HomeCentris Healthcare LLC 217058
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PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 09/08/2026	**PATIENT INFORMATION**
ORDER ID: 1150/21788	**PATIENT NAME:** Ariel Haberman / **DOB:** 06/30/1952
AGENCY ASSIGNED ID: 29261	**ADDRESS:** 3 White Willow Ct, OWINGS MILLS, MD 21117-
CERTIFICATION PERIOD: 08/19/2026 to 10/17/2026	**PHONE:** 410-746-7184
PHYSICIAN FACE-TO-FACE DATE: 08/12/2026	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN:
The patient is a 74-year-old male with a past medical history significant for, but not limited to, hypertension, hyperlipidemia, and other comorbidities. The patient was admitted to home health services following coronary artery bypass grafting (CABG) x3 with left internal mammary artery (LIMA), left radial artery, and saphenous vein graft harvesting. Upon arrival to the home, the patient was seated in a recliner with his daughter, son-in-law, and significant other present. The patient reported severe pain to the left lower extremity but denied chest pain, shortness of breath, lightheadedness, or dizziness. Vital signs obtained were temperature 97.5F, pulse 77 bpm at the right radial site, blood pressure 122/68 mmHg in the right arm, and oxygen saturation 93% on room air. Patient weight was 189 lb and height was 5'9". Cardiopulmonary assessment revealed lungs clear to auscultation, with no reported respiratory distress. Bowel sounds were audible, and the patient denied nausea or vomiting. The patient reported his last bowel movement was Sunday and stated that he has a longstanding history of irregular bowel movements. His significant other reported that he is taking MiraLAX and Senna for bowel management. Surgical assessment revealed a midline chest incision and three abdominal laparoscopic sites, all of which were dry and intact without drainage. Two vertical incisions were also noted to the lower extremity with steri-strip-type dressings that were clean, dry, and intact. Bruising was present throughout the lower extremity below the knee extending toward the ankle. The patient was noted to have pale skin with light peripheral pulses throughout; capillary refill was less than 3 seconds. No signs of drainage or acute infection were observed at the surgical sites. The patient and family reported that he showered earlier in the day with assistance from his significant other, indicating the

showered earlier in the day with assistance from his significant other, indicating the need for continued assistance and supervision with activities of daily living during postoperative recovery. Assessment was completed, vital signs obtained, medications reviewed with the significant other, and the patient was admitted to skilled home health services. Skilled nursing will continue to monitor postoperative surgical sites and cardiopulmonary status, assess pain and lower-extremity condition, monitor bowel function and medication effectiveness, reinforce medication adherence and postoperative precautions, provide education regarding signs and symptoms of infection or cardiopulmonary complications, and promote safe recovery following CABG surgery. Continued skilled home health services are indicated to support postoperative management, monitor for complications, reinforce disease and medication education, and facilitate progression toward safe and independent functioning in the home. Date of Order 08/19/2026 Orders Physician Face-to-Face Date: 08/12/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management due to Coronary artery bypass grafting surgery x3 with lima, left radial and saphenous vein graft harvesting Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home 1 - SOC - SN Notes: soc Physician Desai, Pankaj

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: After undergoing Coronary artery bypass grafting surgery x3 with lima, left radial and saphenous vein graft harvesting, 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.

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	08/25/2026 procedure: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Midline -, Notes: , physician-ordered wound care: #2 - Observable Surgical Wound - Anterior Left Wrist/Hand -, Notes: , physician-ordered wound care: #3 - Observable Surgical Wound - Anterior Left Below Knee -, Notes: , physician-ordered wound care: #4 - Observable Surgical Wound - Anterior Left Abdomen -, Notes: , physician-ordered wound care: #5 - Observable Surgical Wound - Anterior Right Abdomen -, Notes: ,
2	08/25/2026 goal: patient/caregiver recalls
3	* how to achieve wound healing including cleaning and dressing wound
4	* position changes
5	* skin care
6	* diet modification

7	* record wound measurements
8	* recalls related medication(s) purpose, schedule, Target Date: 10/17/2026,
9	09/03/2026 Medications: Doxycycline Hyclate - Doxycycline Hyclate eq 100 mg base by mouth twice a day
10	Losartan Potassium - Losartan Potassium 25 mg by mouth in the morning

PHYSICIAN INFORMATION

PHYSICIAN NAME: Pankaj Desai, MD

ADDRESS: 90 Painters Mill Rd, Owings Mills, MD 21117

PHONE: 4103561575	**FAX:** 14103636840

VERBAL ORDER AUTHORIZATION

By signing below, I acknowledge the verbal order(s) above and agree to follow this plan of care.

PHYSICIAN SIGNATURE	STAFF SIGNATURE (RECEIVED BY)
Signature: _____	Signature: *Electronically Signed by Messick, RN, Charles*
Date: _____	Date: *09/08/2026*

IMPORTANT: This verbal order must be authenticated by the physician and maintained in the patient's medical record.