HomeCentris Healthcare LLC 217058
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PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 09/18/2026	**PATIENT INFORMATION**	
ORDER ID: 1150/22065	**PATIENT NAME:** Robert Gordon	**DOB:** 09/28/1951
AGENCY ASSIGNED ID: 26821	**ADDRESS:** 202 Kimary Ct 1A, FOREST HILL, MD 21050-	
CERTIFICATION PERIOD: 08/25/2026 to 10/23/2026	**PHONE:** 443-243-7375	
PHYSICIAN FACE-TO-FACE DATE: 08/10/2026		

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN: Home health services were initiated for a 74-year-old male following a prolonged hospitalization and subacute rehabilitation stay related to chronic kidney disease stage 3 and severe iron-deficiency anemia after presenting with profound fatigue and hemoglobin of 6.0 g/dL; he received 2 units of packed red blood cells and IV iron during hospitalization. Past medical history is significant for prior ischemic stroke with aphasia, colon adenocarcinoma status post exploratory laparotomy with diverting loop ileostomy in 2023 and reversal in 2024, chronic hypotension, malnutrition, benign prostatic hyperplasia, hyperlipidemia, and chronic diarrhea managed with cholestyramine, loperamide, and psyllium. Patient is alert and oriented x4, denies pain, nausea, or vomiting, and vital signs were within normal limits. He currently uses a wheelchair for mobility and requires minimal to moderate assistance with transfers and ambulation due to bilateral lower-extremity weakness, impaired balance, low endurance, shaky legs, narrow base of support, decreased step length and foot clearance, and posterior lean; Tinetti score is 5, indicating a high fall risk. Prior to hospitalization, patient was independent with transfers, ambulation using a single-point cane, stair negotiation, and IADLs. Patient also has an indwelling 16 Fr/30 cc Foley catheter for bladder decompression with sediment noted in the urine and has a scheduled urology appointment. Sacral skin is significantly excoriated due to moisture associated with frequent loose stools, with orders to cleanse the area with soap and water and apply barrier ointment (Grease Goo). Patient and spouse were educated on safe transfers, walker use, therapeutic exercises, and proper hand and foot placement during mobility. Wife, who is the primary caregiver, reports

caregiver strain and difficulty motivating the patient to participate in activities; social work evaluation is pending, and additional home health aide and companion care support are recommended. Patient demonstrates good rehabilitation potential and would benefit from continued skilled nursing, physical therapy, and supportive services to address anemia and chronic disease management, skin and catheter care, fall prevention, strength, balance, endurance, safe functional mobility, caregiver training, and increased independence, with the patient's stated goals of gaining weight and becoming more independently mobile. Date of Order 08/25/2026 Physician Face-to-Face Date: 08/10/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Chronic kidney disease stage 3 unspecified 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: PT Eval Notes: Physician: Varghese, Sherin

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: Due to diagnosis of Chronic kidney disease stage 3 unspecified, 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	Authorization changes of PT skill Total Visits: 6 and Visit Freq: WK1: 1 (08/25/26-08/29/26),WK2: 1 (08/30/26-09/05/26),WK3: 1 (09/06/26-09/12/26),WK4: 1 (09/13/26-09/19/26),WK5: 1 (09/20/26-09/26/26),WK7: 1 (10/04/26-10/10/26)
2	Authorization changes of OT skill Total Visits: 3 and Visit Freq: WK2: 1 (08/30/26-09/05/26),WK4: 1 (09/13/26-09/19/26),WK6: 1 (09/27/26-10/03/26)
3	Authorization changes of SN skill Total Visits: 8 and Visit Freq: WK1: 1 (08/25/26-08/29/26),WK2: 1 (08/30/26-09/05/26),WK3: 1 (09/06/26-09/12/26),WK4: 1 (09/13/26-09/19/26),WK5: 1 (09/20/26-09/26/26),WK6: 1 (09/27/26-10/03/26),WK8: 1 (10/11/26-10/17/26),WK9: 1 (10/18/26-10/23/26)
4	09/01/2026 Problems : GG0170P1 - Picking Up Object
5	GG0130F1 - Upper Body Dressing
6	GG0130A1 - Eating

7	GG0130H1 - Don/Doff Footwear
8	GG0130G1 - Lower Body Dressing
9	GG0130E1 - Shower/Bathe Self
10	GG0130C1 - Toileting Hygiene
11	GG0130B1 - Oral Hygiene
12	GG0170E1 - Chair to Bed to Chair
13	GG0170G1 - Car Transfer
14	M1400 - Dyspnea
15	GG0170O1 - 12 Steps
16	GG0170N1 - 4 Steps
17	GG0170M1 - 1 - Step (curb)
18	GG0170L1 - Walk 10 ft on Uneven Surface
19	GG0170K1 - Walk 150 Feet
20	GG0170J1 - Walk 50 ft with 2 Turns
21	GG0170I1 - Walk 10 Feet
22	GG0170F1 - Toilet Transfer
23	GG0170D1 - Sit to Stand

24	09/01/2026 patient_goal: Out riding around, Target Date: 10/23/2026,
25	08/31/2026 procedure: teach/coordinate/arrange medication packaging and/or administration, Notes: , equipment training, Notes: , work simplification/energy conservation, Notes: , home exercise program, Notes: Bilateral UE triceps extensions, biceps curls, armchair press-ups, Medication Review , Notes: Medication reviewed with patient with all medications in the home, transfers training, Notes: Skilled OT, assist with bathing, Notes: Skilled OT, assist with lower body dressing, Notes: Skilled OT, assist with upper body dressing, Notes: Skilled OT, gait training on uneven surfaces, Notes: , gait training/stair training, Notes: , transfers training, Notes: ,
26	09/01/2026 teach: lifestyle modifications to manage cardio-respiratory condition including diet changes and regular exercise; strategies to control shortness of breath and home remedies to keep lungs healthy, Target Date: 10/23/2026, 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, Target Date: 10/23/2026, therapeutic exercises, Target Date: 10/23/2026, therapeutic modalities, Target Date: 10/23/2026, equipment training, Target Date: 10/23/2026, work simplification/energy conservation, Target Date: 10/23/2026, related medication(s) purpose and schedule, Target Date: 10/23/2026, symptoms requiring physician notification, Target Date: 10/23/2026,
27	08/31/2026 goal: patient/caregiver recalls
28	* depression-prevention strategies including avoidance of isolation
29	* healthy eating
30	* sleeping habits
31	* identification of activities that bring pleasure
32	* preventive care
33	* recalls related medication(s) purpose, schedule, Target Date: 10/23/2026: DISCONTINUED, patient self-administers medications as prescribed

34	* recalls related medication(s) purpose, schedule, Target Date: 10/23/2026: DISCONTINUED, patient/caregiver recalls
35	* lifestyle modifications to manage respiratory condition including
36	* diet changes and regular exercise
37	* strategies to control shortness of breath
38	* home remedies to keep lungs healthy
39	* recalls related medication(s) purpose, schedule, Target Date: 10/23/2026: DISCONTINUED, Oral Hygiene - 06. Independent, Target Date: 10/23/2026, Toileting Hygiene - 06. Independent, Target Date: 10/23/2026, Shower/Bathe Self - 05. Setup or clean-up assistance, Target Date: 10/23/2026, Lower Body Dressing - 06. Independent, Target Date: 10/23/2026, Don/Doff Footwear - 06. Independent, Target Date: 10/23/2026, Eating - 06. Independent, Target Date: 10/23/2026: DISCONTINUED, Upper Body Dressing - 06. Independent, Target Date: 10/23/2026, Sit to Stand - 05. Setup or clean-up assistance, Target Date: 10/23/2026, Chair to Bed to Chair - 05. Setup or clean-up assistance, Target Date: 10/23/2026, Toilet Transfer - 03. Partial/moderate assistance, Target Date: 10/23/2026: DISCONTINUED, Walk 10 Feet - 05. Setup or clean-up assistance, Target Date: 10/23/2026, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Target Date: 10/23/2026, Walk 150 Feet - 05. Setup or clean-up assistance, Target Date: 10/23/2026, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, Target Date: 10/23/2026, Car Transfer - 05. Setup or clean-up assistance, Target Date: 10/23/2026,
40	09/01/2026 discharge_plan: patient will be responsible for managing treatment, Target Date: 10/23/2026,

PHYSICIAN INFORMATION	
PHYSICIAN NAME: Sherin Varghese	
ADDRESS: 2931 Greenspring Drive, Timonium, MD 21093	
PHONE:	**FAX:**

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: *09/18/2026*

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