FAX COVER PAGE

HomeCentris HEALTHCARE
HOME-CENTRIC HEALTHCARE STRATEGIES

Date: 11/25/2025

To:
1855236242

From:
HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284

Phone: 410-321-8448

Fax: 410-559-3002

Subject:
Control ID

Memo:

Please review the attached document.

URGENT: Please review and respond to this fax transmission promptly.

OT Progress Note: 11/25/2025

HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
phone: 410-321-8448 fax: 410-559-3002
NPI: 1487113239

Faith, Andrew (14815) DOB:10/23/1943

Time In : 14:41:00 Time Out : 15:12:00 Clinician : LeGrand, Stanley

GENERAL NOTES : 'Patient demonstrated fair balance with dynamic reach activity addressing crossing the midline and weight shifting components.Bilateral UE strengthening in supported sitting addressing deltoid, pectoral, and triceps muscles 4 x 10 reps. Patient requires extensive rest periods and encouragement to iniate tasks.'

HOMEBOUND STATUS : 'Due to upper extremity weakness, balance, patient requires assistance for all ADLs, transfers and iadls. Patient requiring max assistance to leave the home'

PATIENT COMPLAINTS : 'I'm tired.'

VITAL SIGNS

temperature	98
heart rate	72
respiratory rate	18
blood pressure systolic	127
blood pressure diastolic	78
O2 saturation	98
pain	0

PATIENT-STATED GOAL	% ACHIEVED	NOTES
I WANT TO WALK BETTER	75%	

SYMPTOMS	SEVERITY
M1400 - Dyspnea	
M1400	

Home Safety & ADL

GG0130A1 - Eating **Independent for self feeding task**	06. Independent
GG0130B1 - Oral Hygiene **Goal met**	05. Setup or cleanup assistance
GG0130C1 - Toileting Hygiene	NA
GG0130E1 - Shower/Bathe Self	NA
GG0130F1 - Upper Body Dressing **Min/contact assistance for upper body dressing task**	04. Supervision or touching assistance
GG0130G1 - Lower Body Dressing **Max assistance for lower body dressing task**	02. Substantial/maximal assistance
GG0130H1 - Don/Doff Footwear	03. Partial/moderate assistance

PROCEDURES	PERFORMED?	NOTES
cough/deep breathing exercises **Not addressed this visit**	No	
therapeutic exercises **Not addressed this visit**	No	

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standing tolerance exercises **Patient demonstrated fair balance with dynamic reach activity addressing crossing the midline and weight shifting components.Bilateral UE strengthening in supported sitting addressing deltoid, pectoral, and triceps muscles 4 x 10 reps. Patient requires extensive rest periods and encouragement to iniate tasks.**	No
transfers training **Not addressed this visit**	No
equipment training **Not addressed this visit**	No
Bed mobility **Not addressed this visit**	No
Therapeutic exercises **Not addressed this visit**	No
ADLS **Not addressed this visit**	No
Patient/caregiver recalls related purpose and schedule of medications **Not addressed this visit**	No

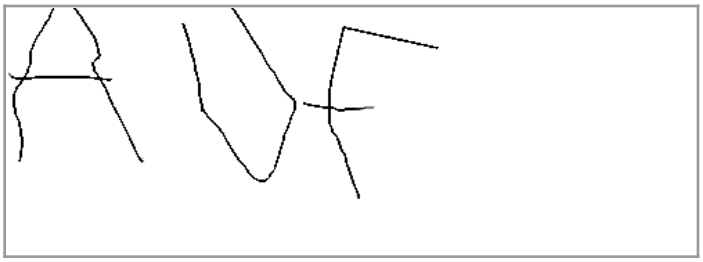
GOALS	TARGET DATE	% ACHIEVED
patient/caregiver recalls ** lifestyle modifications to manage respiratory condition including* ** diet changes and regular exercise* ** strategies to control shortness of breath* ** home remedies to keep lungs healthy* ** recalls related medication(s) purpose, schedule*	11/26/2025	100%
Patient will demonstrate improved left upper extremity muscle strength from 4-/5 mmt to 4+/5 mmt to improve ADLs and transfers within 6 wks	11/26/2025	100%

DISCHARGE PLANS	TARGET DATE	% ACHIEVED	NOTES
family/caregiver will be responsible for managing treatment	11/26/2025	100%	
family/caregiver will be responsible for managing treatment	11/26/2025	100%	
family/caregiver will be responsible for managing treatment	11/26/2025	100%	

WOUNDS

No Wound Records were Found

Patient Signature:



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