Home Health Certification and Plan of Care

Order ID: 1150/12359

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
42601741700	01/29/2024	From: 09/20/2025 To: 11/17/2025	1938	217058

6. Patient's Name and Address

Maya Sanovich
300 Solony Dr Apt 102,
REISTERSTOWN, MD 21136-
443-744-1061

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 07/17/1933 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
T83.511D	I/I react d/t indwelling urethral catheter subs	01/29/24

13. ICD	Other Pertinent Diagnoses	Date
N39.0	Urinary tract infection site not specified	01/29/24
I10.	Essential (primary) hypertension	01/29/24
E11.9	Type 2 diabetes mellitus without complications	01/29/24
K86.89	Other specified diseases of pancreas	01/29/24
J96.91	Respiratory failure unspecified with hypoxia	01/29/24
N31.9	Neuromuscular dysfunction of bladder unspecified	01/29/24
I44.2	Atrioventricular block complete	01/29/24
G47.00	Insomnia unspecified	01/29/24
E78.5	Hyperlipidemia unspecified	01/29/24
K21.9	Gastro-esophageal reflux disease without esophagitis	01/29/24
D64.9	Anemia unspecified	01/29/24
E83.42	Hypomagnesemia	01/29/24
E55.9	Vitamin D deficiency unspecified	01/29/24
Z79.01	Long term (current) use of anticoagulants	01/29/24
Z95.828	Presence of other vascular implants and grafts	01/29/24

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

calcium carbonate (calcium carbonate) (antacid) 500mg, 1 tablet by mouth once a day With meals for heartburn
magnesium 400mg 400mg, 1 tablet by mouth once a day For supplement
pancrellpase (lippro-amyt) 5000-24000 ut , 1 capsule by mouth four times a day For supplement
Eliquis - Apixaban 5mg, 1 tablet by mouth twice a day For DVT prevention
Multiple Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day For supplement
Cranberry - Cranberry 450mg,1 tablet by mouth twice a day Entered for supplement
Melatonin - Melatonin 5mg, 1 tablet by mouth at bedtime For insomnia
Lactobacillus - Lactinex 1 capsule by mouth twice a day For probiotic
Hydralazine - Hydralazine Hydrochloride 10mg,1 tablet by mouth every 8 hours As needed for htn if sbp greater than 160
Losartan Potassium - Losartan Potassium 100mg, 1 tablet by mouth once a day For HTN Hold for sbp less then 110 hr less than 60
Ammonium Lactate - Ammonium Lactate 12% topical twice a day Apply to skin topically two times a day for redness
Sucralfate - Sucralfate 1gm, 1 tablet by mouth as necessary With meals for GERD
Meclizine - Meclizine Hydrochloride 12.5mg 1 tablet by mouth once a day As needed for dizziness
Maalox - Simethicone 30ml by mouth every 6 hours As needed for heartburn
Acetaminophen - Acetaminophen 325 mg 325mg, 2 tablets by mouth every 6 hours As needed for mild pain1-4
Ondansetron Hydrochloride - Ondansetron Hydrochloride eq 4 mg base 4mg 1 tablet by mouth every 6 hours As needed for nausea
Famotidine - Famotidine 20 mg 20mg, 1 tablet by mouth twice a day For GERD
Atorvastatin - Atorvastatin Calcium 20mg , 1 Tablet by mouth in the evening
Nystatin Powder - Nystatin Powder Powder topical twice a day To area under breast and under abd fold.
Clotrimazole And Betamethasone Dipropionate - Betamethasone Dipropionate: Clotrimazole eq 0.05 perc base;1 perc topical twice a day To skin under breast
Oxygen - Oxygen 2 LPM nasal cannula as necessary
Nifedipine - Nifedipine 30 mg by mouth once a day
Vascepa - Icosapent Ethyl 1Gm by mouth twice a day
Vitamin D - Ergocalciferol 50,000 International Units by mouth once a week
Zenpep - Pancrelipase (Amylase:Lipase:Protease) Lipase 25,000 USP, Protease 79,000USP, Amylase 105,000 USP by mouth four times a day As needed for stomach
Nexium - Esomeprazole Magnesium 40 mg, Take 1 tablet by mouth once a day For reflux

14. DME and Supplies:

oxygen supplies, nebulizer, walker, wheelchair, urinary/catheter supplies, hospital bed, commode, bath bench

15. Safety Measures:

walker precautions, wheelchair precautions, transfer with assist, , , , bedrails up while in bed, bathroom safety, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Hearing

18.B. Activities Permitted

Walker, Wheelchair, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 2. On awakening or at night only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

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 Infection And Inflammatory Reaction Due To Indwelling Urethral Catheter, Subsequent Encounter, 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 Leiter, Susan SN RN on 09/17/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Olga Sandel PA
2 Reservoir Circle
Pikesville, MD 21208
PHONE: 410-653-1823 FAX: 14106531857 NPI: 1619158896

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 : 01/16/2024

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.

Home Health Certification and Plan of Care

Order ID: 1150/12359

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
42601741700	01/29/2024	From: 09/20/2025 To: 11/17/2025	1938	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Maya Sanovich 300 Solony Dr Apt 102, REISTERSTOWN, MD 21136- 443-744-1061	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is being recertified for skilled nursing services due to the continued need for an indwelling urinary catheter. She is awake, alert, and oriented to person, place, and self. During the assessment, the patient denied pain, shortness of breath, and chest pain, but did report mild dizziness upon getting out of bed. Lung sounds were clear to auscultation, bowel sounds were active, and pedal pulses were faint. Skin was warm, dry, and intact. The Foley catheter was observed to be draining clear, light amber urine without sediment. The caregiver reported that the patient had a bowel movement earlier that morning. Vital signs were obtained, and a full assessment was performed. Recertification for continued skilled nursing services was completed and remains appropriate to support catheter management and monitor for potential complications.
 Date of Order 09/17/2025 Orders Physician Face-to-Face Date: 01/16/2024 Clinical Condition Requiring Home Care per Certifying Physician: Infection and inflammatory reaction due to Infection and inflammatory reaction due to indwelling urethral catheter, subsequent encounter 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: Due to catheter management
 Physician Sandel Pa, Olga

SN Careplans

SN WK3: 1 (09/28/25-10/04/25) ,WK6: 1 (10/19/25-10/25/25) ,WK9: 1 (11/09/25-11/15/25)

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: 2. Non-agency caregiver(s) need training/supportive services to 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:No Advance Directive

PROCEDURES: Medication Review-: Medications reviewed with patient/caregiver., cough/deep breathing exercises, monitor intake & output, catheter change, care & irrigation: Please change foley catheter, with 14FR 10cc balloon, every 3 weeks, on Mondays, Obtain UA with every catheter change, to be taken to Quest Diagnostics lab., urinalysis: As ordered by MD

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, 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 medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, related medication(s) purpose, schedule, * how to manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * dietary modifications for pancreatic disorder, 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, * dietary guidelines for managing nutritional deficit, 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, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient's transportation needs are met, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: Feel better

GOALS
patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

patient's transportation needs are met

patient/caregiver recalls
* low cholesterol dietary guidelines
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* 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/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary modifications for pancreatic disorder
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Leiter, Susan SN RN	09/17/2025

Home Health Certification and Plan of Care

Order ID: 1150/12359

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
42601741700	01/29/2024	From: 09/20/2025 To: 11/17/2025	1938	217058

6. Patient's Name and Address
Maya Sanovich
300 Solony Dr Apt 102,
REISTERSTOWN, MD 21136-
443-744-1061

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

* 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
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prescribed dietary modifications
* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* 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/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purpose, schedule

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

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

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Leiter, Susan SN RN

Date
09/17/2025

Home Health Certification and Plan of Care

Order ID: 1150/12359

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
42601741700	01/29/2024	From: 09/20/2025 To: 11/17/2025	1938	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Maya Sanovich 300 Solony Dr Apt 102, REISTERSTOWN, MD 21136- 443-744-1061	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Leiter, Susan SN RN	09/17/2025