Home Health Certification and Plan of Care

Order ID: 1150/15985

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
42601741700	11/23/2025	From: 01/22/2026 To: 03/22/2026	1938	217058

6. Patient's Name and Address

Maya Sanovich
300 Solony Dr Apt 208,
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
I13.10	Hyp hrt & chr kdny dis w/o hrt fail w stg 1-4/unsp chr kdny	11/23/25

13. ICD	Other Pertinent Diagnoses	Date
T83.511D	I/I react d/t indwelling urethral catheter subs	11/23/25
N18.9	Chronic kidney disease u	11/23/25
E11.43	Type 2 diabetes w diabetic autonomic (poly)neuropathy	11/23/25
K52.9	Noninfective gastroenteritis and colitis unspecified	11/23/25
N39.0	Urinary tract infection site not specified	11/23/25
A04.72	Enterocolitis d/t Clostridium difficile not spcf as recur (A04.72)	11/23/25
I87.2	Venous insufficiency (chronic) (peripheral)	11/23/25
M15.9	Polyosteoarthritis unspecified	11/23/25
I26.99	Other pulmonary embolism without acute cor pulmonale	11/23/25
M81.0	Age-related osteoporosis w/o current pathological fracture	11/23/25
G47.09	Other insomnia	11/23/25
M54.50	Low back pain unspecified	11/23/25
G89.29	Other chronic pain	11/23/25
L85.3	Xerosis cutis	11/23/25
E78.5	Hyperlipidemia unspecified	11/23/25
K86.89	Other specified diseases of pancreas	11/23/25
K20.0	Eosinophilic esophagitis	11/23/25
I25.2	Old myocardial infarction	11/23/25
I34.0	Nonrheumatic mitral (valve) insufficiency	11/23/25
R42.	Dizziness and giddiness	11/23/25
R15.9	Full incontinence of feces	11/23/25
Z79.01	Long term (current) use of anticoagulants	11/23/25
Z99.81	Dependence on supplemental oxygen	11/23/25
Z95.828	Presence of other vascular implants and grafts	11/23/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	11/23/25

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
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
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
Oxygen - Oxygen 02 LPM nasal cannula as necessary

14. DME and Supplies:

wheelchair, urinary/catheter supplies, , hand held shower, bath bench, diabetic supplies, walker, oxygen supplies, hospital bed,

15. Safety Measures:

transfer with assist, supervision at all times, medication safety, bleeding precautions, diabetic precautions, fall precautions, standard precautions, wheelchair precautions, smoke detectors , , emergency phone # clearly displayed, bathroom safety, activity supervision

16. Nutrition:

regular, No concentrated sugars, No added salt

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Hearing, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Wheelchair, Exercises Prescribed, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 1. In new or complex situations 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 Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease, 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 Messick, Charles RN on 01/20/2026

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 : 10/22/2025

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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Clinical Condition Requiring Homecare:

The patient is being recertified for skilled nursing services related to management of a chronic Foley catheter for urinary retention. The next catheter change is scheduled for 2/2/2026, with routine catheter changes required every three weeks due to a history of recurrent urinary tract infections.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/20/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 10/22/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management due to Hypertensive Heart And Chronic Kidney Disease Without Heart Failure, With Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified Chronic Kidney Disease
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 4 - Recertification PT Notes: due to chronic foley catheter due to urinary retention<o:p></o:p> Physician: Sandel PA, Olga

SN Careplans

SN WK3: 1 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26) ,WK5: 1 (02/15/26-02/21/26) ,WK6: 1 (02/22/26-02/28/26) ,WK7: 1 (03/01/26-03/07/26) ,WK8: 1 (03/08/26-03/14/26) ,WK9: 1 (03/15/26-03/21/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 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

PROBLEMS IDENTIFIED ON ASSESSMENT: balance deficit

PROCEDURES: cough/deep breathing exercises, apply anti-embolitic stockings, catheter change, care & irrigation: Patient Foley catheter to be changed every three weeks to prevent Urinary Tract Infection. Next Foley change due 2/2/26. 16fr/10cc

TEACH PATIENT/CAREGIVER: * 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 medicatio, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * 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, sch, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: Pt states "I want to stay free of UTIs and out of the hospital."

GOALS
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 medicatio

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) purpos

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, sch

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

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/20/2026