Home Health Certification and Plan of Care

Order ID: 1150/13397

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36462233	10/12/2025	From: 10/12/2025 To: 12/09/2025	17569	217058

6. Patient's Name and Address

Earline Washington
2017 Northbourne Rd,
BALTIMORE, MD 21239-
410-770-1640

7. Provider's Name, Address and Telephone Number

HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 08/27/1952 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	10/12/25

13. ICD	Other Pertinent Diagnoses	Date
M86.171	Other acute osteomyelitis right ankle and foot	10/12/25
B95.62	Methicillin resis staph infct causing diseases classd elswhr	10/12/25
B95.2	Enterococcus as the cause of diseases classified elsewhere	10/12/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	10/12/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	10/12/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	10/12/25
N18.2	Chronic kidney disease stage 2 (mild)	10/12/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	10/12/25
I87.2	Venous insufficiency (chronic) (peripheral)	10/12/25
D50.9	Iron deficiency anemia unspecified	10/12/25
E78.49	Other hyperlipidemia	10/12/25
H40.9	Unspecified glaucoma	10/12/25
Z79.2	Long term (current) use of antibiotics	10/12/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	10/12/25

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for supplement

Metformin Hcl - Metformin Hydrochloride 1000 MG, Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for DM

Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day every Mon, Wed, Fri for iron deficiency anemia

Acetaminophen - Acetaminophen 500 MG, Give 2 tablet by mouth every 8 hours Give 2 tablet by mouth every 8 hours as needed for mild pain 1-4 do not exceed 3g per day

Metoprolol Succinate - Metoprolol Succinate 25 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN hold for SBP less than 110 or HR less than 60

Gabapentin - Gabapentin 300 MG, Give 3 capsule by mouth three times a day Give 3 capsule by mouth three times a day for neuropathy

Nitroglycerin - Nitroglycerin 0.4 MG Give 1 tablet by mouth as necessary Give 1 tablet sublingually every 5 minutes as needed for Chest Pain May give up to 3 doses if unresolved. Call MD and send to ER if unresolved. Check Pulse and BP before administration.

Valacyclovir Hydrochloride - Valacyclovir Hydrochloride 500 MG Give 2 tablet by mouth once a day Give 2 tablet by mouth one time a day for shingles

Atorvastatin Calcium - Atorvastatin Calcium 80 MG, Give 1 tablet by mouth at bedtime Give 1 tablet orally at bedtime for hyperlipidemia

Pepto Bismol - Bismuth Subsalicylate: Metronidazole: Tetracycline Hydrochloride take 525 MG/30ML by mouth every 4 hours 525 MG/30ML PO every 4 hours as needed for diarrhea/GI upset

Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 MG, Give 1 tablet by mouth every 6 hours Give 1 tablet by mouth every 6 hours as needed for moderate to severe pain 5-10

Dorzolamide Hydrochloride - Dorzolamide Hydrochloride 2-0.5%, Instill 1 drop in both eyes both eyes twice a day Instill 1 drop in both eyes two times a day for glaucoma

Latanoprost - Latanoprost 0.005%, Instill 1 drop in both eyes both eyes at bedtime Instill 1 drop in both eyes at bedtime for glaucoma

Linezolid - Linezolid 600 MG, Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for acute osteomyelitis

Cefpodoxime Proxetil - Cefpodoxime Proxetil 100 MG, Give 4 tablet by mouth every 12 hours Give 4 tablet by mouth every 12 hours for acute osteomyelitis

Brimonidine Tartrate - Brimonidine Tartrate 0.2%, Instill 1 drop in both eyes both eyes three times a day Instill 1 drop in both eyes three times a day for ocular hypertension

Codeine Sulfate - Codeine Sulfate 15 MG, Give 1 tablet by mouth every 8 hours Give 1 tablet by mouth every 8 hours as needed for severe pain 7-10 for 14 Days unsupervised self-administration

Dorzolamide Hydrochloride - Dorzolamide Hydrochloride take 2-0.5% Instill 1 drop in both eyes both eyes twice a day Instill 1 drop in both eyes two times a day for glaucoma

Allergric Rhinitis take 4/30mg by mouth every 6 hours

14. DME and Supplies:
bath bench, diabetic supplies

15. Safety Measures:
walker precautions, , sharps precautions, , diabetic precautions

16. Nutrition:
diabetic

17. Allergies:
peanut butter

18.A. Functional Limitations
Ambulation, Bowel/Bladder Incontinence, Amputation

18.B. Activities Permitted
Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/12/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Daljeet Saluja
821 N Eutaw St
Baltimore, MD 21201
PHONE: 410-358-6450 FAX: 18777511761 NPI: 1326011024

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.
F2F date : 10/01/2025

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

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.

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Earline Washington 2017 Northbourne Rd, BALTIMORE, MD 21239- 410-770-1640	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Homebound status: After undergoing Right Fourth-Toe Amputation, 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 a 73-year-old female recently referred to home health care services following hospitalization and subsequent subacute rehabilitation for a right fourth-toe amputation secondary to osteomyelitis of the right foot and ankle. Her past medical history is significant for osteoarthritis, diabetes mellitus, peripheral neuropathy, hypertension, chronic kidney disease (CKD), peripheral vascular disease (PVD), hyperlipidemia, glaucoma, and a left foot arch collapse that required hospitalization on June 25. The patient also has a history of rheumatoid arthritis resulting in limited range of motion in the right shoulder and weakness in the right hand. Manual muscle testing reveals left upper extremity strength of 4/5.   The patient resides with her sister in a multilevel townhouse, with bedroom and bathroom located on the second floor accessible by fourteen steps with a single handrail. She is homebound due to significant effort required to leave the home, utilizing a rollator and bilateral cast shoes for ambulation. Current assessment indicates she ambulates approximately 30 feet on indoor surfaces with supervision, performs bed mobility and transfers (bed, chair, and bedside commode) with supervision, and requires contact-guard assistance and verbal cues for sit-to-stand and toilet transfers. Outside mobility and car transfers were not assessed. The patient uses a walker and benefits from close supervision during ambulation. Installation of bilateral stair rails is recommended for increased safety. She requires assistance for bathing and dressing activities due to upper extremity weakness and limited mobility.   Wound care for the right fourth-toe amputation site includes cleansing, application of betadine, and coverage with a dry sterile dressing daily. The site will continue to be monitored for signs of infection or delayed healing. The patient is awaiting delivery of custom orthopedic shoes ordered to support the left fallen arch and aid in improved mobility and balance.   Skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> are recommended at a frequency of twice weekly for one week, then once weekly for three weeks (2w1, 1w3). The next skilled nursing visit is scheduled for Wednesday. The plan of care includes wound management, monitoring of vital signs and glycemic control, pain assessment, medication compliance review, and ongoing patient and caregiver education regarding foot care, fall prevention, and safe transfer techniques. The patient has been referred for continued physical and occupational therapy to address lower-extremity weakness, gait training, and activities of daily living (ADL) retraining, with the goal of improving functional mobility and promoting a return to greater independence within the home environment.
 Date of Order 10/12/2025 Orders Physician Face-to-Face Date: 10/01/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Right Fourth-Toe Amputation 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 PT Eval Notes: OT Eval Notes: Physician Saluja, Daljeet

SN Careplans

SN WK1: 9 (10/12/2025 - 10/18/2025), WK3: 1 (10/26/2025 - 11/01/2025)

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, blood sugar < 60 > 300

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

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 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; 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 ; 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.

SN Goals

PATIENT-STATED GOAL: I need a new rollator walker

GOALS
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

patient/caregiver recalls
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/12/2025

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NA
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, weak pulses in feet, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Incontinence, poor muscle tone, muscle weakness, limited endurance, limited strength, B1000 - Vision Deficit, tooth pain/decay/sensitivity, #1 - Observable Surgical Wound - Other - Right foot fourth toe amputation site - Paint with betadine cover with dry dressing

PROCEDURES: physician-ordered wound care: Paint right foot fourth toe amputation site with betadine cover with dry dressing daily, glucose testing via monitor, bladder training, coordinate/arrange resources for vision-impaired

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 peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, 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 patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

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

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
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK1: 7 (10/12/2025 - 10/18/2025), WK2: 1 (10/19/2025 - 10/25/2025), WK3: 2 (10/26/2025 - 11/01/2025)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: Home exercise program : Spine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction. Standing knee flexion, hip abduction, hip extension, plantarflexion, squats. Sitting knee extension, ankle pumps , cough/deep breathing exercises, gait training on uneven surfaces, gait training/stair training, transfers training

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 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, related medication(s) purpose, schedule, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To walk like normal and get my hip replaced

GOALS
Toilet Transfer - 06. Independent

patient/caregiver recalls
* 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
* recalls related medication(s) purpose, schedule

Car Transfer - 04. Supervision or touching assistance

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

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

Walk 150 Feet - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
10/12/2025

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OT Careplans

OT WK1: 1 (10/12/25-10/18/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: ADLs , Fine motor coordination , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, transfers training, therapeutic exercises

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 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, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Patient was demonstrate improved right grip strength from 3/5 mmt to 4/5 mmt to fastening of clothing and opening food packaging.

OT Goals

PATIENT-STATED GOAL: To use the right hand more

GOALS
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 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
* recalls related medication(s) purpose, schedule

Oral Hygiene - 06. Independent

Lower Body Dressing - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Patient was demonstrate improved right grip strength from 3/5 mmt to 4/5 mmt to fastening of clothing and opening food packaging.

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
10/12/2025