

Home Health Certification and Plan of Care				Order ID: 1150/16183	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
AA00003992		04/20/2024		From: 02/08/2026 To: 04/08/2026	
				4. Medical Record No. 4464	
				5. Provider No. 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				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD G35.		Principal Diagnosis Multiple sclerosis		Date 04/20/24	
13. ICD N39.0 N39.498 Z46.6 L57.0 M81.0 E78.2 F10.90 K21.9 K59.09 Z79.899 Z99.3		Other Pertinent Diagnoses Urinary tract infection site not specified Other specified urinary incontinence Encounter for fitting and adjustment of urinary device Actinic keratosis Age-related osteoporosis w/o current pathological fracture Mixed hyperlipidemia Alcohol use unspecified uncomplicated Gastro-esophageal reflux disease without esophagitis Other constipation Other long term (current) drug therapy Dependence on wheelchair		Date 04/20/24 04/20/24 04/20/24 04/20/24 04/20/24 04/20/24 04/20/24 04/20/24 04/20/24 04/20/24 04/20/24	
14. DME and Supplies: wound care supplies, urinary/catheter supplies, hospital bed, wheelchair				15. Safety Measures: supervision at all times, , wheelchair precautions, , activity supervision	
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET				17. Allergies: LATEX	
18.A. Functional Limitations Paralysis, 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 indefinitely	
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: <div>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.</div><div> </div><div>Date of Order</div><div>02/04/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 04/15/2024</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN Re certification for disease management DX: Multiple sclerosis</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: Patient can continue to benefit from continued SN services maintenance</div><div> </div><div> </div><div>Physician</div><div> </div>Hall, Theresa</div>					
SN Careplans SN WK1: 1 (02/08/26-02/14/26) ,WK3: 1 (02/22/26-02/28/26) ,WK5: 1 (03/08/26-03/14/26) ,WK7: 1 (03/22/26-03/28/26) ,WK9: 1 (04/05/26-04/08/26) 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: 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) PROCEDURES: physician-ordered wound care: #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - right buttock - no pressure ulce treatment orders available at SOC, physician-ordered wound care: #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Left buttock - no orders for treatment available at SOC, 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				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 * 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	
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Leiter, Susan SN RN on 02/04/2026				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. PAGE 1 of 2	

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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	* 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
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Leiter, Susan SN RN	02/04/2026