FAX COVER PAGE

HomeCentris HEALTHCARE
HOME-CENTRIC HEALTHCARE STRATEGIES

Date: 10/02/2026

To:
Robert Vissing , 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.

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: 10/02/2026	**PATIENT INFORMATION**
ORDER ID: 1150/22327	**PATIENT NAME:** Nathaniel Zollicoffer / **DOB:** 09/29/1930
AGENCY ASSIGNED ID: 30617	**ADDRESS:** 5610 Fernpark Ave, GWYNN OAK, MD 21207
CERTIFICATION PERIOD: 09/24/2026 to 11/22/2026	**PHONE:** 410-371-6058
PHYSICIAN FACE-TO-FACE DATE: 09/15/2026	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN:
The patient is a 95-year-old male with a medical history significant for HTN, diabetes, hypothemia, BPH, bradycardia, neuropathy, depression, anxiety, GERD, glaucoma, malnutrition, gait impairment, and falls. The patient also wears hearing aids and glasses. The patient was recently hospitalized following a fall, subsequently referred to rehabilitation, and then discharged home for home health services. The patient resides with his son and has a suprapubic catheter that is monitored by the urology team at Maryland Institute of Pelvic Neuroscience, located at 1447 York Road. Skilled nursing contacted the urology team to schedule follow-up, with an appointment scheduled for September 29, 2026, at 11:30 AM. Upon assessment, the patient was alert and oriented times three. The patient denied chest pain, headache, dizziness, nausea, and vomiting but reported experiencing shortness of breath on exertion. Lung sounds were clear to auscultation. Abdomen was flat with normoactive bowel sounds, and the patient reported a bowel movement this morning. Pedal pulses were present. The patient demonstrates upper extremity weakness and impaired mobility related to his history of gait impairment and falls. The patient has two areas of skin impairment, including moisture-related skin impairment to the sacrum, for which zinc oxide barrier cream is being applied, and a wound to the left heel/ankle. Skilled nursing provided wound care education and instructed the patient and caregiver regarding proper wound care procedures, signs and symptoms of infection, and proper hand hygiene. The patient and caregiver were also educated regarding environmental safety, communication, and the importance of removing clutter from the apartment to reduce fall and safety risks. Medication reconciliation was completed. The patient and caregiver were educated regarding medication effects and potential adverse reactions

caregiver were educated regarding medication effects and potential adverse reactions and were instructed to report concerning changes or adverse effects to the appropriate healthcare provider. The patient and caregiver verbalized understanding of all teaching provided. Skilled nursing will continue to monitor the patient's overall condition, medication management, suprapubic catheter status, skin integrity and wounds, infection risk, safety, and functional status, with continued reinforcement of wound care, infection prevention, medication, and environmental safety education as indicated. Date of Order 09/24/2026 Orders Physician Face-to-Face Date: 09/15/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Pressure ulcer of left heel stage 2 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: soc Physician Vissing, Robert

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: Due to diagnosis of Pressure ulcer of left heel stage 2, 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: 7 and Visit Freq: WK2: 1 (09/27/26-10/03/26),WK4: 1 (10/11/26-10/17/26),WK5: 1 (10/18/26-10/24/26),WK6: 1 (10/25/26-10/31/26),WK7: 1 (11/01/26-11/07/26),WK8: 1 (11/08/26-11/14/26),WK9: 1 (11/15/26-11/21/26)
2	Authorization changes of SN skill Total Visits: 8 and Visit Freq: WK1: 1 (09/24/26-09/26/26),WK2: 1 (09/27/26-10/03/26),WK3: 2 (10/04/26-10/10/26),WK4: 1 (10/11/26-10/17/26),WK5: 1 (10/18/26-10/24/26),WK6: 1 (10/25/26-10/31/26),WK7: 1 (11/01/26-11/07/26)
3	Authorization changes of PT skill Total Visits: 4 and Visit Freq: WK2: 1 (09/27/26-10/03/26),WK3: 1 (10/04/26-10/10/26),WK4: 1 (10/11/26-10/17/26),WK5: 1 (10/18/26-10/24/26)
4	10/02/2026 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	GG0170L1 - Walk 10 ft on Uneven Surface
14	M1400 - Dyspnea
15	GG0170O1 - 12 Steps
16	GG0170N1 - 4 Steps
17	GG0170M1 - 1 - Step (curb)
18	GG0170K1 - Walk 150 Feet
19	GG0170J1 - Walk 50 ft with 2 Turns
20	GG0170I1 - Walk 10 Feet
21	GG0170G1 - Car Transfer
22	GG0170F1 - Toilet Transfer
23	GG0170D1 - Sit to Stand
24	09/30/2026 patient_goal: Patient wants to get stronger, Target Date: 11/22/2026, Patient wants to get stronger, Target Date: 11/22/2026,
25	09/30/2026 procedure: Patient/caregiver recalls related purpose and schedule of medications, Notes: Medication Review, Patient/caregiver recalls related purpose and schedule of medications, Notes: Medication Review, Therapeutic exercises , Notes: Using dumbbells or therabands to perform bilateral upper extremity muscle strength exercises, grip strength exercises, Functional ambulation , Notes: Using rolling walker, work simplification/energy conservation, Notes: , transfers training, Notes: , gait training/stair training, Notes: , transfers training, Notes: , home exercise program, Notes: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness, and promoting quadriceps activation., B LE mm strengthening, Notes: 1

	strengthening, Notes: 1,
2 6	09/30/2026 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: 11/22/2026, 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: 11/22/2026, therapeutic exercises, Target Date: 11/22/2026, therapeutic modalities, Target Date: 11/22/2026, balance training, Target Date: 11/22/2026, equipment training, Target Date: 11/22/2026, gait training, Target Date: 11/22/2026, work simplification/energy conservation, Target Date: 11/22/2026, transfer training, Target Date: 11/22/2026, related medication(s) purpose and schedule, Target Date: 11/22/2026, symptoms requiring physician notification, Target Date: 11/22/2026, therapeutic exercises, Target Date: 11/22/2026, therapeutic modalities, Target Date: 11/22/2026, balance training, Target Date: 11/22/2026, equipment training, Target Date: 11/22/2026, gait training, Target Date: 11/22/2026, transfer training, Target Date: 11/22/2026,
2 7	09/30/2026 goal: patient/caregiver recalls
2 8	* lifestyle modifications to manage respiratory condition including
2 9	* diet changes and regular exercise
3 0	* strategies to control shortness of breath
3 1	* home remedies to keep lungs healthy
3 2	* recalls related medication(s) purpose, schedule, Target Date: 11/22/2026, Toilet Transfer - 06. Independent, Target Date: 11/22/2026, Oral Hygiene - 06. Independent, Target Date: 11/22/2026, Toileting Hygiene - 06. Independent, Target Date: 11/22/2026, Shower/Bathe Self - 04. Supervision or touching assistance, Target Date: 11/22/2026, Lower Body Dressing - 06. Independent, Target Date: 11/22/2026, Don/Doff Footwear - 06. Independent, Target Date: 11/22/2026, Eating - 06. Independent, Target Date: 11/22/2026, Upper Body Dressing - 06. Independent, Target Date: 11/22/2026, Sit to Stand - 06. Independent, Target Date: 11/22/2026, Chair to Bed to Chair - 06. Independent, Target Date: 11/22/2026, Toilet Transfer - 05. Setup or clean-up assistance, Target Date: 11/22/2026, Car Transfer - 06. Independent, Target Date: 11/22/2026, Walk 10 Feet - 04. Supervision or touching assistance, Target Date: 11/22/2026, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Target Date: 11/22/2026, Walk 150 Feet - 04. Supervision or touching assistance, Target Date: 11/22/2026, 1 - Step (curb) - 04. Supervision or touching assistance, Target Date: 11/22/2026, 4 Steps - 04. Supervision or

	touching assistance, Target Date: 11/22/2026, 4 Steps - 04. Supervision or touching assistance, Target Date: 11/22/2026, 12 Steps - 04. Supervision or touching assistance, Target Date: 11/22/2026, Picking Up Object - 04. Supervision or touching assistance, Target Date: 11/22/2026, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Target Date: 11/22/2026,
33	09/30/2026 discharge_plan: family/caregiver will be responsible for managing treatment, Target Date: 11/22/2026, family/caregiver will be responsible for managing treatment, Target Date: 11/22/2026,
34	Sit to Stand - 06. Independent, Target Date: 11/22/2026 (unable to achieve)
35	Chair to Bed to Chair - 06. Independent, Target Date: 11/22/2026 (unable to achieve)
36	Car Transfer - 06. Independent, Target Date: 11/22/2026 (unable to achieve)
37	Walk 10 Feet - 04. Supervision or touching assistance, Target Date: 11/22/2026 (unable to achieve)
38	Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Target Date: 11/22/2026 (unable to achieve)
39	Walk 150 Feet - 04. Supervision or touching assistance, Target Date: 11/22/2026 (unable to achieve)
40	1 - Step (curb) - 04. Supervision or touching assistance, Target Date: 11/22/2026 (unable to achieve)
41	4 Steps - 04. Supervision or touching assistance, Target Date: 11/22/2026 (unable to achieve)
42	12 Steps - 04. Supervision or touching assistance, Target Date: 11/22/2026 (unable to achieve)
43	Picking Up Object - 04. Supervision or touching assistance, Target Date: 11/22/2026 (unable to achieve)
44	Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Target Date: 11/22/2026 (unable to achieve)

PHYSICIAN INFORMATION
PHYSICIAN NAME: Robert Vissing, MD

ADDRESS: 120 Sister Pierre Dr, Towson, MD 21204	
PHONE: 4103211224	**FAX:** 14104941670

VERBAL ORDER AUTHORIZATION	
By signing below, I acknowledge the verbal order(s) above and agree to follow this plan of care.	
PHYSICIAN SIGNATURE Signature: _____ Date: _____	**STAFF SIGNATURE (RECEIVED BY)** Signature: *Electronically Signed by Messick, RN, Charles* Date: *10/02/2026*

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