

Medical Update for Brigid Kernan DOB: 05/13/1947

Date Order Created: 04/01/2026

Order ID: 1150/17546

Agency Assigned Id: 23237

Certification Period: 03/26/2026 to 05/24/2026

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

Orders:

Physician Face-to-Face Date: 03/06/2026

Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Hip Replacement surgery

Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

1 - SOC - SN Notes: soc

PT Eval Notes: eval

9 - Discharge from agency Notes:

*Patrick Narcisse
2391 Greenspring Dr*

*2391 Greenspring Dr, MD 21093
Tele:410-847-3000 FAX:*

PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by Messick, Charles Date 04/01/2026