Home Health Certification and Plan of Care

Order ID: 1150/11743

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
14256281	08/25/2025	From: 08/25/2025 To: 10/23/2025	13940	217058

6. Patient's Name and Address

Denise Dobbins
538 Tranquil Ct Apt D,
ODENTON, MD 21113-
301-665-6108

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

8. DOB 01/29/1957 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/25/25

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	08/25/25
N18.31	Chronic kidney disease stage 3a	08/25/25
M51.360	Other intvrt disc degen	08/25/25
G89.29	Other chronic pain	08/25/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/25/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	08/25/25
E78.5	Hyperlipidemia unspecified	08/25/25
B18.2	Chronic viral hepatitis C	08/25/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/25/25
E11.29	Type 2 diabetes mellitus w oth diabetic kidney complication	08/25/25
F32.9	Major depressive disorder single episode unspecified	08/25/25
I70.0	Atherosclerosis of aorta	08/25/25
E03.9	Hypothyroidism unspecified	08/25/25
K21.9	Gastro-esophageal reflux disease without esophagitis	08/25/25
E66.01	Morbid (severe) obesity due to excess calories	08/25/25
Z68.43	Body mass index [BMI] 50.0-59.9 adult	08/25/25
Z95.1	Presence of aortocoronary bypass graft	08/25/25
Z85.850	Personal history of malignant neoplasm of thyroid	08/25/25
Z90.09	Acquired absence of other part of head and neck	08/25/25
Z87.440	Personal history of urinary (tract) infections	08/25/25
Z91.81	History of falling	08/25/25
Z86.0100	Personal history of colonic polyps	08/25/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	08/25/25
Z79.4	Long term (current) use of insulin	08/25/25

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Trazodone Hydrochloride - Trazodone Hydrochloride 50 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth every 24 hours as needed for sleep for 14 Days
Pregabalin - Pregabalin 150 MG, Give 1 capsule by mouth twice a day Give 1 capsule by mouth two times a day for nerve pain
Clopidogrel Bisulfate - Clopidogrel Bisulfate 75 MG, Give 1 tablet by mouth once a day Directions: Give 1 tablet by mouth one time a day for anticoagulant
Atorvastatin Calcium - Atorvastatin Calcium 80 MG, Give 1 tablet by mouth at bedtime Give 1 tablet by mouth in the evening for hyper cholesterol
Artificial Tears Ophthalmic Solution 1-0.3 % Instill 1 drop both eyes every 2 hours Instill 1 drop in both eyes every 2 hours for dry eye may keep at bedside
Polyethylene Glycol Powder Give 17 gram powder by mouth once a day Give 17 gram by mouth as needed for constipation once a day as needed
Amlodipine Besylate - Amlodipine Besylate 5 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for hypertension
Alendronate Sodium - Alendronate Sodium 70 MG, Give 1 tablet by mouth once a week Give 1 tablet by mouth every Mon for osteoporosis
Hydralazine Hydrochloride - Hydralazine Hydrochloride 100 MG, Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for hypertension
Metoprolol Tartrate - Metoprolol Tartrate 100 MG, Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for hypertension
Nitroglycerin - Nitroglycerin Give 0.3 mg, tablet sublingual as necessary Give 0.3 mg sublingually every 5 minutes as needed for chest pain
Oxybutynin Chloride ER 5 mg by mouth in the morning
Losartan Potassium - Losartan Potassium 100 MG, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for hypertension
Isosorbide Mononitrate - Isosorbide Mononitrate Give 60 mg/ml,tablet by mouth in the morning Give 60 mg/ml by mouth in the morning for hypertension
Levothyroxine Sodium - Levothyroxine Sodium Give 112 mcg tabelt by mouth in the morning Give 112 mcg by mouth in the morning for hypothyroid
Tylenol - Acetaminophen 325 MG, Give 2 tablet by mouth every 6 hours Give 2 tablet by mouth every 6 hours as needed for pain/fever
Jardiance - Empagliflozin 25 by mouth in the morning Hyperglycemia
Novolog - Insulin Aspart Recombinant 5 units subcutaneous twice a day Hyperglycemia

14. DME and Supplies:

wheelchair, rolling walker, diabetic supplies, bath bench, walker, commode, wound care supplies, cane

15. Safety Measures:

walker precautions, smoke detectors , bathroom safety, avoid temperature extremes, medication safety, sharps precautions, wheelchair precautions, standard precautions, infectious material management, fall precautions, diabetic precautions, ambulates with device

16. Nutrition:

low sodium, cardiac diet, diabetic

17. Allergies:

penicillin sulfa nsaids proton pump inhibiltors

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance

18.B. Activities Permitted

Wheelchair, Walker, Cane, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

patient will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/25/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Abigail Hamilton
1701 Twin Springs Rd
Halthorpe, MD 21227
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1821592817

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.

F2F date : 08/14/2025

27. Attending Physician's Signature and Date Signed : 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	7. Provider's Name, Address and Telephone Number
Denise Dobbins 538 Tranquil Ct Apt D, ODENTON, MD 21113- 301-665-6108	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Homebound status: Due to diagnosis of Type 2 Diabetes Mellitus With Diabetic Chronic Kidney Disease, 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:

The patient is a 68-year-old female with a significant past medical history of coronary artery disease (CAD) status post CABG, thyroid cancer status post thyroidectomy on Synthroid, insulin-dependent diabetes mellitus (A1c 6.2), hypertension, hyperlipidemia, chronic kidney disease stage IIIA, chronic hepatitis C, major depressive disorder, obstructive sleep apnea, severe obesity, and chronic lower back pain. She was recently hospitalized for hypokalemia and had a prior admission for a urinary tract infection and mechanical fall. Imaging of the lumbar spine revealed extensive degenerative disc disease without acute fracture. The patient reports multiple falls, generalized weakness, and difficulty ambulating even with the use of an assistive device. She sustained a skin tear on the lower back, for which a dry dressing was applied and wound care education was provided. She lives alone in a rental apartment but receives daily assistance from her sister and a friend, and she continues to work part-time. On assessment, the patient is alert and oriented x4, with shortness of breath upon minimal exertion but denies fever, chills, headache, dizziness, chest pain, or lightheadedness. Lung sounds are clear, bowel sounds are active with last bowel movement yesterday, and no edema is noted. Pedal pulses are present, and she urinates without difficulty. The patient also reports sticky eye discharge and discomfort, as well as concerns about hair loss. She expresses the desire to ambulate outdoors with a cane, negotiate steps, and manage inclines safely. Functionally, she demonstrates decreased strength in bilateral lower extremities, impaired balance, unsteady gait, difficulty with transfers, and reduced safety awareness, contributing to her high fall risk. Standardized testing revealed a Tinetti score of 21/28, Timed Up and Go (TUG) of 23 seconds, and Five Times Sit-to-Stand at 14 seconds, confirming deficits in mobility and balance. She requires both human assistance and an assistive device to safely leave the home. The patient will benefit from skilled home physical therapy services to address strength, mobility, transfer training, balance, gait safety, and fall prevention strategies, with the goal of restoring independence and reducing fall risk.
 Date of Order 08/25/2025 Orders Physician Face-to-Face Date: 08/14/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Type 2 Diabetes Mellitus With Diabetic Chronic Kidney Disease 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: OT Eval Notes: PT Eval Notes: Physician Hamilton, Abigail

SN Careplans

SN WK1: 1 (08/25/25-08/30/25) ,WK2: 1 (08/31/25-09/06/25) ,WK3: 1 (09/07/25-09/13/25) ,WK4: 1 (09/14/25-09/20/25) ,WK5: 1 (09/21/25-09/27/25) ,WK6: 1 (09/28/25-10/04/25)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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; 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: M1720 - Anxiety, M2102d - Caregiver Performs Treatment, A1250 - Lack of Necessary Transportation, M2102c - Med Admin, M2102f - Patient Supervision, Financial, M2020 - Oral Med Management, Financial, Financial, Financial, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal blood pressure, M1033 - Exhaustion, abnormal thyroid <> 0.40 - 4.50 mIU/mL, abnormal BS < 70/140 > mg/dL, abnormal urinalysis > +ketones, heartburn/indigestion, constipation, diarrhea, increased urine output, muscle weakness, limited strength, limited endurance, limited range of motion, swelling of affected area, B1000 - Vision Deficit, daytime fatigue, difficulty sleeping, balance deficit, weak hand grips, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, obesity, #1 - Open Wound - Posterior Right Middle/Lower Back -

PROCEDURES: Medication Review-: Medications reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: To lower back wound-Wash wound with saline, pat dry. Apply santyl to gauze wet gauze with saline then Apply to wound. Cover with bordered gauze bandage. Change daily., glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange access to adequate food storage, coordinate/arrange removal of insects/rodents present in the patient's living environment, coordinate/arrange resources for vision-impaired

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, 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, * prevention exacerbation of anxiety condition including coping patterns improved

SN Goals

PATIENT-STATED GOAL: I want to walk without assistance

GOALS
patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

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
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns

Signature of Physician:	Date
	PAGE 2 of 5
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/25/2025

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concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient has access to necessary nutrition considering patient inability to pay, patient has access to necessary medical care considering inability to pay, patient has access to medicine/medical supplies considering inability to pay, patient has access to rent/utility assistance considering inability to pay, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* 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

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 3 of 5
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patient/caregiver recalls
* prescribed dietary modifications
* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient has access to necessary nutrition considering patient inability to pay

patient has access to necessary medical care considering inability to pay

patient has access to medicine/medical supplies considering inability to pay

patient has access to rent/utility assistance considering inability to pay

patient is adequately supervised

PT Careplans

PT WK1: 2 (08/25/25-08/30/25) ,WK2: 2 (08/31/25-09/06/25) ,WK3: 2 (09/07/25-09/13/25) ,WK4: 1 (09/14/25-09/20/25) ,WK5: 1 (09/21/25-09/27/25) ,WK6: 1 (09/28/25-10/04/25) ,WK7: 1 (10/05/25-10/11/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: home exercise program, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, assist with fall prevention

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: I want to be able to walk up and down the hill to get to the parking lot

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (08/25/25-08/30/25) ,WK2: 1 (08/31/25-09/06/25) ,WK3: 1 (09/07/25-09/13/25) ,WK4: 1 (09/14/25-09/20/25) ,WK5: 1 (09/21/25-09/27/25) ,WK6: 1 (09/28/25-10/04/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self

PROCEDURES: Medication review : Medications reviewed with patient/caregiver, cough/deep breathing exercises, equipment training, work simplification/energy conservation

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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06.

OT Goals

PATIENT-STATED GOAL: Patient is motivated to get better, PT want to ambulate outdoor w/cane to be able to throw her trash

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles SN RN

Date
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Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Therapeutic exercise , Medication Review, Balance training

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Therapeutic exercise

Balance training

Medication Review

HHA Careplans

HHA WK1: 8 (08/19/25-08/23/25)

PROCEDURES: assist with bathing, assist with toilet transferring, assist with toileting hygiene, assist with transferring, assist with mobility, assist with feeding/eating, assist with seizure precautions prn, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with O2 safety, assist with lower body dressing, assist with upper body dressing

HHA Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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