# Home Health Certification and Plan of Care

**Order ID: 1150/11771**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 321043153 | 08/23/2025 | From: 08/23/2025 To: 10/21/2025 | 16085 | 217058 |

**6. Patient's Name and Address**

Darlene Lang
205 Somerset Bay Dr Apt 102,
GLEN BURNIE, MD 21061-
410-440-6617

**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 04/28/1962 | 9.Sex Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| Z47.1 | Aftercare following joint replacement surgery | 08/23/25 |
| **13. ICD** | **Other Pertinent Diagnoses** | **Date** |
| Z96.651 | Presence of right artificial knee joint | 08/23/25 |
| M17.12 | Unilateral primary osteoarthritis left knee | 08/23/25 |
| I10. | Essential (primary) hypertension | 08/23/25 |
| M47.816 | Spondylosis w/o myelopathy or radiculopathy lumbar region | 08/23/25 |
| J45.909 | Unspecified asthma uncomplicated | 08/23/25 |
| I73.9 | Peripheral vascular disease unspecified | 08/23/25 |
| J30.9 | Allergic rhinitis unspecified | 08/23/25 |
| F43.10 | Post-traumatic stress disorder unspecified | 08/23/25 |
| G47.33 | Obstructive sleep apnea (adult) (pediatric) | 08/23/25 |
| F41.9 | Anxiety disorder unspecified | 08/23/25 |
| M81.0 | Age-related osteoporosis w/o current pathological fracture | 08/23/25 |
| N85.01 | Benign endometrial hyperplasia | 08/23/25 |
| R73.03 | Prediabetes | 08/23/25 |
| E02. | Subclinical iodine-deficiency hypothyroidism | 08/23/25 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 08/23/25 |
| E66.01 | Morbid (severe) obesity due to excess calories | 08/23/25 |
| Z68.35 | Body mass index [BMI] 35.0-35.9 adult | 08/23/25 |
| Z90.13 | Acquired absence of bilateral breasts and nipples | 08/23/25 |
| Z85.3 | Personal history of malignant neoplasm of breast | 08/23/25 |

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

Phentermine 15 mg Oral Cap 15 mg, Take 1 capsule by mouth once a day
Take 1 capsule by
mouth daily before
breakfast or 1 to 2
hours after breakfast
(Combination
treatment with
Topiramate)
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg; 1-2 tabs by mouth every 4 hours as needed for pain
Fosamax - Alendronate Sodium eq 70 mg base 70 mg, Take 1 tablet by mouth once a week Take 1 tablet by
mouth every 7 days
SUNDAY
BONE HEALTH
Colace - Docusate Sodium 100MG; 1 TAB by mouth once a day BOWEL REGIMEN
Asa 81 Mg - Aspirin 81MG; 1 TAB by mouth twice a day ANTIPLATELET
S/P JOINT REPLACEMENT
Protonix - Pantoprazole Sodium eq 40 mg base 40 mg, Take 1 tablet by mouth twice a day Take 1 tablet by
mouth 2 times a day
30 to 60 minutes
before breakfast and
dinner
GERD
Albuterol - Albuterol 90 mcg/actuation Inhl HFAA Inhale 2 puffs inhalant every 4 hours Inhale 2 puffs by
mouth every 4 hours
as needed for
shortness of breath
(Rescue inhaler)
Pepcid - Famotidine 40 mg 40 mg, Take 1 tablet by mouth at bedtime 40 mg Oral
Tab
Take 1 tablet by
mouth daily at
bedtime
GERD
Topamax - Topiramate 100 mg 100 mg, Take one and onehalf tablets by mouth once a day Take one and onehalf tablets by mouth
daily For weight loss
and chronic pain
(Take with
Phentermine)
Ditropan Xl - Oxybutynin Chloride 5 mg 5 mg, Take 1 tablet by mouth once a day URINARY INCONTINENCE
Zoloft - Sertraline Hydrochloride eq 25 mg base 25 mg, Take 1 tablet by mouth once a day ANTIDEPRESSANT/ANXIETY
Singulair - Montelukast Sodium eq 10 mg base 10 mg, Take 1 tablet by mouth once a day ALLERGIES
Narcan - Naloxone Hydrochloride 0.4 mg/ml 4 mg/actuation Nasl Spray Spray contents in 1 nostril Nasal as necessary Spray contents in 1
nostril for adult or
child not breathing or
responding. Call 911.
If patient still not
breathing/responding,
use new spray in 2 to
3 mins in other
nostril. For suspected
opioid overdose use
only
Claritin - Loratadine 10 mg 10MG; 1 TAB by mouth once a day ALLERGY
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 TAB by mouth once a day SUPPLEMENT
Vitamin D - Ergocalciferol 1 TAB by mouth once a day SUPPLEMENT
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles SN RN on 08/23/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
James Huang
8028 Ritchie Hwy
Pasadena, MD 21122
PHONE: 410-737-5600 FAX: 14107375391 NPI: 1154567709

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 : 08/07/2025

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.

# Home Health Certification and Plan of Care

**Order ID: 1150/11771**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 321043153 | 08/23/2025 | From: 08/23/2025 To: 10/21/2025 | 16085 | 217058 |

**6. Patient's Name and Address**
Darlene Lang
205 Somerset Bay Dr Apt 102,
GLEN BURNIE, MD 21061-
410-440-6617

**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

Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 TAB by mouth once a day SUPPLEMENT

**14. DME and Supplies:**
urinary/catheter supplies, bath bench, walker, cane

**15. Safety Measures:**
infectious material management, standard precautions, knee precautions, fall precautions, bleeding precautions, ambulates with device, walker precautions, no bp right arm, medication safety, transfer with assist, anticoagulant precautions

**16. Nutrition:**
Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**
chlorhexidine gluconate sulfa lisinopril wellbutrin

**18.A. Functional Limitations**
Endurance, Bowel/Bladder Incontinence, Ambulation

**18.B. Activities Permitted**
Cane, Walker, Exercises Prescribed

**19. Mental & Pyschosocial Status:** COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

**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

**Homebound status:** After undergoing Right Total Knee Replacement, 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 63-year-old female, status post right total knee replacement with spinal anesthesia on 8/21/25, with a past medical history of right breast cancer, anxiety, essential hypertension, asthma, peripheral venous insufficiency, gastroesophageal reflux disease, allergic rhinitis, bilateral knee osteoarthritis, urinary incontinence, and obesity. She is alert and oriented 3, reporting right knee pain rated 4/10, with the last dose of oxycodone and acetaminophen taken at 8:45 a.m. Vital signs were stable with a temperature of 97.5F during the visit. The surgical dressing was intact without drainage, though swelling was noted, and she was using an ice device during the assessment. The patient ambulates with a rolling walker and requires assistance from her spouse for all ADLs and IADLs. Current deficits include right knee pain, decreased strength, limited endurance, impaired balance, unsteady gait, difficulty with transfers and stair negotiation, and decreased safety awareness, all contributing to an increased risk of falls. Skilled nursing reviewed medications, side effects, and effective pain management strategies, and provided education on signs of infection and when to notify the physician. Physical therapy evaluation demonstrated reduced mobility and functional limitations, with interventions initiated including instruction in safe transfers, bed mobility, ambulation with a walker, home safety measures, fall prevention, edema management, and a prescribed home exercise program consisting of ankle pumps, quadriceps and gluteal sets, and heel slides. Passive range of motion of bilateral knees and hips was performed, with right knee range of motion measured at 0-85 degrees. The patient was educated on the importance of daily ambulation, safe use of ice therapy, pain management strategies, and taking analgesics one hour prior to PT sessions. She required minimal assistance to stand-by assistance for transfers, ambulation, and bed mobility, and verbalized understanding of all instructions provided. A physical therapy plan of care was developed in agreement with the patient and caregiver, with home PT scheduled at a frequency of 3 times per week for 2 weeks beginning 8/25/25. Transition to outpatient PT is planned for 9/8/25, with surgical follow-up scheduled with Dr. Huang on 9/4/25. <br> Date of Order 08/23/2025 Orders Physician Face-to-Face Date: 08/07/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right Total Knee Replacement Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: PT Eval Notes: Physician Huang , James

## SN Careplans

SN WK1: 1 (08/23/25-08/23/25) ,WK2: 1 (08/24/25-08/30/25)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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 ; 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 the pt's incision and on post op day 12-14 the nurse or physical therapist will remove the patient's staples and leave OTA., 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

## SN Goals

PATIENT-STATED GOAL: TO NOT HAVE AN INFECTION

GOALS
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
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

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

Signature of Physician:

Date



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

Date
08/23/2025

# Home Health Certification and Plan of Care

**Order ID: 1150/11771**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 321043153 | 08/23/2025 | From: 08/23/2025 To: 10/21/2025 | 16085 | 217058 |

| 6. Patient's Name and Address | 7. Provider's Name, Address and Telephone Number |
|---|---|
| Darlene Lang<br>205 Somerset Bay Dr Apt 102,<br>GLEN BURNIE, MD 21061-<br>410-440-6617 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

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.

Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, M1610 - Urinary Incontinence, limited range of motion, swelling of affected area, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, obesity, #1 - Non-Observable Surgical Wound - Anterior Right Knee - NONREMOVABLE DRESSING INTACT; NO DRAINAGE NOTED

PROCEDURES: Discharge from Skilled Nursing- Do DISCHARGE SUMMARY- SN communication note, Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, physician-ordered wound care: To right knee surgical site- 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.

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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * 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, * 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

* 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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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/caregiver recalls
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* 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
* 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

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

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

| PT Careplans | PT Goals |
|---|---|
| | |

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles SN RN | 08/23/2025 |

# Home Health Certification and Plan of Care

**Order ID: 1150/11771**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 321043153 | 08/23/2025 | From: 08/23/2025 To: 10/21/2025 | 16085 | 217058 |

| 6. Patient's Name and Address | 7. Provider's Name, Address and Telephone Number |
|---|---|
| Darlene Lang<br>205 Somerset Bay Dr Apt 102,<br>GLEN BURNIE, MD 21061-<br>410-440-6617 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

PT WK2: 3 (08/24/25-08/30/25) ,WK3: 3 (08/31/25-09/06/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, GG0130A1 - Eating, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., home exercise program, therapeutic modalities, gait training on uneven surfaces, gait training/stair training, transfers training, assist with infection control, assist with fall prevention

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. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, 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, Medication Review-

PATIENT-STATED GOAL: I want to be able to walk with no AD

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

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

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

Don/Doff Footwear - 06. Independent

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

Medication Review-

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Eating - 06. Independent

Car Transfer - 04. Supervision or touching assistance

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

Toileting Hygiene - 06. Independent

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

Lower Body Dressing - 06. Independent

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

| Signature of Physician: | Date |
|---|---|
| | PAGE 4 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles SN RN | 08/23/2025 |