

FAX COVER PAGE



Date: 06/03/2026

To:

Wilbur Roese , MD

From:

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

Phone: 410-321-8448

Fax: 410-559-3002

Subject:

Form Submission

Memo:

Please review the attached document.

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

Home Health Certification and Plan of Care				Order ID: 1150/18598	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
3CW4F40WV72		03/14/2026		From: 05/13/2026 To: 07/11/2026	
4. Medical Record No.		5. Provider No.			
23015		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Betty Otto 916 Greenfawn Ct, ABINGDON, MD 21009- 443-417-4613			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB 10/18/1945 9.Sex Female			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD	Principal Diagnosis	Date	PANTOPRAZOLE 40 mg / 1 Tablet by mouth twice a day for GERD		
M47.26	Other spondylosis with radiculopathy lumbar region	03/14/26	FLUOXETINE 60 mg / 1 Tablet by mouth once a day Give 30 mg for Depression		
13. ICD	Other Pertinent Diagnoses	Date	ATENOLOL 50 mg / 1 Tablet by mouth once a day for heart failure		
I50.32	Chronic diastolic (congestive) heart failure	03/14/26	Acetaminophen - Acetaminophen Extra Strength 500 mg / 1 Tablet by mouth every 6 hours as needed for Mild Pain (1-4) Do not exceed more than 2 grams per day from all sources		
J43.9	Emphysema unspecified	03/14/26	Aspirin Ec - Aspirin 81 mg / 1 Tablet by mouth once a day for CAD		
I48.91	Unspecified atrial fibrillation	03/14/26	Buspirone Hcl - Buspirone Hydrochloride 5 mg / 1 Tablet by mouth every 8 hours for anxiety		
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	03/14/26	Acetaminophen And Hydrocodone Bitartrate - Acetaminophen: Hydrocodone Bitartrate 10-325 mg / 1 Tablet by mouth every 4 hours as needed for Pain		
G47.33	Obstructive sleep apnea (adult) (pediatric)	03/14/26	Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 1 Tablet by mouth once a day for supplement		
G62.9	Polyneuropathy unspecified	03/14/26	Nifedipine Er - Nifedipine 30 mg / 1 Tablet by mouth once a day for HTN		
K21.9	Gastro-esophageal reflux disease without esophagitis	03/14/26	Hold for systolic less than 110 and HR less than 50		
K74.60	Unspecified cirrhosis of liver	03/14/26	probiotics 1 Capsule by mouth every 12 hours for supplement		
M10.9	Gout unspecified	03/14/26	Siotlo Respimat - Olodaterol Hydrochloride: Tiotropium Bromide Inhalation Aerosol Solution 2.5-2.5 MCG/ACT / 1 puff inhalant once a day inhale orally for COPD rinse and spit after use		
M85.80	Oth disrd of bone density and structure unspecified site	03/14/26	Albuterol Sulfate - Albuterol Sulfate Nebulizer Solution 0.63 MG/3ML / 3mL inhalant every 6 hours inhale orally via nebulizer as needed for SOB/Wheezing		
L24.A2	Irritant cntct derm d/t fecal urinry or dual incontinence	03/14/26	Oxygen - Oxygen 2 Liters nasal cannula as necessary Use as needed for shortness of breath		
E87.3	Alkalosis	03/14/26	Greer Go Nystatin + Zinc Oxide + Hydrocortisone - topical Apply to sacrum every shift for IAD prevention		
M81.0	Age-related osteoporosis w/o current pathological fracture	03/14/26	Lidocaine Patch - Lidocaine 4% topical once a day Apply to bilateral knees for pain remove per schedule		
D64.9	Anemia unspecified	03/14/26			
F41.9	Anxiety disorder unspecified	03/14/26			
F32.A	Depression unspecified	03/14/26			
Z79.82	Long term (current) use of aspirin	03/14/26			
J96.11	Chronic respiratory failure with hypoxia	03/14/26			
Z96.653	Presence of artificial knee joint bilateral	03/14/26			
Z90.710	Acquired absence of both cervix and uterus	03/14/26			
Z99.81	Dependence on supplemental oxygen	03/14/26			
Z87.891	Personal history of nicotine dependence	03/14/26			
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	03/14/26			
14. DME and Supplies:			15. Safety Measures:		
wheelchair, rolling walker, reacher, oxygen supplies, commode, cane, bath bench			walker precautions, standard precautions, O2 precautions, fall precautions, ambulates with device, ambulates with assistance		
16. Nutrition:			17. Allergies:		
regular			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Dyspnea With Minimal Exertion, Ambulation, Hearing			Exercises Prescribed, Transfer bed/Chair, Up As Tolerated, Wheelchair, Walker		
19. Mental & Pyschosocial Status:			COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WII , HISTORY OF DEPRESSION:		
20. Prognosis:			good		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: , MOBILITY:			family/caregiver will be responsible for managing treatment		
Homebound status: Due to diagnosis of Other spondylosis with radiculopathy lumbar region, 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					
Clinical Condition Requiring Homecare:		<p class="MsoNoSpacing">PT recertification was completed for a patient receiving home health services due to hypertensive heart disease and congestive heart failure. The patient is oxygen-dependent and resides with her son and his family in a two-story home with a first-floor setup and ramp access through the garage. Skilled therapy has focused on improving lower extremity strength, activity tolerance, gait sequencing, transfer safety, curb negotiation using a rolling walker, and safe management of the oxygen line during mobility tasks. The patient has demonstrated measurable progress, including improved transfers, enhanced gait sequencing with the rolling walker, and improved dynamic balance, as evidenced by a Tinetti score improvement to 14/28. Family training has also been provided to support safety and functional mobility within the home. Although oxygen line management continues to present safety challenges, the patient demonstrates good rehabilitation potential and continues to benefit from skilled therapeutic intervention to further improve functional mobility, balance, strength, and overall safety with daily activities.</o:p></o:p></p> <p class="MsoNoSpacing"> </p> <p class="MsoNoSpacing">Bottom of Form<o:p></o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">05/08/2026 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 02/03/2026 Clinical Condition Requiring Home Care per Certifying Physician: Discharge home 02/27/2026 with home health services to include RN for medication management, PT/OT for evaluation and treatment, aid for ADL care. due to Other Spondylosis With Radiculopathy Lumbar Region Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p></p> <p class="MsoNoSpacing"> 4 - Recertification PT Notes: due <span			
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 05/08/2026					
24. Physician's Name and Address			26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.		
Wilbur Roese 7106 Ridge Rd Baltimore, MD 21237 PHONE: 4106872300 FAX: 18443045355 NPI: 1588764278			F2F date : 02/03/2026		
27. Attending Physician's Signature and Date Signed 05/18/2026 Date of physician last face-to-face			28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.		
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6. Patient's Name and Address Betty Otto 916 Greenfawn Ct, ABINGDON, MD 21009- 443-417-4613		7. Provider's Name, Address and Telephone Number HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
style="color:black;mso-themecolor:text1">to further training to improve her gait sequencing, curb negotiation, dynamic balance and strength<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Roese, Wilbur</p>				
SN Careplans		SN Goals		
PT Careplans		PT Goals		
PT WK2: 1 (05/17/26-05/23/26) ,WK3: 1 (05/24/26-05/30/26) ,WK4: 1 (05/31/26-06/06/26) ,WK5: 1 (06/07/26-06/13/26) ,WK6: 1 (06/14/26-06/20/26) ,WK7: 1 (06/21/26-06/27/26) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5 CAREGIVER: WII HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8 STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed. Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day. Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions. Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake. Provide education content at patient's level of health literacy. Assess/Instruct Pt/Pcg: Safety measures to prevent injury. Assess: Musculoskeletal status. Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage. Pt/Pcg educated in pain management techniques including positioning and relaxation techniques Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,. Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing. ; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment) PROBLEMS IDENTIFIED ON ASSESSMENT: M1033 - Exhaustion, limited endurance, muscle weakness, balance deficit, loss of appetite PROCEDURES: Medication management ; Review medication with pt and caregiver, Curb		PATIENT-STATED GOAL: To improve my walking and balance to I can walk around the main floor and sit out on the front porch. GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Dynamic balance training 02 line management Curb negotiation Sit to Stand - 06. Independent Car Transfer - 06. Independent patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance 1 - Step (curb) - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance patient/caregiver recalls * 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 * recalls related medication(s) purpose, schedule 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		
Signature of Physician:		Date		
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Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		05/08/2026		

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negotiation : Focus on proper tech and safe mgmt of rw negotiating curb step , home exercise program: Hip flexion, laq, hip abduction, heel toe raises, hamstring curls Pursed lipped breathing, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * 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, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Dynamic balance training , 02 line management , Curb negotiation				

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/08/2026