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: 09/23/2026	**PATIENT INFORMATION**
ORDER ID: 1150/22144	**PATIENT NAME:** Ronald Reely / **DOB:** 02/07/1945
AGENCY ASSIGNED ID: 26133	**ADDRESS:** 555 Atwood Rd, Bel Air, MD 21014-
CERTIFICATION PERIOD: 07/28/2026 to 09/25/2026	**PHONE:** 410-615-5081
PHYSICIAN FACE-TO-FACE DATE: 06/24/2026	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN:
The patient is an 81-year-old male with a significant past medical history of hypertension, congestive heart failure, COPD with chronic respiratory failure, hyperlipidemia, depression, anxiety, BPH, coronary artery disease, myocardial infarction, and left femur fracture. He was recently hospitalized for acute on chronic hypoxic respiratory failure, sepsis secondary to pneumonia and urinary tract infection, lactic acidosis, and worsening hypoxia, followed by rehabilitation placement. The patient has completed antibiotic therapy with clinical improvement and continues to require oxygen therapy at 3 L/min via nasal cannula. He is alert and oriented 4 and resides alone in a senior living apartment with elevator access; his daughter visits daily and assists with needs. Prior to hospitalization, the patient was primarily wheelchair-dependent but was independent with basic ADLs, transfers, and wheelchair mobility, with assistance required for IADLs and showering. Currently, the patient presents with decreased endurance, impaired balance, reduced bilateral upper extremity strength, significant left lower extremity proximal weakness, limited left knee range of motion, impaired transfers, and limited functional mobility due to weakness and COPD-related dyspnea. He requires assistance for transfers and short-distance ambulation with a rolling walker, demonstrating an unsteady gait pattern, decreased left lower extremity weight-bearing tolerance, and increased reliance on upper extremities. Oxygen saturation remained stable at rest but decreased with activity while on supplemental oxygen. The patient is able to independently monitor oxygen saturation with a pulse oximeter and demonstrates knowledge of nebulizer use. Skilled nursing provided education on oxygen safety, deep breathing exercises, infection prevention, hand hygiene, fall precautions, and

deep breathing exercises, infection prevention, hand hygiene, fall precautions, and disease management. Skilled PT and OT services are recommended to address deficits in strength, balance, endurance, functional mobility, ADL performance, and safety awareness to maximize independence, reduce fall risk, and promote return to prior level of function. Date of Order 07/28/2026 Physician Face-to-Face Date: 06/24/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Hypertensive heart disease with heart failure 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: OT EVal Notes: Physician: Grippo, Vincenzo

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: Due to diagnosis of Hypertensive heart disease with heart failure, 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 OT skill Total Visits: 4 and Visit Freq: WK1: 1 (07/28/26-08/01/26),WK3: 1 (08/09/26-08/15/26),WK7: 1 (09/06/26-09/12/26),WK9: 1 (09/20/26-09/25/26)
2	Authorization changes of PT skill Total Visits: 9 and Visit Freq: WK1: 1 (07/28/26-08/01/26),WK2: 1 (08/02/26-08/08/26),WK3: 1 (08/09/26-08/15/26),WK4: 1 (08/16/26-08/22/26),WK5: 1 (08/23/26-08/29/26),WK6: 1 (08/30/26-09/05/26),WK7: 1 (09/06/26-09/12/26),WK8: 1 (09/13/26-09/19/26),WK9: 1 (09/20/26-09/25/26)
3	08/05/2026 procedure: cough/deep breathing exercises, Notes: , incentive spirometer, Notes: , train caregiver(s) to perform medical/rehabilitation treatments, Notes: , teach/coordinate/arrange medication packaging and/or administration, Notes: , coordinate/arrange for adequate patient supervision, Notes: , wheelchair training, Notes: , gait training/stair training, Notes: , transfers training, Notes: ,
4	08/03/2026 goal: patient is adequately supervised, Target Date: 09/25/2026: DISCONTINUED, caregiver administers and/or packages medications appropriately, Target Date: 09/25/2026: DISCONTINUED, caregiver performs medical/rehabilitation treatments with adequate competence, Target Date: 09/25/2026: DISCONTINUED, patient/caregiver recalls
5	* depression-prevention strategies including avoidance of isolation
6	* healthy eating

7	* sleeping habits
8	* identification of activities that bring pleasure
9	* preventive care
10	* recalls related medication(s) purpose, schedule, Target Date: 09/25/2026: DISCONTINUED, patient self-administers medications as prescribed
11	* recalls related medication(s) purpose, schedule, Target Date: 09/25/2026: DISCONTINUED, Sit to Stand - 05. Setup or clean-up assistance, Target Date: 09/25/2026: DISCONTINUED, Chair to Bed to Chair - 05. Setup or clean-up assistance, Target Date: 09/25/2026: DISCONTINUED, Toilet Transfer - 06. Independent, Target Date: 09/25/2026, Walk 10 Feet - 04. Supervision or touching assistance, Target Date: 09/25/2026: DISCONTINUED, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Target Date: 09/25/2026: DISCONTINUED, Wheel 50 ft w 2 Turns - 06. Independent, Target Date: 09/25/2026: DISCONTINUED, Car Transfer - 05. Setup or clean-up assistance, Target Date: 09/25/2026,
12	09/15/2026 Medications: Furosemide - Furosemide 20 mg Take 1 tablet by mouth once a day Fluid pill
13	TORSEMIDE 20 mg 20 mg/tablet / Give 2 tablet by mouth once a day for CONGESTIVE HEART FAILURE Take 2 tabs to equal 40mg
14	Metoprolol - Hydrochlorothiazide: Metoprolol Succinate 25mg, 1/2 tablet by mouth twice a day HTN
15	ELIQUIS 5mg / 1 Tablet by mouth every morning and at bedtime for ATRAL FIBRILLATION

PHYSICIAN INFORMATION	
PHYSICIAN NAME: Vincenzo Grippo, MD	
ADDRESS: 2801 For Ave, Baltimore, MD 21224	
PHONE: 4103420333	**FAX:** 14107327427

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: *09/23/2026*

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