

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	
381036610		03/23/2026		From: 07/21/2026 To: 09/18/2026	
4. Medical Record No.		5. Provider No.			
23840		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Charles Gabourel 7904 Gentle Breeze Ct Apt A, GLEN BURNIE, MD 21061- 301-276-1680			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
03/24/1957			Male		
11. ICD			Date		
S91.301D			03/23/26		
Principal Diagnosis			Unspecified open wound right foot subsequent encounter		
13. ICD			Date		
S91.104D			03/23/26		
Other Pertinent Diagnoses			Unsp opn wnd right lesser toe(s) w/o damage to nail subs		
S80.11XD			03/23/26		
Contusion of right lower leg subsequent encounter					
I10.			03/23/26		
Essential (primary) hypertension					
D62.			03/23/26		
Acute posthemorrhagic anemia					
E78.5			03/23/26		
Hyperlipidemia unspecified					
I95.9			03/23/26		
Hypotension unspecified					
M71.21			03/23/26		
Synovial cyst of popliteal space [Baker] right knee					
M71.22			03/23/26		
Synovial cyst of popliteal space [Baker] left knee					
E66.01			03/23/26		
Morbid (severe) obesity due to excess calories					
Z79.01			03/23/26		
Long term (current) use of anticoagulants					
Z86.718			03/23/26		
Personal history of other venous thrombosis and embolism					
Z86.711			03/23/26		
Personal history of pulmonary embolism					
Z85.46			03/23/26		
Personal history of malignant neoplasm of prostate					
14. DME and Supplies:			15. Safety Measures:		
bath bench, walker, wound care supplies, cane			standard precautions, fall precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, infectious material management, anticoagulant precautions		
16. Nutrition:			17. Allergies:		
cardiac diet			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation			Cane, Walker, Exercises Prescribed		
19. Mental & Psychosocial 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:			22.B.Discharge Plans		
SELF-CARE: , MOBILITY:			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 Goals		
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)			PATIENT-STATED GOAL: I WANT WOUND TO HEAL,I WANT WOUND TO HEAL		
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			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications			* how to achieve wound healing including cleaning and dressing wound		
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 , ...			* position changes		
			* skin care		
			* diet modification		
			* record wound measurements		
			* 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		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 07/17/2026					
24. Physician's Name and Address			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.		
Ashish Ahuja			F2F date : 03/12/2026		
22 South Greene St					
Baltimore, MD 21201					
PHONE: FAX: NPI: 1982067260					
27. Attending Physician's Signature and Date Signed			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.		
07/27/2026 Date of physician last face-to-face					
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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 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 caregiver performs medical/rehabilitation treatments with adequate competence caregiver performs medical/rehabilitation treatments with adequate competence					

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/17/2026