Home Health Certification and Plan of Care

Order ID: 1150/20641

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: 07/21/2026 To: 09/18/2026	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
Furosemide - Furosemide 40 mg 1 tablet by mouth once a day Take 1, 40mg tabket once a day for 10 days
Warfarin - Warfarin Sodium 5mg; 1 tab by mouth at bedtime blood thinner

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:
bath bench, walker, wound care supplies, cane

15. Safety Measures:
standard precautions, fall precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, infectious material management, anticoagulant precautions

16. Nutrition:
cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Cane, Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

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.
 Date of Order 07/17/2026 Orders Physician Face-to-Face Date: 03/12/2026 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 Subsequent Encounter Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: The patient is recertified due to a chronic right lower leg wound requiring Unna boot application and ongoing skilled nursing services for wound assessment, Unna boot changes, monitoring for signs of infection or wound deterioration, and reinforcement of wound care education. The patient remains homebound, with the wound assessed and treated per physician orders, no symptoms of infection noted, vital signs within normal limits, and continued skilled nursing intervention required to promote healing and prevent complications.
 Physician Ahuja, Ashish

SN Careplans

SN WK1: 1 (07/21/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26)

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 ; infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare

SN Goals

PATIENT-STATED GOAL: I WANT WOUND TO HEAL;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

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23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/17/2026

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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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: dependent edema, swelling of affected area, balance deficit, obesity, rough/scaly/cracked skin, #1 - Open Wound - Anterior Right Below Knee -

PROCEDURES: physician-ordered wound care: #1 - Open Wound - Anterior Right Below Knee -, physician-ordered wound care: #2 - Abrasion - Anterior Right Below Knee - Skin tear adhesive related injury, 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., Physician lab order: Written order from Ellen Chen at AC clinic: Nurse to use fingerstick or venipuncture for blood sample for INR once a week starting week of 07/26/2026. Fax results to KP lab at 866-256-8660. Phone - 703-962-2668

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, * 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, * 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, * 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's living environment is clean/uncluttered, patient is adequately supervised, patient is adequately supervised, meal preparation is available to patient for all meals, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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

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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	07/17/2026