

Medical Update for Annrose Beck DOB: 01/08/1951

Date Order Created: 09/11/2025

Order ID: 1150/12006

Agency Assigned Id: 16272

Certification Period: 09/04/2025 to 11/01/2025

*HomeCentris Healthcare LLC 217058
10 Crossroads Drive, Suite 102
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PHONE 410-321-8448 FAX*

Orders:

OT Plan of Treatment

Patient is 74 year old woman who was recently hospitalized due to respiratory distress. Patient has past medical history CKD, htn and CVA. Patient lives with her daughter in a apartment. She is ambulatory using a rolling walker and no device in the home. Patient requires assistance for bathing and dressing task. Patient is standby assistance sit to stand transfer and toilet transfers. Patient has weakness of the right upper extremity of 3+/5 mmt and limited rom of the left upper extremity secondary to new fistula. Patient reports pain of the left arm and has difficulty moving it. She does have pain medications. At this time patient does not want further OT services and wants the left arm to heal first and then will call to get therapy again.

*Joseph Angelo
208 Plumtree Rd*

*208 Plumtree Rd, MD 21015
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PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by Messick, Charles Date 09/11/2025