Home Health Certification and Plan of Care

Order ID: 1150/11871

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
45402064400	08/29/2025	From: 08/29/2025 To: 10/27/2025	16683	217058

6. Patient's Name and Address

Diana Bowman
4 Willow Path Ct,
NOTTINGHAM, MD 21236-
410-777-3317

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 01/30/1969 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J96.22	Acute and chronic respiratory failure with hypercapnia	08/29/25

13. ICD	Other Pertinent Diagnoses	Date
B37.9	Candidiasis unspecified	08/29/25
I11.0	Hypertensive heart disease with heart failure	08/29/25
I50.32	Chronic diastolic (congestive) heart failure	08/29/25
E11.9	Type 2 diabetes mellitus without complications	08/29/25
G93.40	Encephalopathy unspecified	08/29/25
M06.9	Rheumatoid arthritis unspecified	08/29/25
J45.998	Other asthma	08/29/25
J96.11	Chronic respiratory failure with hypoxia	08/29/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/29/25
M79.7	Fibromyalgia	08/29/25
F41.9	Anxiety disorder unspecified	08/29/25
K21.9	Gastro-esophageal reflux disease without esophagitis	08/29/25
G89.29	Other chronic pain	08/29/25
F31.9	Bipolar disorder unspecified	08/29/25
M19.90	Unspecified osteoarthritis unspecified site	08/29/25
E66.2	Morbid (severe) obesity with alveolar hypoventilation	08/29/25
Z79.4	Long term (current) use of insulin	08/29/25
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	08/29/25
Z79.891	Long term (current) use of opiate analgesic	08/29/25

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

Acetaminophen - Acetaminophen 500 MG , Give 1000 mg (Tablet) by mouth every 8 hours Give 1000 mg by mouth every 8 hours for pain management
Digestive Enzymes Oral Capsule (Digestive Enzymes) Give 1 capsule by mouth after meal Give 1 capsule by mouth with meals for supplement
Magic Mouthwash - Magic Mouthwash 30 mls (mouthwash) by mouth four times a day before meals & nightly for 7 days.
Lasix - Furosemide 20 MG tablet , Take 60 mg by mouth twice a day take 60 mg by mouth twice a day
Nizoral - Ketoconazole 2% , Apply 1 Application (shampoo) topical two times per week Apply 1 Application to the skin two times per week.
Zestril - Lisinopril 10 MG tablet, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Magnesium Oxide - Simethicone 400 (240 Mg) MG , Take 400 mg by mouth twice a day Take 400 mg by mouth 2 times daily.
Glycolax - Polyethylene Glycol 3350 17 GM/SCOOP , Take 17 g powder by mouth once a day Take 17 g by mouth daily
Klor-Con M10 - Potassium Chloride 10 MEQ , Take 10 mEq tablet by mouth once a day Take 10 mEq by mouth daily.
albuterol-ipratropium 0.5-2.5 (3) mg/3mL nebulizer solution 0.5-2.5 (3) mg/3mL , Take 3 mL.s (nebulizer solution) by mouth every 6 hours Take 3 mL.s by nebulization every 6 hours as needed for Wheezing.
Oxycodone Hydrochloride - Oxycodone Hydrochloride 20 MG , Give 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times daily.For diagnoses: Rheumatoid arthritis, involving unspecified site, unspecified whether rheumatoid factor present (CMS/HHS-HCC), Other chronic pain, Fibromyalgia
Glucophage - Metformin Hydrochloride 1000 MG tablet , Take 1,000 mg (tablet) by mouth twice a day Take 1,000 mg by mouth 2 times daily.
Roxicodone - Oxycodone Hydrochloride 20 MG , Take 1 tablet by mouth every 6 hours Take 1 tablet by mouth every 6 hours as needed.
For diagnoses: Rheumatoid arthritis, involving unspecified site, unspecified whether rheumatoid factor present (CMS/HHS-HCC).
Other chronic pain, Fibromyalgia
Oxygen - Oxygen 2 l nasal cannula continuous

14. DME and Supplies:

wheelchair, oxygen supplies, diabetic supplies

15. Safety Measures:

wheelchair precautions, precautions, medication safety, hand rails, fall precautions, diabetic precautions, ambulates with assistance, activity supervision

16. Nutrition:

low sodium, low cholesterol, diabetic

17. Allergies:

sulfa

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Wheelchair, Up As Tolerated

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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Acute And Chronic Respiratory Failure With Hypercapnia , 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 56-year-old female recently discharged from the hospital following admission for altered mental status and acute on chronic respiratory failure. Her past medical history is significant for obstructive sleep apnea, diastolic heart failure, obesity hypoventilation syndrome, morbid obesity, and chronic pain with long-term opiate use. During hospitalization, she presented with acute hypercapnic and chronic hypoxic respiratory failure requiring ICU-level care. Her condition improved with bilevel positive airway pressure (BiPAP), and her opioid regimen was reduced. She was discharged on 2 L of continuous oxygen via nasal cannula and continues BiPAP therapy during sleep and naps. A hospital bed with trapeze has been placed in her living room for accessibility, and she resides with her husband in a ground-level condominium. At present, the patient is alert and oriented 4, cooperative with care, and receptive to education. Medication reconciliation and teaching were completed, including discussion of dosages, frequencies, and potential side effects; both patient and caregiver verbalized understanding. She denies pain, fever, or shortness of breath at rest. Lung sounds are clear with diminished bases, and respirations are unlabored. Cardiovascular exam reveals present pedal pulses. Gastrointestinal and genitourinary assessments are stable: active bowel sounds are noted, last bowel movement was yesterday, she voids without difficulty, and she uses adult briefs. Functionally, the patient is morbidly obese, bedbound, and dependent for most activities of daily living. She requires maximal assistance with upper body dressing, total assistance with lower body dressing, bathing, transfers, and personal

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles SN RN on 08/29/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jeffrey Ukens
7106 Ridge Road Suite B
Baltimore , MD 21237
PHONE: 1410-687-2300 FAX: 1844-304-5355 NPI: 1962430728

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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hygiene. She utilizes a trapeze to assist with bed mobility but continues to require caregiver assistance for repositioning. She reports that she was previously ambulatory and independent four years ago but has since declined. Muscle strength testing reveals bilateral upper extremities at 4-/5, with significant weakness in lower extremities. The patient also reports ankle instability and fear of falling, further limiting her mobility. The plan of care includes skilled nursing for ongoing respiratory monitoring, medication management, reinforcement of oxygen and BiPAP use, and caregiver education. Physical and occupational therapy services are recommended to address deficits in bed mobility, transfer training, and progressive strengthening to maximize independence and reduce caregiver burden. The patient will also benefit from fall-prevention strategies, energy conservation education, and supportive care to optimize safety and quality of life in the home setting.
 Date of Order 08/29/2025 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 Acute And Chronic Respiratory Failure With Hypercapnia 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: PT Eval Notes: OT Eval Notes: Physician Ukens, Jeffrey

SN Careplans

SN WK1: 1 (08/29/25-08/30/25) ,WK2: 2 (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)

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: 7. Currently taking 5 or more medications

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: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, M1400 - Dyspnea, wheezing, swelling in legs/around eyes, abn cholesterol > 200 mg/dL, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, constipation, frequent urination, increased urine output, limited endurance, limited strength, limited range of motion, muscle weakness, poor muscle tone, Pain Effect on Sleep, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, obesity

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, home exercise program, assist with O2 safety, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

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)

SN Goals

PATIENT-STATED GOAL: I. Want to walk

GOALS
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 take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

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
* 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 manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient is adequately supervised

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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles SN RN	08/29/2025

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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, * 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, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, * 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, * 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, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* preventive care
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic 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

caregiver administers and/or packages medications appropriately

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* 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

PT Careplans

PT WK2: 1 (08/31/25-09/06/25) ,WK3: 2 (09/07/25-09/13/25) ,WK4: 2 (09/14/25-09/20/25) ,WK5: 2 (09/21/25-09/27/25) ,WK6: 2 (09/28/25-10/04/25) ,WK7: 2 (10/05/25-10/11/25) ,WK8: 2 (10/12/25-10/18/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400 Dyspnea, GG0170A1 - Roll left & Right, GG0170B1 - Sit to Lying, GG0170C1 - Lying to sitting/bed, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: Medication Review: The medication was reviewed with patient , Home exercises : Ankle pumps, short arc, slr and bed mobility., cough/deep breathing exercises, incentive spirometer, wheelchair 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, Roll left & Right - 06. Independent, Sit to Lying - 06. Independent, Lying to sitting/bed - 06. Independent, Sit to Stand - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 03. Partial/moderate assistance, Car Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent

PT Goals

PATIENT-STATED GOAL: The patient wants to be abkle to transfer out of bed and change position in bed

GOALS
Roll left & Right - 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

Sit to Lying - 06. Independent

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

Lying to sitting/bed - 06. Independent

Sit to Stand - 03. Partial/moderate assistance

Toilet Transfer - 03. Partial/moderate assistance

Chair to Bed to Chair - 03. Partial/moderate assistance

Wheel 50 ft w 2 Turns - 01. Dependent

Car Transfer - 03. Partial/moderate assistance

Wheel 150 feet - 01. Dependent

Signature of Physician:

Date

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

Date
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OT Careplans

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

PROCEDURES: ADLS , Bed mobility , Balance , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, therapeutic exercises

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 - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance, Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

OT Goals

PATIENT-STATED GOAL: Patient wants to get better

GOALS
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

Oral Hygiene - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

HHA Careplans

HHA 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)

PROCEDURES: assist with bathing: Bathe in bed, assist with toileting hygiene, assist with transferring, assist with infection control, assist with fall prevention, 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:

Electronically Signed by Messick, Charles SN RN

Date

08/29/2025