

Home Health Certification and Plan of Care				Order ID: 1150/19904										
1. Patient's HI claim No. AA00003992		2. Start Of Care Date 04/20/2024		3. Certification Period From: 06/08/2026 To: 08/06/2026		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 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 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: Dexpantenol: 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) EMMA tab by mouth once a day bowel health herbal Cipro - Ciprofloxacin Hydrochloride eq 250 mg base 250mg by mouth once a day Amitiza - Lubiprostone 24mcg 24mg by mouth once a day Kenalog - Triamcinolone Acetonide 0.025% ointment topical once a day Apply to lips daily				
11. ICD G35. Principal Diagnosis Multiple sclerosis					Date 04/20/24					14. DME and Supplies: bath bench, wheelchair				
13. ICD N39.0 Other Pertinent Diagnoses Urinary tract infection site not specified					Date 04/20/24									
N39.498 Other specified urinary incontinence					Date 04/20/24									
Z46.6 Encounter for fitting and adjustment of urinary device					Date 04/20/24									
L57.0 Actinic keratosis					Date 04/20/24									
M81.0 Age-related osteoporosis w/o current pathological fracture					Date 04/20/24									
E78.2 Mixed hyperlipidemia					Date 04/20/24									
F10.90 Alcohol use unspecified uncomplicated					Date 04/20/24									
K21.9 Gastro-esophageal reflux disease without esophagitis					Date 04/20/24					15. Safety Measures: wheelchair precautions, supervision at all times, standard precautions, transfer with assist, , activity supervision				
K59.09 Other constipation					Date 04/20/24									
Z79.899 Other long term (current) drug therapy					Date 04/20/24									
Z99.3 Dependence on wheelchair					Date 04/20/24					16. Nutrition: regular				
17. Allergies: LATEX					18. A. Functional Limitations Endurance					18. B. Activities Permitted Other				
19. Mental & Psychosocial 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 <div>LPN supervisory/recertification visit for a patient with multiple sclerosis requiring suprapubic catheter maintenance every four weeks, with a history of UTI treatment, anticoagulant therapy, buttock wound, and immobility requiring maximum assistance, making it a taxing effort to leave the home. The patient is alert and oriented 3-4, with progressive MS and total care needs, and resides at home with her husband and caregiver support. The suprapubic catheter (18 Fr, 5 cc balloon) was changed during the visit and is intact and draining well; scant blood-tinged urine was noted, which is expected post-change. The patient denies pain (0/10) and reports no urinary discomfort. She was seen by Dr. Davis on 02/18/26, at which time the suprapubic site was cauterized to address bleeding; she was also informed that some urinary leakage via the urethra is common due to long-term catheter use. Lung sounds are clear to auscultation, appetite is good, and sleep is adequate. The last bowel movement was yesterday. Barrier cream is applied to the buttocks with incontinence care by the caregiver and husband as needed; no wound photo was obtained. <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-2 CE-FMS-Medications">Medications</mh> were reviewed with the patient. Supplies were ordered, though some items, including irrigation trays, have not yet been received; additional orders were placed for drainage bags, stat lock, split gauze, irrigation trays, irrigation syringes, and gloves. The patient had a urology follow-up on 02/16/26 and will continue with maintenance <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> for lifelong MS management and catheter care.</div><div> </div><div>Date of Order</div><div>06/12/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 04/15/2024</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN Recertification for disease management due to 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: The patient is recertified due to MS with urine/bladder prolapse requires foley catheter change every 4 weeks for bladder health and UTI prevention. The patient continues foley catheter therapy for urine health, urinary incontinence with clogged catheter, and patient is bed and wheelchair bound with MS.</div><div> </div><div>Physician</div><div>Hall, Theresa</div></div>														
SN Careplans SN WK1: 5 (06/08/26-06/13/26) ,WK2: 5 (06/14/26-06/20/26) 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: 9. Other risk(s) not listed in 1- 8 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										SN Goals PATIENT-STATED GOAL: not to have problems with foley or get UTI GOALS 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				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 06/05/2026										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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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: heartburn/indigestion, blood in urine, muscle spasms, muscle weakness, limited range of motion, limited strength, limited endurance, poor muscle tone, involuntary movement of extremity, balance deficit, extremity burn/tingle/numb, weak hand grips, bruising/discoloration, discolored patches of skin, #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, #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - right buttock - no pressure ulcer treatment orders available at SOC 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 ulcer 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, 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. 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, * low cholesterol dietary guidelines, 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * how to control alcohol withdrawal symptoms how to get support overcome cravings, 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		* change and wash drainage bags * prevent infection including proper handwashing * positioning of catheter * 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 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 patient/caregiver recalls * low cholesterol dietary guidelines * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to control alcohol withdrawal symptoms * how to get support * overcome cravings * 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		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/05/2026