Home Health Certification and Plan of Care

Order ID: 1150/19768

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
381036610	03/23/2026	From: 05/22/2026 To: 07/20/2026	23840	217058

6. Patient's Name and Address
Charles Gabourel
7904 Gentle Breeze Ct Apt A,
GLEN BURNIE, MD 21061-
301-276-1680

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 03/24/1957 | **9.Sex** Male

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Lipitor - Atorvastatin Calcium eq 40 mg base eq 40 mg base / 1 Tablet by mouth once a day for cholesterol and heart protection
Warfarin - Warfarin Sodium 3mg; 1 tab by mouth at bedtime blood thinner
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg; 1 tab by mouth every 4 hours as needed for pain

11. ICD	Principal Diagnosis	Date
S91.301D	Unspecified open wound right foot subsequent encounter	03/23/26

13. ICD	Other Pertinent Diagnoses	Date
S91.104D	Unsp opn wnd right lesser toe(s) w/o damage to nail subs	03/23/26
S80.11XD	Contusion of right lower leg subsequent encounter	03/23/26
I10.	Essential (primary) hypertension	03/23/26
D62.	Acute posthemorrhagic anemia	03/23/26
E78.5	Hyperlipidemia unspecified	03/23/26
I95.9	Hypotension unspecified	03/23/26
M71.21	Synovial cyst of popliteal space [Baker] right knee	03/23/26
M71.22	Synovial cyst of popliteal space [Baker] left knee	03/23/26
E66.01	Morbid (severe) obesity due to excess calories	03/23/26
Z79.01	Long term (current) use of anticoagulants	03/23/26
Z86.718	Personal history of other venous thrombosis and embolism	03/23/26
Z86.711	Personal history of pulmonary embolism	03/23/26
Z85.46	Personal history of malignant neoplasm of prostate	03/23/26

14. DME and Supplies:
rolling walker, reacher, wound care supplies, cane

15. Safety Measures:
fall precautions, , standard precautions, bathroom safety

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
None of the above, Endurance, , Ambulation

18.B. Activities Permitted
No Restrictions, , , Exercises Prescribed, Independent at Home

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: , SOCIAL ISOLATION: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: could not assess due to dressingg , MOBILITY: could not assess due to dressingg

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Unspecified open wound right foot subsequent encounter, 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 is awake, alert, and responding appropriately. The patient is currently declining therapy services and reports left shoulder pain. The patient remains compliant with the prescribed home exercise program (HEP), and deep-breathing exercises and tub transfer training have been added to the HEP. The patient is performing functional indoor ambulation using a cane. Vital signs are within normal limits. The patient requests continuation of nursing services for wound care management at this time and does not currently have a wound vacuum (wound VAC) in place. Additionally, swelling from the knee to the foot has decreased significantly.<o:p></o:p>   Date of Order<o:p></o:p> 05/20/2026
Order<o:p></o:p> Physician Face-to-Face Date: 03/12/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: SHN PT/OT/HA and RW and Wound VAC with a canister for Negative Pressure due to Unspecified Open Wound Right Foot

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Ashish Ahuja
22 South Greene St
Baltimore, MD 21201
PHONE: FAX: NPI: 1982067260

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 : 03/12/2026

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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Subsequent Encounter<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 OT Notes: due to wound care<o:p></o:p> Physician: Ahuja, Ashish

SN Careplans

SN WK2: 1 (05/24/26-05/30/26) ,WK3: 1 (05/31/26-06/06/26) ,WK5: 1 (06/14/26-06/20/26),WK6: 1 (06/21/26-06/27/26), WK7: 1 (06/28/26-07/04/26), WK8: 1 (07/05/26-07/11/26), WK9: 1 (07/12/26-07/18/26), WK10: 1 (07/19/26-07/20/26)

PROCEDURES: physician-ordered wound care: #2 - Abrasion - Anterior Right Below Knee - Skin tear adhesive related injury, physician-ordered wound care: #1 - Open Wound - Anterior Right Below Knee -, Right Anterior Lower Leg: Vashe rinse (at home) - please apply a small amount to gauze and let soak on wound for 10 minutes prior to dressing change. Cover wound bed with Ioplex slow release. foam dressing, followed by unna boot, optilock and coban 2. MONITOR for increased LEG PAIN, dusky or bluish purple DISCOLORATION of the toes or toes that are COOL TO THE TOUCH. If any of these occur REMOVE/CUT OFF the medigrip stockings/the boot IMMEDIATELY and NOTIFY the home health nurse. Do not get the wrap wet, if the wrap gets wet it must be removed. Please keep legs elevated above level of the heart. Change dressing once weekly., Left Lower Leg Una Boot : Apply unna boot, optilock over intact bullae, coban 2. Change dressing once weekly. MONITOR for increased LEG PAIN, dusky or bluish purple DISCOLORATION of the toes or toes that are COOL TO THE TOUCH. If any of these occur REMOVE/CUT OFF the medigrip stockings/the boot IMMEDIATELY and NOTIFY the home health nurse. Do not get the wrap wet, if the wrap gets wet it must be removed. Please keep legs elevated above level of the heart. Change dressing once weekly., wound vacuum: RLE WOUND CARE; CLEANSE WITH NSS, BLACK FOAM; SKIN PREP TO PERIWOUND; 125MMGHG CONTINUOUS MWF. RESCUE DRESSING IS NSS W-D DAILY; PT TAUGHT RESCUE DRESSING, home exercise program: clinician will describe procedure at time of visits

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 medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: I WANT WOUND TO HEAL

GOALS
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

caregiver performs medical/rehabilitation treatments with adequate competence

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 medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

OT Careplans

OT

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:

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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will

OT Goals

PATIENT-STATED GOAL: To return to plof, able to drive

GOALS
Toileting Hygiene - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/20/2026

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Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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: dependent edema, swelling of affected area, balance deficit, obesity, rough/scaly/cracked skin

PROCEDURES: Home exercise program : UE strengthening exercises for home, home exercise program: clinician will describe HEP at visit, equipment training, work simplification/energy conservation

TEACH PATIENT/CAREGIVER: Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/20/2026