

Home Health Certification and Plan of Care				Order ID: 1150/20993	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
7D61DM9MA15		07/31/2026		From: 07/31/2026 To: 09/28/2026	
				4. Medical Record No.	
				28646	
				5. Provider No.	
				217058	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Steven Craig			HomeCentris Healthcare LLC		
308 Willrich Cir Unit B,			10 Crossroads Drive, Suite 102		
FOREST HILL, MD 21050-			Owings Mills, MD 21117-8284		
410-688-1502			410-321-8448		
			1487113239		
8. DOB			03/04/1949		
9. Sex			Female		
11. ICD		Principal Diagnosis		Date	
Z48.812		Encntr for surgical afctr following surgery on the circ sys		07/31/26	
13. ICD		Other Pertinent Diagnoses		Date	
Z95.1		Presence of aortocoronary bypass graft		07/31/26	
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs		07/31/26	
I10.		Essential (primary) hypertension		07/31/26	
E78.5		Hyperlipidemia unspecified		07/31/26	
E11.51		Type 2 diabetes w diabetic peripheral angiopath w/o gangrene		07/31/26	
I48.0		Paroxysmal atrial fibrillation		07/31/26	
E11.65		Type 2 diabetes mellitus with hyperglycemia		07/31/26	
N40.0		Benign prostatic hyperplasia without lower urinry tract symp		07/31/26	
K21.9		Gastro-esophageal reflux disease without esophagitis		07/31/26	
K22.70		Barrett's esophagus without dysplasia		07/31/26	
I25.2		Old myocardial infarction		07/31/26	
Z85.820		Personal history of malignant melanoma of skin		07/31/26	
Z87.891		Personal history of nicotine dependence		07/31/26	
Z79.82		Long term (current) use of aspirin		07/31/26	
Z79.02		Long term (current) use of antithrombotics/antiplatelets		07/31/26	
Z79.84		Long term (current) use of oral hypoglycemic drugs		07/31/26	
Z79.01		Long term (current) use of anticoagulants		07/31/26	
Z79.4		Long term (current) use of insulin		07/31/26	
Z79.891		Long term (current) use of opiate analgesic		07/31/26	
Z95.5		Presence of coronary angioplasty implant and graft		07/31/26	
Z95.828		Presence of other vascular implants and grafts		07/31/26	
14. DME and Supplies:			15. Medications: Dose/Frequency/Route (N)ew (C)hanged		
diabetic supplies, bath bench, walker			(GLUCOSAMINE-CHONDROITIN) TABS L-LYSINE - by mouth once a day		
			CHROMIUM PICOLINATE - by mouth daily.		
			Vitamin E - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox - by mouth daily.		
			Vitamin D-3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox - by mouth daily.		
			Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox - by mouth daily.		
			Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox - by mouth daily.		
			Vitamin B Complex - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 0 Take 1 tablet by mouth daily.		
			Vitamin A - Vitamin A Palmitate - by mouth daily.		
			turmeric - by mouth daily.		
			PLAVIX 75 MG tablet by mouth daily.		
			PROSCAR 5 MG tablet by mouth . daily.		
			PROTONIX Delayed Release 40 MG tablet by mouth 1 time daily as needed.		
			probiotics - by mouth daily.		
			MULTIVITAMIN 0 Take 1 tablet by mouth daily.		
			Menaquinone-7 (VITAMIN K2 PO) - by mouth once a day		
			Methylsulfonylmethane (MSM PO) - by mouth daily.		
			ASPIRIN 0 Chewable 81 MG tablet by mouth daily.		
			MAGNESIUM - by mouth daily.		
			LIPITOR 80 MG tablet by mouth every evening.		
			GLUCOPHAGE 500 MG tablet by mouth twice a day as needed (will take in place of 850mg tablet if BS is low).		
			Alpha-lipoic acid (ALA) - by mouth daily.		
			Amiodarone - Amiodarone Hydrochloride 200 MG tablet Take 1 tablet by mouth twice a day take one tablet by mouth, 2 times daily for 5 days, then 1 tablet daily.		
			Farxiga - Dapagliflozin Propanediol 5mg, 1 tablet by mouth once a day		
			Farxiga - Dapagliflozin Propanediol 5mg, 1 tablet by mouth once a day		
			Furosemide - Furosemide 40 mg take 1 tablet by mouth once a day X 10days		
			Toprol-XI - Metoprolol Succinate 50mg, take 1 tablet by mouth once a day		
			Potassium Chloride - Potassium Chloride 20meq take 1 tablet by mouth once a day X 10 DAYS		
			Miralax - Polyethylene Glycol 3350 17gm/scoopful 1 packet by mouth once a day stir and dissolve 1 packet in any 4-8 ounces of non-carbonated beverage.		
			Magnesium Citrate - Magnesium Citrate 1.745gm/30ml by mouth once a day 1 dose only		
			Glucophage - Metformin Hydrochloride 500 mg 1 tablet by mouth twice a day		
			Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg, 1 tablet by mouth every 6 hours as needed for pain		
19. Mental & Pyschosocial Status:			17. Allergies:		
COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No			sulfa drugs		
20. Prognosis:			18.B. Activities Permitted		
fair			Up As Tolerated		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.			patient will be responsible for managing treatment		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 07/31/2026					
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			F2F date : 07/29/2026		
2014 S Tollgate Rd					
Bel Air, MD 21015					
PHONE: 4106709200 FAX: 14106709201 NPI: 1528237930					
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 3		

Home Health Certification and Plan of Care				Order ID: 1150/20993	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
7D61DM9MA15		07/31/2026		From: 07/31/2026 To: 09/28/2026	
4. Medical Record No.		5. Provider No.			
28646		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Steven Craig 308 Willrich Cir Unit B, FOREST HILL, MD 21050- 410-688-1502			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
Homebound status: After undergoing Coronary artery bypass grafting (CABG) 3 utilizing the left internal mammary artery (IIMA) and saphenous vein graft harvesting, 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 <div>The patient is a 77-year-old male admitted to skilled home health services following hospitalization for worsening chest pain Requiring Homecare:of three weeks' duration. His past medical history is significant for essential hypertension, hyperlipidemia, diabetes mellitus, peripheral artery disease with prior left superficial femoral artery (SFA) atherectomy and stent placement in 2021, and gastroesophageal reflux disease (GERD) with a history of Barrett's esophagitis. Following cardiology evaluation, the patient underwent coronary artery bypass grafting (CABG) 3 utilizing the left internal mammary artery (LIMA) and saphenous vein graft harvesting. The patient is alert and oriented 4, with normal heart sounds noted on assessment. Surgical incisions to the chest and leg were assessed and found to be stable, clean, dry, intact, and left open to air without redness, swelling, drainage, or other signs and symptoms of infection. Assessment revealed +2 bilateral lower extremity edema, and the patient was instructed to elevate his legs while sitting to assist with edema management. The patient denied shortness of breath and demonstrated compliance with postoperative pulmonary hygiene by splinting with his cardiac pillow while coughing and using the incentive spirometer 10 times daily as prescribed. Discharge instructions were thoroughly reviewed with the patient and his wife, including adherence to a low-sodium cardiac diet, daily showering with gentle cleansing of surgical incisions using mild soap and water followed by patting the areas dry without rubbing, daily weight monitoring, and notifying the physician for a weight gain greater than 5 pounds within 24 hours or a temperature exceeding 100.5F. The patient reported constipation upon the nurse's arrival and had already taken laxatives. Bowel sounds were active in all quadrants, and the patient was able to have a bowel movement by the end of the visit. The patient ambulates slowly with a walker throughout his condominium and requires assistance with some activities of daily living due to decreased endurance and postoperative weakness. He resides with his wife, who serves as his primary caregiver, while his daughter is available to provide additional assistance as needed. Skilled nursing services remain medically necessary for ongoing cardiopulmonary assessment, postoperative incision monitoring, edema management, medication management and education, reinforcement of cardiac precautions and disease management, monitoring for postoperative complications, and continued patient and caregiver education to promote optimal recovery, prevent complications, and reduce the risk of rehospitalization.</div><div>Date of Order:</div><div>07/31/2026</div><div>Orders</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease process due to Coronary artery bypass grafting (CABG) 3 utilizing the left internal mammary artery (IIMA) and saphenous vein graft harvesting</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>1 - SOC - SN Notes: soc</div><div> </div><div>Physician</div><div>Kamboj, Yuvraj</div></div>					
SN Careplans			SN Goals		
SN WK1: 1 (07/31/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26)			PATIENT-STATED GOAL: To heal properly without getting any infections.		
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			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		
CAREGIVER: 1. Non-agency caregiver(s) currently provide 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		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion			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		
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.			patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule		
; 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:Refused			patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule		
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, coughing, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, limited strength, balance deficit, Pain interference with ADLs, loss of appetite, swell/redness surround. skin, #1 -					
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			07/31/2026		

Home Health Certification and Plan of Care				Order ID: 1150/20993
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7D61DM9MA15	07/31/2026	From: 07/31/2026 To: 09/28/2026	28646	217058
6. Patient's Name and Address Steven Craig 308 Willrich Cir Unit B, FOREST HILL, MD 21050- 410-688-1502		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		

Observable Surgical Wound - Anterior Midline - Mid chest surgical site, #2 - Observable Surgical Wound - Anterior Midline - lower mid chest surgical incision, #3 - Observable Surgical Wound - Anterior Left Abdomen - left upper abdomen surgical incision 1, #4 - Observable Surgical Wound - Anterior Left Abdomen - left upper abdomen surgical incision 2, #5 - Observable Surgical Wound - Anterior Right Foot -

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Midline - Mid chest surgical site: leave open to air, physician-ordered wound care: #2 - Observable Surgical Wound - Anterior Midline - lower mid chest surgical incision: leave open to air, physician-ordered wound care: #3 - Observable Surgical Wound - Anterior Left Abdomen - left upper abdomen surgical incision 1: leave open to air, physician-ordered wound care: #4 - Observable Surgical Wound - Anterior Left Abdomen - left upper abdomen surgical incision 2: leave open to air, physician-ordered wound care: #5 - Observable Surgical Wound - Anterior Right Foot -: leave open to air, cough/deep breathing exercises, incentive spirometer, glucose testing via monitor

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/31/2026