

Medical Update for Diana Noble DOB: 06/24/1955

Date Order Created: 11/28/2025

Order ID: 1150/14258

Agency Assigned Id: 19452

Certification Period: 11/13/2025 to 01/11/2026

*HomeCentris Healthcare LLC 217058
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
PHONE 410-321-8448 FAX*

Orders:

11/20/2025 procedure: gait training on uneven surfaces, Notes: , gait training/stair training, Notes: , transfers training, Notes: , coordinate/arrange for maintenance of clean/uncluttered living area, Notes: ,

11/20/2025 goal: 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, Target Date: 01/11/2026, patient self-administers medications as prescribed

- * recalls related medication(s) purpose, schedule, Target Date: 01/11/2026: DISCONTINUED, Sit to Stand - 06. Independent, Target Date: 01/11/2026, Chair to Bed to Chair - 06. Independent, Target

Date: 01/11/2026, Toilet Transfer - 06. Independent, Target Date: 01/11/2026, Car Transfer - 06.

Independent, Target Date: 01/11/2026, Walk 10 Feet - 05. Setup or clean-up assistance, Target Date:

01/11/2026, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Target Date: 01/11/2026, Walk

150 Feet - 05. Setup or clean-up assistance, Target Date: 01/11/2026, Walk 10 ft on Uneven Surface -

05. Setup or clean-up assistance, Target Date: 01/11/2026, 1 - Step (curb) - 05. Setup or clean-up

assistance, Target Date: 01/11/2026, 4 Steps - 05. Setup or clean-up assistance, Target Date:

01/11/2026, 12 Steps - 05. Setup or clean-up assistance, Target Date: 01/11/2026, Picking Up Object -

05. Setup or clean-up assistance, Target Date: 01/11/2026,

Authorization changes of OT skill Total Visits: 2 and Visit Freq: 2

*Jacqueline Shepard-Lewis
7070 Samuel Morse Dr*

*7070 Samuel Morse Dr, MD 21046
Tele: FAX:*

PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by Messick, Charles Date 12/01/2025