Home Health Certification and Plan of Care

Order ID: 1150/14736

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: 12/10/2025 To: 02/07/2026	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
Alendronate Sodium - Alendronate Sodium eq 70 mg base 70mg by mouth once a week Tuesdays bone health
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tab by mouth once a day supplement
Xarelto - Rivaroxaban (15mg for day 1-21). (20mg from day 22-30) by mouth once a day For clot prevention.
(15mg for day 1-21). (20mg from day 22-30)

14. DME and Supplies:
urinary/catheter supplies, wheelchair

15. Safety Measures:
supervision at all times, transfer with assist, wheelchair precautions, , , ambulates with device, , activity supervision

16. Nutrition:
low cholesterol, low sodium

17. Allergies:
LATEX

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

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 was recertified for skilled nursing services related to multiple sclerosis (MS) management and urinary catheter care, including routine catheter changes. The patient is alert and oriented to person, place, and time, denying any chest pain, palpitations, or dizziness. Lung sounds are clear on auscultation, and the last bowel movement was today. The patient has a suprapubic catheter in place with approximately 200 mL of clear yellow urine noted in the drainage bag. No pedal edema is observed, and pedal pulses are palpable bilaterally. Skilled nursing services will continue to monitor catheter function, assess for signs of infection or complications, and provide ongoing education to promote optimal urinary health and prevent complications associated with MS.
 Date of Order 12/05/2025 Orders 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 Notes: Recert for monthly suprapubic catheter changes MS with immobility and urine/bladder prolapse requires suprapubic catheter change every 4 weeks for bladder health and UTI prevention making it a taxing effort to leave the home. Physician Hall, Theresa

SN Careplans

SN WK1: 1 (12/10/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25) ,WK4: 1 (12/28/25-12/31/25)

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

SN Goals

PATIENT-STATED GOAL: not to have problems with foley or get UTI

GOALS
patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Leiter, Susan SN RN on 12/05/2025

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

PROBLEMS IDENTIFIED ON ASSESSMENT: abn cholesterol > 200 mg/dL, red/tender pressure points

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: Discontinue all previous catheter orders----------Per faxed order from Daniel Gentry, PA, Urology. As of 11/7/2025, Skilled nurse to change Suprapubic Catheter every 4 weeks with an 18 French, 5cc balloon. To be changed 11/7/25 (if supplies in home or week of 11/10/25 once supplies arrive., coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * how to prevent infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purpose, schedule, * 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, * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, 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

* 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

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

patient/caregiver recalls
* how to prevent 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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	12/05/2025