

**Medical Update for Leon Kearson DOB: 09/12/1949**

**Date Order Created:** 12/01/2025

**Order ID:** 1150/14348

**Agency Assigned Id:** 18811

**Certification Period:** 11/04/2025 to 01/02/2026

*HomeCentris Healthcare LLC MD217058  
10 Crossroads Drive, Suite 102  
Owings Mills, MD 21117-8284  
PHONE 410-321-8448 FAX*

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**Orders:**

*Home care services for SN, PT, OT & HHA following hospital admission at Sinai(admitted 11/3/25 & discharged 11/15/25) due to pneumonia and copd*

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*Rachel Kruzan  
1000 E. Eager St*

*1000 E. Eager St, MD 21202  
Tele:4105229800 FAX: 14103672174*

Physician Signature\_\_\_\_\_ Date \_\_\_\_\_

Staff Signature: Electronically Signed by Hayes, Donna      Date 12/02/2025