deep breathing exercises, physician-ordered wound care: Cleanse buttocks with mild soap and water, pat dry and apply barrier cream daily and as needed when soiled., catheter change, care & irrigation: Correction to existing order of 10/17/24-Change Foley Catheter every 4 weeks with a 16FR silicone Foley Catheter with 10cc Balloon. Flush Catheter as needed with 50 CC Sterile water with piston tip syringe. And change as needed for complications. Vanessa De Assis, PA-C 6/5/2024. UA/urinalysis PRN., bladder training, coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * 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, schedule

* diet
* exercise
* recalls related medication(s) purpose, schedule

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, schedule

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

patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Leiter, Susan SN RN	06/12/2025