Home Health Certification and Plan of Care

Order ID: 1150/16377

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8EF1E50FY12	02/18/2026	From: 02/18/2026 To: 04/18/2026	22298	217058

6. Patient's Name and Address

Emma Driver
1308 Silverthorne Rd,
BALTIMORE, MD 21239-
410-435-6149

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 12/10/1933 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	02/18/26

13. ICD	Other Pertinent Diagnoses	Date
I50.32	Chronic diastolic (congestive) heart failure	02/18/26
N18.4	Chronic kidney disease stage 4 (severe)	02/18/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	02/18/26
J44.9	Chronic obstructive pulmonary disease unspecified	02/18/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/18/26
D50.9	Iron deficiency anemia unspecified	02/18/26
E78.5	Hyperlipidemia unspecified	02/18/26
F41.9	Anxiety disorder unspecified	02/18/26
F32.A	Depression unspecified	02/18/26
H26.9	Unspecified cataract	02/18/26
Z85.528	Personal history of other malignant neoplasm of kidney	02/18/26
Z90.5	Acquired absence of kidney	02/18/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	02/18/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	02/18/26

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

Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 Tablet by mouth at bedtime for HLD
Albuterol Sulfate - Albuterol Sulfate eq 0.083 perc base HFA Inhalation Aerosol Solution 108(90 Base) MCG/ACT / 2 puff by mouth every 4 hours as needed for SOB and or wheezing
CARVEDILOL 6.25 mg 0 6.25 mg / 1 Tablet by mouth every 12 hours for HTN hold for SBP less than 100 and HR less than 60
CLOPIDOGREL 75 mg 0 75 mg / 1 Tablet by mouth once a day for CVA
Lactulose - Lactulose 10gm/15ml 0 20 GM/30 ML / Give 30 ml by mouth once a day 30ml daily for bowel regimen
Hydralazine Hydrochloride - Hydralazine Hydrochloride 100 mg 100 mg / 1 Tablet by mouth three times a day for HTN
Losartan Potassium - Losartan Potassium 50 mg 50 mg / 1 Tablet by mouth once a day related to ESSENTIAL (PRIMARY) HYPERTENSION
Reglan - Metoclopramide Hydrochloride eq 10 mg base eq 10 mg base / 1 Tablet by mouth every 8 hours as needed for headache or nausea
MONTELUKAST SODIUM 10 mg 0 10 mg / 1 Tablet by mouth at bedtime for ALLERGIES
Nitroglycerin - Nitroglycerin 0.4 mg/hr 0 0.4 mg / 1 Tablet sublingual as necessary every 5 minutes for Chest Pain x 3 doses. If no relief, call MD.
Nifedipine - Nifedipine 60 mg 60 mg / 1 Tablet by mouth once a day for HTN
PANTOPRAZOLE 40 mg 0 40 mg / 1 Tablet by mouth twice a day for GERD
Ranolazine - Ranolazine 500 mg / 1 Tablet by mouth twice a day for mild angina
Senna S - Senna 8.6-50 mg / 1 Tablet by mouth twice a day Give 2 tablet
Sodium Bicarbonate - Sodium Bicarbonate 650 mg / 1 Tablet by mouth twice a day for supplement
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) mg / 1 Tablet by mouth once a day every Mon, Wed, Fri for anemia
Trazodone Hydrochloride - Trazodone Hydrochloride 50 mg 50 mg / 1 Tablet by mouth at bedtime for Depression
Ondansetron - Ondansetron 4 mg 4 mg / 1 Tablet by mouth every 6 hours as needed for nausea
Glycolax - Polyethylene Glycol 3350 17gm/packet 0 17 gram by mouth once a day for bowel regimen Mix well in a full glass (120-240 ml or 4 - 8 oz) of water, juice, soda, coffee or tea prior to administration, hold for loose stools

14. DME and Supplies:

urinary/catheter supplies, bath bench, walker, cane

15. Safety Measures:

ambulates with device, walker precautions, , ambulates with assistance, supervision at all times, transfer with assist, activity supervision

16. Nutrition:

cardiac diet

17. Allergies:

aspirin morphine sertraline claritin bee sting contast media

18.A. Functional Limitations

Ambulation, Bowel/Bladder Incontinence, Endurance

18.B. Activities Permitted

Up As Tolerated, Cane, Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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

family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status:

Due to diagnosis of Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified Chronic Kidney Disease, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/18/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jane Wilson
5601 Loch Raven Blvd Floor 3
Baltimore, MD 21227
PHONE: 4434445600 FAX: 18666395350 NPI: 1720257991

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 : 01/27/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Emma Driver 1308 Silverthorne Rd, BALTIMORE, MD 21239- 410-435-6149	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is a 92-year-old female recently discharged from a healthcare facility following hospitalization for bowel obstruction and pneumonia, with a prior episode of coffee-ground emesis. Her past medical history is significant for essential hypertension, congestive heart failure, chronic obstructive pulmonary disease, stage 4 chronic kidney disease status post nephrectomy in 2005 for malignant renal neoplasm, iron deficiency anemia, hyperlipidemia, gastroesophageal reflux disease, cerebrovascular accident/transient ischemic attack, anxiety, and depression. She is designated as full code per MOLST documentation (CPR status). At the time of skilled nursing assessment, the patient was alert and oriented to person, place, and time. She denied pain and shortness of breath during the visit. Lung sounds were clear throughout. She reported a bowel movement on the day of assessment. Trace bilateral lower extremity edema was noted. Family reports decreased mobility since hospitalization. The patient resides in a townhouse and typically lives alone; however, family members are currently assisting with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The home is equipped with a walker, stair lift from the first to second floor, and railings; however, she must still negotiate three steps despite use of the stair glide. Entry to the home requires four steps. Previously, she resided in a three-story home with 13 steps to the basement and 13 steps to the second floor. Medication reconciliation was completed. The skilled nurse reviewed all medications with the daughter and family member, including dosage, frequency, and pertinent side effects. A family member manages medication administration. Education was provided regarding bowel regimen medications and non-pharmacologic strategies to prevent constipation, including hydration, dietary fiber, and activity as tolerated. Family reports that the patient requires ongoing encouragement, as she has demonstrated intermittent noncompliance with constipation prevention measures. Physical therapy evaluation indicates the patient ambulates approximately 25 feet on level indoor surfaces using a rolling walker with supervision. She performs two steps with a handrail and minimal assistance. Transfers to a recliner and sofa require contact guard assistance. Bed mobility on the sofa is performed with supervision and verbal encouragement. Car transfers and outdoor mobility were not assessed during this visit. The patient demonstrates decreased standing balance, reduced activity tolerance, bilateral upper and lower extremity weakness, and diminished endurance, resulting in impaired self-care, transfers, and functional ambulation compared to prior level of function. Tinetti balance assessment score is 11/28, indicating high fall risk. The patient is considered homebound due to the significant effort required to leave the home and elevated fall risk. During the therapy session, the patient tolerated 10 repetitions each of supine hip flexion, bridging, hooklying trunk rotation, straight leg raises, hip abduction, knee extension, and ankle pumps. Skilled nursing services are planned at a frequency of 1 visit per week for 2 weeks, then 1 visit per week for 6 weeks, with continued monitoring of cardiopulmonary status, medication management, edema, bowel function, and overall safety. Physical and occupational therapy evaluations have been ordered. Skilled physical therapy is medically necessary to improve strength, balance, stair negotiation, gait safety, and endurance to reduce fall risk and restore functional mobility. Skilled occupational therapy is recommended to address deficits in upper extremity strength, standing tolerance, and performance of ADLs and functional transfers to facilitate return toward prior level of independence and reduce risk of rehospitalization.
 Date of Order 02/18/2026 Orders Physician Face-to-Face Date: 01/27/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Hypertensive Heart And Chronic Kidney Disease With Heart Failure And Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified Chronic Kidney Disease 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 Wilson, Jane

SN Careplans

SN WK1: 1 (02/18/26-02/21/26) ,WK2: 1 (02/22/26-02/28/26) ,WK4: 1 (03/08/26-03/14/26) ,WK6: 1 (03/22/26-03/28/26) ,WK8: 1 (04/05/26-04/11/26) ,WK9: 1 (04/12/26-04/17/26)

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

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

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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

SN Goals

PATIENT-STATED GOAL: I NEED THERAPY TO GET STRONGER

GOALS
patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

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 medicatio

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 relaxatio

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

patient living environment has safe floor coverings

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/18/2026

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meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, Home Safety, Home Safety, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, constipation, M1610 - Urinary Incontinence, muscle weakness, limited strength, limited endurance, Pain Interference with ADLs, balance deficit

PROCEDURES: cough/deep breathing 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 medicatio, * 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 relaxatio, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient living environment has safe floor coverings, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (02/18/26-02/21/26) ,WK2: 2 (02/22/26-02/28/26) ,WK3: 2 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26) ,WK5: 1 (03/15/26-03/21/26) ,WK6: 1 (03/22/26-03/28/26) ,WK7: 1 (03/29/26-04/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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 : Supine 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/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 medicatio, * 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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, 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, 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To be able bed le to get around my house by myself

GOALS
Toilet Transfer - 06. Independent

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 medicatio

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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up 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

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

Car Transfer - 05. Setup or clean-up assistance

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

OT Careplans

OT WK1: 1 (02/18/26-02/21/26) ,WK2: 1 (02/22/26-02/28/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26) ,WK5: 1 (03/15/26-03/21/26) ,WK6: 1 (03/22/26-03/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: , 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: Medication Review : Medication reviewed with patient and patient's daughter with all medications in the home. , equipment training, strengthening exercises, transfers training, transfers training, assist with bathing, assist with toilet transferring, assist with lower body dressing, assist with upper body dressing

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition

OT Goals

PATIENT-STATED GOAL: Walk better

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 medicatio

Sit to Stand - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medicatio, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Car Transfer - 06. Independent

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

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

HHA Careplans	HHA Goals
HHA WK2: 2 (02/22/26-02/28/26) ,WK3: 2 (03/01/26-03/07/26) ,WK4: 2 (03/08/26-03/14/26) ,WK5: 2 (03/15/26-03/21/26) ,WK6: 2 (03/22/26-03/28/26)	

Signature of Physician:	Date
	PAGE 4 of 4
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