

Home Health Certification and Plan of Care				Order ID: 1150/18462	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
8MX1J2ZQQ19		01/05/2026		From: 05/05/2026 To: 07/03/2026	
4. Medical Record No.		5. Provider No.			
20703		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Millicent Gettier 2107 Shuresville Rd, DARLINGTON, MD 21034- 443-655-1847			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
07/27/1959			Female		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
T81.49XD			Acetaminophen - Acetaminophen 500 mg tablet,take 2 tablet by mouth every 8 hours do not exceed more than 3 gram per day from all sources		
13. ICD			Methocarbamol - Methocarbamol 500 mgoral tablet,take 1 tablet by mouth every 8 hours for muscle spasm		
S92.302A			Pregabalin - Pregabalin 150mg oral capsule ,take 1 tablet by mouth every 12 hours for neuropathic pain		
M40.209			Sennosides - Senna 8.6mg tablet,take 2 tablet by mouth once a day for bowel regimen hold for loose stools		
S14.105D			Lisinopril - Lisinopril 20 MG ,Take 1 tablet by mouth once a day for HTN hold for SBP less than 110		
I10.			Escitalopram Oxalate - Escitalopram Oxalate 20 mg ,take 1 tablet by mouth once a day for depression		
K59.03			Proventil-Hfa - Albuterol Sulfate 0108(90 base mcg/act 2 puff inhale orally by mouth every 6 hours as needed for wheezing /SOB		
F32.9			Prilosec - Omeprazole 40 mg take 1 tablet by mouth once a day GERD		
F41.9			Iron - Ferrous Sulfate: Folic Acid 65mg, take 1 tablet by mouth once a day Supplement		
E43.			Zolof - Sertraline Hydrochloride eq 100 mg base Take 1 tablet by mouth once a day Anti depression		
S22.078D			Oxycodone - Ibuprofen: Oxycodone Hydrochloride 15mg, take 1 tablet by mouth four times a day As needed for pain		
Z98.1			Centrum - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytionadione: Pyridoxine: Ribo 1000IU, take 1 tablet by mouth once a day Supplement.		
F11.90			Naloxone Hydrochloride - Naloxone Hydrochloride 04 mg/0.1 ml nasal liquid,1 spray topical as necessary 1 spray in nostril every 3 minutes as needed for overdose 1 spray in nostril every 3 minutes as needed for overdoes may repeat in alternating nostrils every 3 minutes until coherent call 911 continue until paramedics arrive notify provider		
Opioid use unspecified uncomplicated			Clobetasol Propionate - Clobetasol Propionate 0.05 perc 0.05% topical twice a day Apply thin layer to the affected area BID, Topically.		
			Gentamicin sulfate 0.1% ointment 0.1 transdermal as necessary For infection		
14. DME and Supplies:			15. Safety Measures:		
wound care supplies, walker, grab bars, cane, bath bench			standard precautions, medication safety, fall precautions, bathroom safety, ambulates with device		
16. Nutrition:			17. Allergies:		
low sodium			cefazolin		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			No Restrictions		
19. Mental & Pyschosocial Status:			COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:		
20. Prognosis:			fair		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: , MOBILITY:			patient will be responsible for managing treatment		
Homebound status:			Due to diagnosis of Infection following a procedure other surgical site subsequent, 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:			<div>The patient is a 66-year-old female with a past medical history significant for unspecified kyphosis, hypertension, major depressive disorder, and prior fracture of the T9-T10 vertebrae, status post extensive spinal surgery extending from the posterior aspect of the head to the pelvis. Following surgery, she was discharged to a rehabilitation facility and has since returned home, where she lives alone in a single-family residence. Upon arrival for the assessment, there was a 15-minute delay as the patient had driven herself home from a funeral. During the assessment, the patient appeared drowsy but was easily arousable and attributed her fatigue to inadequate sleep; she was alert and oriented to person, place, time, and situation (A&O 4). Respiratory assessment revealed lungs clear to auscultation bilaterally with no evidence of respiratory distress, and gastrointestinal assessment demonstrated active bowel sounds. Vital signs were within normal limits. The patient denied cigarette smoking; however, she was observed vaping twice during the assessment and stated she "does not smoke, only vapes." Inspection of the surgical site revealed a well-healed incision extending from the back of the head to the pelvis. Additionally, multiple scattered erythematous and painful skin patches were noted on her back. The patient reported a history of similar dermatologic issues in the past, which were successfully treated with clobetasol propionate cream USP 0.05%; however, she has currently run out of this medication. An appointment with her primary care provider has been scheduled for 01/09/2026 to further evaluate and manage the skin findings. Comprehensive education was provided regarding medication management, including proper use and potential side effects, personal hygiene, activity precautions with emphasis on avoiding lifting and bending due to recent spinal surgery, and the health risks associated with vaping. The plan of care includes continued monitoring of her postoperative status, reinforcement of safety and activity restrictions, follow-up with her primary care provider for dermatologic evaluation and potential medication renewal, and ongoing education to support optimal recovery and overall health maintenance.</div><div> </div><div>Date of Order</div><div>05/04/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 12/09/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Infection following a procedure other surgical site subsequent</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>4 - Recertification Notes: The patient is being recertified due to unhealed wounds on her back, and fracture of the left 5th metatarsal.</div><div> </div><div>Physician</div><div>Kamboj, Yuvraj</div></div>		
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 05/04/2026					
24. Physician's Name and Address			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.		
Yuvraj Kamboj 2014 S Tollgate Rd Bel Air, MD 21015 PHONE: 4106709200 FAX: 14106709201 NPI: 1528237930			F2F date : 12/09/2025		
27. Attending Physician's Signature and Date Signed			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.		
Date of physician last face-to-face			PAGE 1 of 2		

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8MX1J22QQ19	01/05/2026	From: 05/05/2026 To: 07/03/2026	20703	217058
6. Patient's Name and Address Millicent Gettier 2107 Shuresville Rd, DARLINGTON, MD 21034- 443-655-1847		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		
SN WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK5: 1 (05/31/26-06/06/26) ,WK6: 1 (06/07/26-06/13/26) ,WK7: 1 (06/14/26-06/20/26) ,WK8: 1 (06/21/26-06/27/26) 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: 0. No assistance needed - patient is independent or does not have needs in this area HOSPITALIZATION RISKS: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 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; 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:Durable power of attorney for health care/Medical power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal blood pressure, muscle weakness, balance deficit PROCEDURES: physician-ordered wound care: #2 - Abrasion - Posterior Left Middle Back -, physician-ordered wound care: #3 - Abrasion - Posterior Right Shoulder/Upper Back -, Medication Review- : Medications reviewed with patient/caregiver. TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule		PATIENT-STATED GOAL: For wound to heal GOALS patient/caregiver recalls * how to take the patient's blood pressure * record the reading * recalls related medication(s) purpose, schedule 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 * pain control * therapeutic exercises to optimize range of motion of affected area * diet and fluids to promote healing * 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 medicatio patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule 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 * 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		

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/04/2026