Medical Update for Reaver McClain DOB: 01/16/1946

Date Order Created: 09/09/2026

Order ID: 1150/21804

Agency Assigned Id: 27796

Certification Period: 07/09/2026 to 09/06/2026

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: 1 and Visit Freq: WK9: 1 (08/30/26-09/05/26)
Authorization changes of OT skill Total Visits: 5 and Visit Freq: WK2: 1 (09/13/26-09/19/26),WK3: 1 (09/20/26-09/26/26),WK4: 1 (09/27/26-10/03/26),WK5: 1 (10/04/26-10/10/26),WK6: 1 (10/11/26-10/17/26)

09/03/2026 Problems : weak hand grips (NR)
rough/scaly/cracked skin (SK)
muscle weakness (MS)

Christelle Nong Libend
1701 Twin Springs Road

1701 Twin Springs Road, MD 21227
Tele: FAX:

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by Messick, Charles Date 09/09/2026