FAX COVER PAGE

HomeCentris HEALTHCARE
HOME-CENTRIC HEALTHCARE STRATEGIES

Date: 10/29/2026

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.

HomeCentris Healthcare LLC 217058
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
Phone: 410-321-8448 Fax: 410-559-3002

PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 10/29/2026	**PATIENT INFORMATION**
ORDER ID: 1150/22909	**PATIENT NAME:** Thomas Szymanski / **DOB:** 07/09/1954
AGENCY ASSIGNED ID: 27731	**ADDRESS:** 1415 Emily Ct West, ABINGDON, MD 21009-
CERTIFICATION PERIOD: 09/07/2026 to 11/05/2026	**PHONE:** 443-876-6114
PHYSICIAN FACE-TO-FACE DATE: 07/02/2026	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN:
The patient is a 72-year-old male admitted to home health services following two recent hospitalizations for multiple falls, including six falls over a two-week period, with the most recent resulting in a left-sided rib fracture. The patient reported that each fall was preceded by dizziness followed by loss of consciousness. His past medical history is significant for arthritis of the right acromioclavicular joint, impingement syndrome of the right shoulder, complete rotator cuff tear/rupture of the right shoulder, gastroesophageal reflux disease (GERD), diabetes mellitus controlled with diet alone, peptic ulcer disease, history of gastric bypass, and chronic tobacco use of approximately one-half pack per day. Due to his frequent falls and safety concerns, the patient has temporarily relocated to his daughter's home, where a first-floor living arrangement is available with two steps to enter and no handrail. Prior to hospitalization, the patient lived independently in a single-family home without an assistive device, was independent with activities of daily living (ADLs), functional mobility, and community ambulation, and plans to return to his home in Dundalk when medically appropriate. The patient was alert and oriented 4, denied shortness of breath, and reported generalized pain rated at 7/10. Medication reconciliation was completed, and the patient demonstrated understanding of proper nebulizer use. Assessment revealed multiple traumatic wounds to both upper extremities and the right knee in various stages of healing secondary to repeated falls, as well as a chronic burn wound to the left hand sustained in 2019 that intermittently reopens. The patient was evaluated at the wound clinic, where his daughter, the primary caregiver, received instruction on wound care techniques and was provided with the necessary supplies. Wound care orders include cleansing the chronic left-hand burn wound with

supplies. Wound care orders include cleansing the chronic left hand burn wound with Clorpactin, applying silver gel and Aquacel alginate, covering with dry gauze, and securing with Kerlix. Bilateral upper extremity wounds are cleansed with normal saline, treated with oil emulsion dressings, covered with dry dressings, and secured with Kerlix. Wound care is to be performed every other day. The patient ambulates with a rollator walker and reports locking the brakes and sitting on the seat whenever dizziness occurs to reduce fall risk. Physical therapy evaluation identified significant impairments in balance, gait, lower extremity strength, transfers, stair negotiation, and endurance, placing the patient at high risk for recurrent falls. Objective testing demonstrated a Tinetti Performance-Oriented Mobility Assessment score of 15/28 and a Timed Up and Go (TUG) score of 28.9 seconds, consistent with impaired balance and mobility. Lower extremity weakness was noted, greater on the right than the left, contributing to difficulty with ambulation, transfers, and negotiating steps. Despite these deficits, the patient demonstrated good motivation and rehabilitation potential and is considered an appropriate candidate for continued skilled physical therapy to improve lower extremity strength, balance, gait mechanics, endurance, transfer ability, stair negotiation, and overall functional mobility while reducing fall risk. Occupational therapy evaluation found that the patient is currently functioning at his baseline level with independence in basic self-care activities, functional transfers, and household functional ambulation despite his recent hospitalization. As no significant deficits requiring ongoing occupational therapy intervention were identified, the patient would benefit primarily from continued skilled physical therapy services to address bilateral lower extremity weakness, impaired balance, decreased endurance, mobility limitations, and fall prevention. Skilled nursing will continue to monitor the patient's medical status, wound healing, medication management, safety, and caregiver competency with wound care while reinforcing fall prevention strategies, proper assistive device use, diabetes management, smoking cessation education, and the importance of adhering to the prescribed therapy program to maximize recovery and support a safe return to independent living. Date of Order 09/03/2026 Orders Physician Face-to-Face Date: 07/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat due to Fracture of one rib left side subsequent for fracture with routine healing 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 recent setback following a skin graft procedure to the left forearm, with decline in lower extremity strength and stability and 2 falls. The patient has continued potential to benefit from skilled physical therapy intervention to further improve lower extremity strength, static and dynamic balance, activity tolerance, standing and ambulatory sequencing, and stair negotiation, with Tinetti 22/28 and TUG score 20 seconds. Physician Win, Khaing

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: Due to diagnosis of Fracture of one rib left side subsequent for fracture with routine healing, 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	Authorization changes of SN skill Total Visits: 1 and Visit Freq: WK7: 2 (10/18/26-10/24/26),WK8: 1 (10/25/26-10/31/26)
2	Authorization changes of PT skill Total Visits: 4 and Visit Freq: WK7: 2 (10/18/26-10/24/26),WK8: 1 (10/25/26-10/31/26)
3	Authorization changes of OT skill Total Visits: 0 and Visit Freq: WK7: 2 (10/18/26-10/24/26),WK8: 1 (10/25/26-10/31/26)
4	Authorization changes of SN skill Total Visits: 3 and Visit Freq: WK7: 2 (10/18/26-10/24/26),WK8: 1 (10/25/26-10/31/26)
5	10/20/2026 Problems : GG0170O1 - 12 Steps
6	GG0130F1 - Upper Body Dressing
7	GG0130A1 - Eating
8	GG0130H1 - Don/Doff Footwear
9	GG0130H1 - Don/Doff Footwear
10	GG0130G1 - Lower Body Dressing
11	GG0130G1 - Lower Body Dressing
12	GG0130E1 - Shower/Bathe Self
13	GG0130E1 - Shower/Bathe Self
14	GG0130C1 - Toileting Hygiene
15	GG0130C1 - Toileting Hygiene
16	GG0130B1 - Oral Hygiene
17	GG0170E1 - Chair to Bed to Chair
18	GG0170P1 - Picking Up Object

19	GG0170N1 - 4 Steps
20	GG0170M1 - 1 - Step (curb)
21	GG0170M1 - 1 - Step (curb)
22	GG0170L1 - Walk 10 ft on Uneven Surface
23	GG0170K1 - Walk 150 Feet
24	GG0170J1 - Walk 50 ft with 2 Turns
25	GG0170I1 - Walk 10 Feet
26	GG0170G1 - Car Transfer
27	GG0170F1 - Toilet Transfer
28	GG0170D1 - Sit to Stand
29	increased urine output (GU)
30	daytime fatigue (NR)
31	frequent urination (GU)
32	10/20/2026 patient_goal: Build strength up walk Independently and go back home in dundalk, Target Date: 11/05/2026, go back home, Target Date: 11/05/2026,
33	10/22/2026 procedure: physician-ordered wound care: #1 - Open Wound - Anterior Left Wrist/Hand - Wound care done., Notes: , physician-ordered wound care: #2 - Abrasion - Anterior Right Upper Arm - Wound care done, Notes: , physician-ordered wound care: #3 - Abrasion - Anterior Left Upper Arm - Wound care done, Notes: ,
34	10/20/2026 teach: how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain, teach relaxation skills and diversional activities, Target Date: 11/05/2026, related medication(s) purpose and schedule, Target Date: 11/05/2026, symptoms requiring physician notification, Target Date: 11/05/2026,

35	10/20/2026 goal: Walk 150 Feet - 05. Setup or clean-up assistance, Target Date: 11/05/2026, patient/caregiver recalls
36	* pain control
37	* therapeutic exercises to optimize range of motion of affected area
38	* diet and fluids to promote healing
39	* recalls related medication(s) purpose, schedule, Target Date: 11/05/2026, patient/caregiver recalls
40	* lifestyle modifications to manage respiratory condition including
41	* diet changes and regular exercise
42	* strategies to control shortness of breath
43	* home remedies to keep lungs healthy
44	* recalls related medication(s) purpose, schedule, Target Date: 11/05/2026, patient/caregiver recalls
45	* how to optimize mental status with cognition therapy
46	* home safety
47	* optimize mobility with active and passive range of motion therapeutic exercises
48	* diet and fluids to optimize peripheral circulation
49	* recalls related medication(s) purpose, schedule, Target Date: 11/05/2026, patient/caregiver recalls
50	* depression-prevention strategies including avoidance of isolation
51	* healthy eating
52	* sleeping habits
53	* identification of activities that bring pleasure
54	* preventive care

55	* recalls related medication(s) purpose, schedule, Target Date: 11/05/2026, patient/caregiver recalls
56	* diabetic medication management
57	* blood sugar testing
58	* diabetic foot care
59	* exercise
60	* diabetic diet
61	* recalls related medication(s) purpose, schedule, Target Date: 11/05/2026, patient/caregiver recalls
62	* how to manage inflammatory process
63	* optimize mobility with active and passive range of motion exercises
64	* fluid and diet intake to promote healing
65	* prevent constipation
66	* home safety
67	* recalls related medication(s) purpose, schedule, Target Date: 11/05/2026, patient/caregiver recalls
68	* how to achieve wound healing including cleaning and dressing wound
69	* position changes
70	* skin care
71	* diet modification
72	* record wound measurements
73	* recalls related medication(s) purpose, schedule, Target Date: 11/05/2026, patient/caregiver recalls
74	* how to achieve wound healing including cleaning and dressing wound

75	* position changes
76	* skin care
77	* diet modification
78	* record wound measurements
79	* recalls related medication(s) purpose, schedule, Target Date: 11/05/2026, patient/caregiver recalls
80	* how to achieve wound healing including cleaning and dressing wound
81	* position changes
82	* skin care
83	* diet modification
84	* record wound measurements
85	* recalls related medication(s) purpose, schedule, Target Date: 11/05/2026, patient/caregiver recalls
86	* how to achieve wound healing including cleaning and dressing wound
87	* position changes
88	* skin care
89	* diet modification
90	* record wound measurements
91	* recalls related medication(s) purpose, schedule, Target Date: 11/05/2026, patient/caregiver recalls
92	* strategies to increase caloric intake
93	* recalls related medication(s) purpose, schedule, Target Date: 11/05/2026, patient/caregiver recalls
94	* strategies to minimize fatigue and exhaustion including work simplification

95	* energy conservation
96	* lifestyle changes
97	* diet
98	* recalls related medication(s) purpose, schedule, Target Date: 11/05/2026, Sit to Stand - 06. Independent, Target Date: 11/05/2026, Chair to Bed to Chair - 06. Independent, Target Date: 11/05/2026, Toilet Transfer - 06. Independent, Target Date: 11/05/2026, Car Transfer - 06. Independent, Target Date: 11/05/2026, Walk 10 Feet - 05. Setup or clean-up assistance, Target Date: 11/05/2026: DISCONTINUED, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Target Date: 11/05/2026, Walk 150 Feet - 05. Setup or clean-up assistance, Target Date: 11/05/2026, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, Target Date: 11/05/2026, 1 - Step (curb) - 05. Setup or clean-up assistance, Target Date: 11/05/2026, 4 Steps - 05. Setup or clean-up assistance, Target Date: 11/05/2026, 12 Steps - 05. Setup or clean-up assistance, Target Date: 11/05/2026, Picking Up Object - 05. Setup or clean-up assistance, Target Date: 11/05/2026, Oral Hygiene - 06. Independent, Target Date: 11/05/2026: DISCONTINUED, Toileting Hygiene - 06. Independent, Target Date: 11/05/2026, Shower/Bathe Self - 05. Setup or clean-up assistance, Target Date: 11/05/2026, Lower Body Dressing - 06. Independent, Target Date: 11/05/2026, Don/Doff Footwear - 06. Independent, Target Date: 11/05/2026, Eating - 06. Independent, Target Date: 11/05/2026: DISCONTINUED, Upper Body Dressing - 06. Independent, Target Date: 11/05/2026: DISCONTINUED,
99	10/20/2026 discharge_plan: family/caregiver will be responsible for managing treatment, Target Date: 11/05/2026,

PHYSICIAN INFORMATION	
PHYSICIAN NAME: Khaing Win, MD	
ADDRESS: 3401 Box Hill Corporate Center Dr Ste 100, 21009, MD 21009	
PHONE: 4438437000	**FAX:** 14436431880

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: *10/29/2026*

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