Home Health Certification and Plan of Care

Order ID: 1150/21101

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: 08/07/2026 To: 10/05/2026	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
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)
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

14. DME and Supplies:

hoyer lift, urinary/catheter supplies, wheelchair

15. Safety Measures:

wheelchair precautions, standard precautions, fall precautions, smoke detectors , medication safety, emergency phone # clearly displayed, transfer with assist, remove environmental barriers, electrical safety measures, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

LATEX

18.A. Functional Limitations

Ambulation, Contracture, Bowel/Bladder Incontinence, Paralysis

18.B. Activities Permitted

Up As Tolerated, 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:

Skilled nursing recertification visit completed. The patient remains homebound and continues to require skilled nursing services for ongoing suprapubic catheter assessment and management, medication management, patient education, and monitoring for potential complications. The suprapubic catheter was assessed and found to be patent and functioning appropriately, with no signs or symptoms of infection, leakage, obstruction, or skin breakdown at the insertion site. The patient reported that the catheter was irrigated by the caregiver the previous day and declined irrigation during today's visit. Education was reinforced regarding routine catheter care, signs and symptoms of urinary tract infection, fall prevention, medication management, adequate hydration, and when to notify the physician of changes or concerns; the patient verbalized understanding. Vital signs were within normal limits, and the patient remained clinically stable. All previously identified wounds have healed completely, with no new areas of skin breakdown noted. The patient tolerated the visit well, with no acute issues or new concerns reported.<o:p></o:p>   Date of Order<o:p></o:p> 08/05/2026
Order<o:p></o:p> Physician Face-to-Face Date: 04/15/2024<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: SN Recertification for disease management DX: Multiple sclerosis<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/05/2026

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.

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font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> 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 SN Notes: due to ongoing suprapubic catheter assessment, catheter management education, medication management, and monitoring for potential complications<o:p></o:p> Physician: Hall, Theresa

SN Careplans

SN WK1: 5 (08/08/26-08/08/26) ,WK2: 5 (08/09/26-08/15/26)

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)

PROBLEMS IDENTIFIED ON ASSESSMENT: heartburn/indigestion, cloudy urine, poor muscle tone, #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Left buttock - no oders 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 ulce 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 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 oders 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, * 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

SN Goals

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

GOALS
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/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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/05/2026

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* 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
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