FAX COVER PAGE

HomeCentris HEALTHCARE
HOME-CENTRIC HEALTHCARE STRATEGIES

Date: 09/28/2026

To:
Robert Vissing , 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.

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 1150/22250

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
9GX2N59HN97	09/24/2026	09/24/2026 - 11/22/2026	30617	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
Nathaniel Zollicoffer 5610 Fernpark Ave GWYNN OAK, MD 21207	Male	09/29/1930	410-371-6058
	Email		Primary Language: English

Clinical Profile

Provider's Name	Address	Phone Number
HomeCentris Healthcare LLC	10 Crossroads Drive, Suite 102 Owings Mills, MD 21117	410-321-8448
NPI: 1487113239		Fax Number: 410-559-3002

Clinical Condition Requiring Homecare:	Physician Statement on Homebound Status:
sn-disease management pt-eval & treat ot-eval & treat dx:pad	medical condition could get worse if patient leaves home

ICD-10 CM Principal Diagnosis: L89.622. Pressure ulcer of left heel stage 2

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	ASCORBIC ACID 500 MG / 1 Tablet by mouth one time a day for a supplement Aspirin Ec - Aspirin Delayed Release 81 MG / 1 Tablet by mouth at bedtime for CVA PROPHYLAXIS Escitalopram Oxalate - Escitalopram Oxalate 5 MG / 1 Tablet by mouth one time a day for DEPRESSION HYDROCHLOROTHIAZIDE 25 MG / 1 Tablet by mouth one time a day for HTN HOLD FOR SBP LESS THAN 110 LATANOPROST Ophthalmic Solution 0.005 % / Instill 1 drop in both eyes at bedtime for GLAUCOMA Naloxone Hcl - Naloxone Hydrochloride Liquid 4 MG/0.1ML / 1 spray Alternating nostril as necessary every 3 minutes for Unresponsiveness/suspected overdose Give 1 spray (4 mg/0.1 ml) in nostril for unresponsive and/or respiratory depression related to opioid ingestion; may repeat every 2-3 minutes in alternating nostrils as needed until resident is responsive, and call 911 Nifedipine Er - Nifedipine Extended Release 24 Hour 60 MG / 1 Tablet by mouth one time a day for hypertension HOLD FOR SBP LESS THAN 110 Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 MG / 1 Tablet by mouth as necessary every 8 hours for pain rated 7-10 for 90 Days hold for sdation, SBP less than 110 mmhg, resp rate less than 12 HR ess than 60, Spo2 less than 90% constipation Polyethylene Glycol 3350 - Polyethylene Glycol 3350 Powder 17GM/SCOOP / Give 17 gram by mouth as necessary every 36 hours for Constipation every 3 days if NO BM, Measure 17 grams of powder and dissolve in 4-8oz of preferred drink. PREGABALIN 75 MG / 1 Capsule by mouth one time a day for NEUROPATHIC PAIN Protonix - Pantoprazole Sodium Delayed Release 40 MG / 1 Tablet by mouth one time a day for GERD SENNOSIDES 8.6 MG Tablet / Give 2 tablet by mouth two times a day for BOWEL REGIMEN HOLD FOR LOOSE STOOL SPIRONOLACTONE 25 MG / 1 Tablet by mouth one time a day for HTN HOLD FOR SBP LESS THAN 110 Timolol Maleate - Timolol Maleate Ophthalmic Solution 0.05% / Instill 1 drop both eyes two times a day for GLAUCOMA Tylenol Es - Acetaminophen 500 MG Tablet / Give 2 tablet by mouth as necessary every 8 hours for PAIN DO NOT EXCEED 3G/24HR Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 MCG Tablet / Give 1000 unit by mouth one time a day for SUPPLEMENT Zinc Oxide - Zinc Oxide External Paste 25 % / Apply to sacrum topical as directed for MASD
I70.291	Oth athscl native arteries of extremities right leg	
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	
N18.31	Chronic kidney disease stage 3a	
D63.1	Anemia in chronic kidney disease	
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	
N13.8	Other obstructive and reflux uropathy	
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	
E46.	Unspecified protein-calorie malnutrition	
E78.5	Hyperlipidemia unspecified	
F41.9	Anxiety disorder unspecified	
F33.0	Major depressive disorder recurrent mild	
K21.9	Gastro-esophageal reflux disease without esophagitis	
E55.9	Vitamin D deficiency unspecified	
H40.9	Unspecified glaucoma	
Z43.5	Encounter for attention to cystostomy	
Z79.82	Long term (current) use of aspirin	
Z87.440	Personal history of urinary (tract) infections	

Prognosis Fair	**Mental and Psychosocial Status** COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes
Functional Limitations Bowel/Bladder Incontinence, Hearing, Ambulation	**Activities Permitted** Cane, Walker, Up As Tolerated
DME & Supplies wound care supplies, walker, diabetic supplies, commode, urinary/catheter supplies, small base cane, rolling walker, 4 wheeled walker	**Safety Measures** walker precautions, medication safety, infectious material management, fall precautions, diabetic precautions, avoid temperature extremes, ambulates with device, bathroom safety, standard precautions, sharps precautions, aspiration precautions, ambulates with assistance, activity supervision
Nutrition cardiac diet, diabetic	**Allergies** no known allergies

Advance Directives	Caregiver Status
POLST (Physician Orders for Life-Sustaining Treatment)	1. Non-agency caregiver(s) currently provide assistance; 1. Non-agency caregiver(s) currently provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.	SN: patient will be responsible for managing treatment PT: add discharge plan

Orders for Discipline and Treatment:

1 - SOC - SN

PT Eval

OT Eval

SN CAREPLAN

SN frequency WK1: 1 (09/24/26-09/26/26)

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, Height < 0 > 79

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months), 3. Multiple hospitalizations (2

or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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 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:POLST (Physician Orders for Life-Sustaining Treatment)

09/24/2026 Problems : #1 - Open Wound - Posterior Left Heel -
inadequate trash/sewage disposal (CM)
cluttered/soiled living area (CM)
unsafe floor coverings (CM)
inadequate lighting (CM)

SN NARRATIVE

Patient has 2 wounds. Patient has a sacro wound which it's applied sync oxide barrier cream and also a wound on his left ankle. Patient is alert and oriented times three patient have upper extremity weakness. Patient lives with son. Patient has a superpubic catheter monitor by urology team Maryland institute of pelvic neuroscience at 1447 York road.

Patient is a 95-year-old male with a history of eyeprettion, diabetes, hypothemia, B, P, H, bradycardia and neuropathy, depression and anxiety, gird, glaucoma, malnutrition, gait, impairment and falls Patient also wears hearing aids and glasses. Patients went to the hospital due to a fall. Patient has 2 wounds. Patient has a sacro wound which it's applied sync oxide barrier cream and also a wound on his left ankle. Patient is alert and oriented times three patient have upper extremity weakness. Patient lives with son. Skills and nursing called urology team to schedule an appointment appointment is scheduled for September 29th 2026 at 11:30 AM.

Patient is a 95-year-old male with a history of HTN, diabetes, hypothemia, BPH, bradycardia and neuropathy, depression and anxiety, gird, glaucoma, malnutrition, gait, impairment and falls Patient also wears hearing aids and glasses. Patients went to the hospital due to a fall refered to rehab, then released to homecare. Patient has 2 wounds. Patient has a sacro wound which it's applied sync oxide barrier cream and also a wound on his left ankle. Patient is alert and oriented times three patient have upper extremity weakness. Patient lives with son. Skills and nursing called urology team to schedule an appointment appointment is scheduled for September 29th 2026 at 11:30 AM.

Patient is alert and oriented times 3 patients denied chest pain, headache, dizziness, nausea and Vomiting. Patient reports experiencing shortness of breath on exertion. Lungs clear on auscultation. Abdomen flat with normoactive bowel sounds LBM this morning.. pedal pulse present. Patient was educated on communication, environmental safety and cleaning up clutter in his apartment. Medication reconciliation was done. Patient and caregiver educated on medication effects and adverse reaction. Patient and caregiver educated on signs and symptoms of infection proper hand hygiene and wound care procedures. Patient and caregiver verbalized understanding of all teaching.

SN GOALS

PATIENT-STATED GOAL: I want to move safely in my home

GOALS
patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient/caregiver recalls
* ostomy management including how to clean stoma
* change drainage pouch
* diet restrictions
* recalls related medication(s) purpose, schedule

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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care

inadequate heating (CM) #2 - GU Ostomy - Anterior Midline - Superpubic catheter D0700 - Social Isolation M1610 - Urinary Incontinence M1033 - Exhaustion M1400 - Dyspnea M2020 - Oral Med Management weight gain > 2lb/24 h OR 5lb/1 wk abnormal blood pressure abn cholesterol > 200 mg/dL difficulty sleeping weak hand grips daytime fatigue balance deficit limited strength limited endurance muscle weakness limited range of motion urine retention heartburn/indigestion constipation obesity itchy skin bruising/discoloration B0200 - Hearing Deficit B1000 - Vision Deficit meal preparation Financial PROCEDURES: physician-ordered wound care: #2 - GU Ostomy - Anterior Midline - Superpubic catheter: Change suprapubic drainage bag: Monthly, starting on the 20th and ending on the 20th of every month. Change suprapubic catheter: 18 Fr / 10 mL balloon, monthly and PRN (as needed). Wash the site daily with soap and water and additionally as needed. Assess/document: Document the condition of the site and any abnormalities, including redness, swelling, drainage, bleeding, pain, or signs of infection. flush the suprapubic catheter with 60 mL (cc) of normal saline twice daily,, physician-ordered wound care: #1 - Open Wound - Posterior Left Heel -: Orders in the uploads: Change dressing every other day. Cleanse with normal saline apply Silver alginate then Bordered gauze. Secure with tape., physician-ordered wound care: #1 - Open Wound - Posterior Left Heel -: Change dressing every other day. Cleanse with normal saline apply Silver alginate then Bordered gauze. Secure with tape., physician-ordered wound care: #1 - Open Wound - Posterior Left Heel -: Change dressing every other day. Cleanse with normal saline apply Silver alginate then Bordered gauze. Secure with tape., cough/deep breathing exercises, monitor intake & output, bladder training, coordinate/arrange preparation of missing meals, coordinate/arrange repair of inadequate heating, coordinate/arrange repair of inadequate lighting, coordinate/arrange repair of unsafe floor coverings, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange access to adequate trash/sewage disposal, coordinate/arrange removal of insects/rodents present in the patient's living environment, coordinate/arrange patient access to necessary medical care considering patient inability to pay, coordinate/arrange resources for vision-impaired, coordinate/arrange long-term socialization activities, coordinate/arrange home modifications for hearing impaired, i.e. alarms 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, * ostomy management including how to clean stoma change drainage pouch diet restrictions, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient has adequate heating, patient living environment has adequate lighting, patient living environment has safe floor coverings, patient's living environment is clean/uncluttered, patient has access to adequate trash/sewage disposal, patient has access to necessary medical care considering inability to pay, meal preparation is available to patient for all meals	* diet modification * record wound measurements * recalls related medication(s) purpose, schedule patient/caregiver recalls * urinary incontinence management including bladder training * Kegel exercises * skin care * 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/caregiver recalls * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule patient has adequate heating patient living environment has adequate lighting patient living environment has safe floor coverings patient's living environment is clean/uncluttered patient has access to adequate trash/sewage disposal patient has access to necessary medical care considering inability to pay meal preparation is available to patient for all meals

	PT GOALS PATIENT-STATED GOAL: add patient-stated goal GOALS

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: Donna Hayes LPN/LVN on 10/01/2026

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. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred (or will occur) within timeframe requirements and it is related to the primary reason the patient requires home health services. F2F date: 09/15/2026	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.
Certifying Physician or Allowed Practitioner Name and Address **Robert Vissing** 120 Sister Pierre Dr Towson, MD 21204 NPI 1457352395	**Phone Number** 4103211224 **Fax Number** 14104941670

Physician's Signature and Date Signed

X

Robert Vissing, MD
09/15/2026: Date of physician last face-to-face