Medical Update for Robin Anderson DOB: 08/09/1954

Date Order Created: 01/30/2026

Order ID: 1150/15831

Agency Assigned Id: 21147

Certification Period: 01/06/2026 to 03/06/2026

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

Orders:
Authorization changes of OT skill Total Visits: 6 and Visit Freq: CUSTOM
Authorization changes of PT skill Total Visits: 10 and Visit Freq: CUSTOM
Authorization changes of SN skill Total Visits: 10 and Visit Freq: CUSTOM

01/30/2026 Problems : Urinary tract infection, site not specified (N39.0)
Bacteremia (R78.81)
Acute and subacute infective endocarditis (I33.0)

01/30/2026 procedure: cough/deep breathing exercises, Notes: , monitor intake & output, Notes: , teach/coordinate/arrange medication packaging and/or administration, Notes: , coordinate/arrange for adequate patient supervision, Notes: , coordinate/arrange for maintenance of clean/uncluttered living area, Notes: , Labs, Notes: Weekly dressing changes to PICC RUE and Labs CBC, CHEM 7, LFT, Foley Catheter Care, Notes: Follow up with Urology Foley catheter exchange dates 2/17 and 3/17.,

01/30/2026 teach: to increase fluid intake, increase Vitamin C intake to promote acidic bladder environment (cranberry juice), perineal hygiene, Target Date: 03/06/2026, how to help resolve infection including hygiene, proper hand washing, food-safety techniques, travel precautions, vaccinations, animal-control, and cough etiquette, Target Date: 03/06/2026,

01/30/2026 goal: patient self-administers medications as prescribed
** recalls related medication(s) purpose, schedule, Target Date: 03/06/2026,*

Sherell Mason
815 E. Pratt Street

815 E. Pratt Street, MD 21202
Tele:410-637-5700 FAX: 14106375661

PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by Messick, Charles Date 02/17/2026