# FAX COVER PAGE

HomeCentris HEALTHCARE
HOME-CENTRIC HEALTHCARE STRATEGIES

**Date:** 03/10/2026

**To:**
Yuvraj Kamboj , 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.**

# Home Health Certification and Plan of Care

**Order ID: 1150/16765**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 8MX1J22QQ19 | 01/05/2026 | From: 03/06/2026 To: 05/04/2026 | 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

**8. DOB** 07/27/1959 **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| T81.49XD | Infection following a procedure other surgical site subs | 01/05/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| S22.078D | Oth fracture of T9-T10 vertebra subs for fx w routn heal | 01/05/26 |
| M40.209 | Unspecified kyphosis site unspecified | 01/05/26 |
| S14.105D | Unsp injury at C5 level of cervical spinal cord subs encntr | 01/05/26 |
| I10. | Essential (primary) hypertension | 01/05/26 |
| K59.03 | Drug induced constipation | 01/05/26 |
| F32.9 | Major depressive disorder single episode unspecified | 01/05/26 |
| F41.9 | Anxiety disorder unspecified | 01/05/26 |
| E43. | Unspecified severe protein-calorie malnutrition | 01/05/26 |
| F11.90 | Opioid use unspecified uncomplicated | 01/05/26 |
| Z98.1 | Arthrodesis status | 01/05/26 |

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

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
Methocarbamol - Methocarbamol 500 mgoral tablet,take 1 tablet by mouth every 8 hours for muscle spasm
Pregabalin - Pregabalin 150mg oral capsule ,take 1 tablet by mouth every 12 hours for neuropathic pain
Sennosides - Senna 8.6mg tablet,take 2 tablet by mouth once a day for bowel regimen hold for loose stools
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
Lisinopril - Lisinopril 20 MG ,Take 1 tablet by mouth once a day for HTN hold for SBP less than 110
Escitalopram Oxalate - Escitalopram Oxalate 20 mg ,take 1 tablet by mouth once a day for depression
Proventil-Hfa - Albuterol Sulfate 0108(90 base mcg/act 2 puff inhale orally by mouth every 6 hours as needed for wheezing /SOB
Prilosec - Omeprazole 40 mg take 1 tablet by mouth once a day GERD
Clobetasol Propionate - Clobetasol Propionate 0.05 perc 0.05% topical twice a day Apply thin layer to the affected area BID, Topically.
Hydromorphone Hydrochloride - Hydromorphone Hydrochloride 8 mg 0 8 mg ora tablet,take 1 tablet by mouth every 8 hours as needed for severe pain (7-10), take 0.5mg for pain level between 4 to 6.
2/9/2026: patient informed the writer that the patient was titrated down from Q 4hrs to Q 8hrs.

**14. DME and Supplies:**
bath bench, cane, walker

**15. Safety Measures:**
bathroom safety

**16. Nutrition:**
low sodium,

**17. Allergies:**
cefazolin

**18.A. Functional Limitations**
Ambulation

**18.B. Activities Permitted**
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:**
SELF-CARE: , MOBILITY:

**22.B.Discharge Plans**
patient will be responsible for managing treatment

**Homebound status:**
Due to diagnosis of Infection Following A Procedure, Other Surgical Site, Subsequent Encounter, 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 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. <br> Date of Order 03/02/2026 Orders Physician Face-to-Face Date: 12/09/2025 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 Encounter Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 4 - Recertification Notes: The patient is being recertified due to unhealed wounds on her back. <br> Physician Kamboj, Yuvraj <br>

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 03/02/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Yuvraj Kamboj
2014 S Tollgate Rd
Bel Air, MD 21015
PHONE: 4106709200 FAX: 14106709201 NPI: 1528237930

**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 : 12/09/2025

**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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## SN Careplans

SN WK2: 1 (03/08/26-03/14/26) ,WK3: 1 (03/15/26-03/21/26) ,WK4: 1 (03/22/26-03/28/26) ,WK5: 1 (03/29/26-04/04/26) ,WK6: 1 (04/05/26-04/11/26) ,WK7: 1 (04/12/26-04/18/26) ,WK8: 1 (04/19/26-04/25/26) ,WK9: 1 (04/26/26-05/02/26) ,WK10: 1 (05/03/26-05/04/26)

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: 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: #1 - Observable Surgical Wound - Posterior Midline - Surgical site extending from the back of her head, down to the sacrum., physician-ordered wound care: #2 - Abrasion - Posterior Left Middle 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

## SN Goals

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
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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 | 03/02/2026 |