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: 09/17/2026	**PATIENT INFORMATION**	
ORDER ID: 1150/22047	**PATIENT NAME:** Robert Woodson	**DOB:** 04/30/1963
AGENCY ASSIGNED ID: 29590	**ADDRESS:** 2825 Gatehouse Drive, GWYNN OAK, MD 21207-	
CERTIFICATION PERIOD: 08/25/2026 to 10/23/2026		
PHYSICIAN FACE-TO-FACE DATE: 07/31/2026	**PHONE:** 667-479-2032	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: Skilled nursing Start of Care (SOC) was completed and signed for a 62-year-old male recently discharged from rehabilitation on 08/13/2026 with a referral for home health services. The patient resides with his stepmother, who assists with his care as needed. The patient has a history of alcohol use and experienced a seizure during alcohol withdrawal, prompting evaluation in the emergency department and subsequent hospitalization and rehabilitation. Recent hospitalization was also significant for intractable epilepsy, alcoholic cirrhosis/liver disease, and subarachnoid hemorrhage (SAH). Past medical history includes seizures, deep vein thrombosis (DVT), liver disease/alcoholic cirrhosis, depression, hypertension, and a history of left hip fracture. Prior to the recent hospitalization, the patient was independent with activities of daily living (ADLs) and ambulated independently without an assistive device. At the time of the SOC assessment, the patient was alert and oriented 4 and denied chest pain, fever, nausea, or vomiting. Lung sounds were clear bilaterally. Abdomen was symmetric with normoactive bowel sounds, and the patient reported a bowel movement today. He denied difficulty voiding. No bilateral lower-extremity edema was noted, and pedal pulses were present. Medication management is assisted by the patient's caregiver, while the patient remains able to manage his finances independently. Education was provided regarding ongoing safety, medication management, fall and seizure precautions, and the importance of following medical recommendations and neurologic follow-up. Physical therapy evaluation was completed. The patient demonstrated mild generalized lower-extremity weakness, with bilateral lower-extremity manual muscle testing (MMT) at 4/5. Despite this, he was independent with transfers and

bilateral lower extremity manual muscle testing (MMT) at 4/5. Despite this, he was independent with transfers and able to ambulate short distances indoors without an assistive device; he uses a single-point cane (SPC) for outdoor ambulation. The patient reported no significant remaining functional deficits related to the recent hospitalization and demonstrated adequate functional mobility for his current needs. No further skilled physical therapy services are indicated at this time. The patient expressed interest in completing a driving assessment; however, he was instructed that neurologist/medical clearance is required before resuming driving. PT provided the patient with information regarding available driving assessment resources in the local area. Occupational therapy evaluation was also completed. The patient demonstrated functional independence with all ADLs without the need for adaptive equipment and uses a cane for ambulation. He is independent with tub transfers to a shower chair and transfers to a standard toilet. The patient is tolerating a regular diet and no longer has a PEG tube. Upper- and lower-extremity strength was within functional limits overall. Bilateral shoulder flexion was limited to approximately 100 degrees, while other joint ranges of motion were within functional limits. The patient is able to manage his finances independently but receives assistance with medication management. A home exercise program consisting of pulley exercises was recommended to improve bilateral shoulder active range of motion. No further skilled occupational therapy services are indicated at this time. The patient will continue with the established home health plan of care and caregiver support, with emphasis on safety, seizure precautions, medication adherence, monitoring for changes in neurological or cardiopulmonary status, and follow-up with his medical providers as ordered. Date of Order 08/25/2026 Orders Physician Face-to-Face Date: 07/31/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Epilepsy unspecified intractable without status epilepticus 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 OT Eval Notes: PT Eval Notes: Physician Bajaj, Bhavandeep

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: Due to diagnosis of Epilepsy unspecified intractable without status epilepticus, 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	09/02/2026 procedure: cough/deep breathing exercises, Notes: , apply anti-embolitic stockings, Notes: , swallowing exercises, Notes: , train caregiver(s) to perform medical/rehabilitation treatments, Notes: , apply compression bandage, Notes: , glucose testing via monitor, Notes: , administer tube feeding, Notes: , monitor intake & output, Notes: , teach/coordinate/arrange medication packaging and/or administration, Notes:

	intake & output, Notes: , teach/coordinate/arrange medication packaging and/or administration, Notes: , coordinate/arrange for adequate patient supervision, Notes: , coordinate/arrange resources for vision-impaired, Notes: , gait training on uneven surfaces, Notes: , gait training/stair training, Notes: , transfers training, Notes: ,
2	09/02/2026 goal: patient/caregiver recalls
3	* depression-prevention strategies including avoidance of isolation
4	* healthy eating
5	* sleeping habits
6	* identification of activities that bring pleasure
7	* preventive care
8	* recalls related medication(s) purpose, schedule, Target Date: 10/23/2026: DISCONTINUED, patient self-administers medications as prescribed
9	* recalls related medication(s) purpose, schedule, Target Date: 10/23/2026: DISCONTINUED,
10	09/17/2026 Medications: LACTULOSE 20 GM/30ML / Give 30 ml by mouth once a day for Liver cirrhosis currently on hold rechecking ammonia levels.
11	Xifaxan - Rifaximin 550 mg 1 tablet by mouth twice a day
12	Centrum Multivitamin - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo 1 tablet by mouth once a day
13	Vitamin B1 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day 100 mg per tablet

PHYSICIAN INFORMATION

PHYSICIAN NAME: Bhavandeep Bajaj, MD	
ADDRESS: 3455 Wilkens Ave Suite L-10, Baltimore, MD 21229	
PHONE: 410-644-4444	**FAX:** 14106444484

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: *09/17/2026*

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