Home Health Certification and Plan of Care

Order ID: 1150/12929

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
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tab by mouth once a day supplement

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: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

Clinical Condition Requiring Homecare: SN Re certification for disease management DX: Multiple sclerosis

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)

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

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
* 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

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
Theresa Hall
7602 Belair Road
Baltimore, 0 21236
PHONE: 4106638100 FAX: 14106638119 NPI: 1053677575

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 **10/09/2025** 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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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	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
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Leiter, Susan SN RN	06/12/2025