HomeCentris Healthcare LLC 217058
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
Phone: 410-321-8448 Fax: 410-559-3002

PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 04/07/2026	**PATIENT INFORMATION**	
ORDER ID: 1150/17732	**PATIENT NAME:** Loretta Schell	**DOB:** 08/01/1942
AGENCY ASSIGNED ID: 23568	**ADDRESS:** 6234 Gilston Park Rd, CATONSVILLE, MD 21228-	
CERTIFICATION PERIOD: 03/19/2026 to 05/17/2026	**PHONE:** 443-799-5468	
PHYSICIAN FACE-TO-FACE DATE: 03/03/2026		

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: The patient is an 83-year-old female who is alert and oriented to person, place, time, and situation, with vital signs reported as stable. She was recently hospitalized for acute kidney injury associated with nausea and vomiting and subsequently discharged to subacute rehabilitation prior to returning home. Her past medical history is significant for type 2 diabetes mellitus, chronic kidney disease stage 3, hypertension, hyperlipidemia, Barrett's esophagus/GERD, asthma, peripheral neuropathy, depression, lumbar scoliosis, and cardiac arrhythmia. The patient resides with her husband in a single-level home; however, the home environment is noted to have significant clutter, including excessive papers around her primary seating area, posing an increased fall risk. At the time of evaluation, the patient demonstrates notable functional decline characterized by decreased bilateral lower extremity strength (MMT 3-/5) and bilateral upper extremity weakness (MMT 3+/5), impaired balance, and reduced endurance, likely exacerbated by chronic neuropathy. She requires minimal assistance for transfers and short-distance ambulation using a rollator, and contact guard assistance for sit-to-stand and toilet transfers with verbal cueing for proper limb placement. In terms of activities of daily living, the patient requires standby assistance for upper body dressing, contact guard assistance for lower body dressing while seated, and is able to bathe in the shower with assistance. Prior to recent hospitalization, the patient and her husband report fluctuating but higher levels of independence with mobility. Skilled nursing services are indicated for ongoing glucose monitoring, medication management, and continued assessment of vital signs and overall medical stability. Skilled physical therapy is medically necessary to address

deficits in strength, balance, endurance, and functional mobility, with the goal of improving safety, reducing fall risk, and restoring the patient to her prior level of function. Interventions will include therapeutic exercise, gait and balance training, and transfer training. Additionally, patient and caregiver education should continue to emphasize fall prevention strategies, safe use of assistive devices, and the importance of addressing environmental hazards within the home to optimize safety and functional independence. Date of Order 03/19/2026 Orders Physician Face-to-Face Date: 03/03/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease 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: OT Eval Notes Physician Sidhu, Harshinder

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: Due to diagnosis of Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

ORDER DETAILS

#	ORDER / INSTRUCTIONS
1	04/02/2026 procedure: cough/deep breathing exercises, Notes: , transfers training, Notes: , home exercise program, Notes: Added, gait training/stair training, Notes: Added,
2	04/02/2026 goal: patient/caregiver recalls
3	* 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
4	* teach relaxation skills and diversional activities
5	* recalls related medication(s) purpose, schedule, Target Date: 05/17/2026: DISCONTINUED, Sit to Stand - 04. Supervision or touching assistance, Target Date: 05/17/2026: DISCONTINUED, Chair to Bed to Chair - 04. Supervision or touching assistance, Target Date: 05/17/2026: DISCONTINUED, Toilet Transfer - 05. Setup or clean-up assistance, Target Date: 05/17/2026, 1 - Step (curb) - 02. Substantial/maximal assistance, Target Date: 05/17/2026: DISCONTINUED, Picking Up Object - 02. Substantial/maximal assistance, Target Date:

	05/17/2026: DISCONTINUED, Walk 10 Feet - 02. Substantial/maximal assistance, Target Date: 05/17/2026: DISCONTINUED, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Target Date: 05/17/2026: DISCONTINUED, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Target Date: 05/17/2026: DISCONTINUED,

PHYSICIAN INFORMATION

PHYSICIAN NAME: Nana Ceasar, MD

ADDRESS: 6501 Baltimore National Pike, Catonsville, MD 21228

PHONE: 667-234-2100	**FAX:** 14107445117

VERBAL ORDER AUTHORIZATION

By signing below, I acknowledge the verbal order(s) above and agree to follow this plan of care.

PHYSICIAN SIGNATURE	STAFF SIGNATURE (RECEIVED BY)
Signature: _____	Signature: *Electronically Signed by Messick, RN, Charles*
Date: _____	Date: *08/20/2026*

IMPORTANT: This verbal order must be authenticated by the physician and maintained in the patient's medical record.