

FAX COVER PAGE



Date: 09/09/2026

To:

Khaing Win , MD

From:

HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284

Phone: 410-321-8448

Fax: 410-559-3002

Subject:

Form Submission

Memo:

Please review the attached document.

URGENT: Please review and respond to this fax transmission promptly.

Medical Update for Thomas Szymanski DOB: 07/09/1954

Date Order Created: 09/09/2026

Order ID: 1150/21811

Agency Assigned Id: 27731

Certification Period: 07/09/2026 to 09/06/2026

HomeCentris Healthcare LLC 217058
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
PHONE 410-321-8448 FAX

Orders:

09/03/2026 Problems : discolored patches of skin (SK)
#4 - Observable Surgical Wound - Anterior Left Thigh -
#5 - Other - Anterior Left Elbow/Forearm - Large forearm skin tear
loss of appetite (NU)
limited strength (MS)
limited range of motion (MS)
limited endurance (MS)
swelling of affected area (MS)
red/tender pressure points (SK)
swell/redness surround. skin (SK)
dependent edema (CR)
lethargy (NR)
weak hand grips (NR)
extremity burn/tingle/numb (NR)
difficulty sleeping (NR)
lightheadedness (CR)
swelling in legs/around eyes (CR)
swelling in the arms/legs (CR)
swollen lips/tongue/eyes/face (CR)

09/04/2026 patient_goal: To return. To my own home improve stair negotiation ability, my leg strength, balance and walking, Target Date: 09/06/2026,

09/04/2026 procedure: physician-ordered wound care: #4 - Observable Surgical Wound - Anterior Left Thigh -, Notes: , physician-ordered wound care: #5 - Other - Anterior Left Elbow/Forearm - Large forearm skin tear, Notes: ,

09/04/2026 teach: how to achieve wound healing including cleaning and dressing wound, position changes, skin care, diet modification and preventing pressure ulcer recurrence, record wound measurements, Target Date: 09/06/2026,

09/04/2026 goal: 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, Target Date: 09/06/2026,

12 Steps - 05. Setup or clean-up assistance, Target Date: 09/06/2026 (unable to achieve)

Khaing Win
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Tele:4438437000 FAX: 14436431850

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by Messick, Charles Date 09/09/2026