Medical Update for Lorraine Hope DOB: 04/20/1957

Date Order Created: 09/09/2026

Order ID: 1150/21816

Agency Assigned Id: 28486

Certification Period: 07/28/2026 to 09/25/2026

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: 4 and Visit Freq: WK3: 1 (08/09/26-08/15/26),WK4: 1 (08/16/26-08/22/26),WK7: 1 (09/06/26-09/12/26),WK8: 1 (09/13/26-09/19/26)

09/09/2026 Problems : GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating
GG0130F1 - Upper Body Dressing

08/18/2026 procedure: cough/deep breathing exercises, Notes: , incentive spirometer, Notes: , equipment training, Notes: , work simplification/energy conservation, Notes: ,

08/18/2026 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: 09/25/2026, Oral Hygiene - 06. Independent, Target Date: 09/25/2026: DISCONTINUED, Toileting Hygiene - 06. Independent, Target Date: 09/25/2026, Shower/Bathe Self - 03. Partial/moderate assistance, Target Date: 09/25/2026: DISCONTINUED, Lower Body Dressing - 06. Independent, Target Date: 09/25/2026, Don/Doff Footwear - 06. Independent, Target Date: 09/25/2026, Upper Body Dressing - 06. Independent, Target Date: 09/25/2026,*

09/09/2026 Medications: Dilt-Cd - Diltiazem Hydrochloride 120 mg 1 cap by mouth once a day
Diclofenac Sodium - Diclofenac Sodium 0.1 perc 4 grams subcutaneous four times a day Apply 4 grams to R knee
Ergocalciferol - Ergocalciferol 50,000 International Units 1 cap by mouth once a day
Prednisone - Prednisone 10 mg see notes by mouth as directed Take 4 tablets for 4 days, then 3 tablets for 4 days, then 2 tablets for 4 days, then 1 tablet for 4 days

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Kenetra Hix
3510 Brenbrook Dr

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Physician Signature_____ Date _____

Staff Signature: Electronically Signed by Messick, Charles Date 09/10/2026