

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |  |                                                                                                                                                                                                                                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                   |  | Order ID: 179/12083                                                                                                                                                                                                                                                                                                               |  |
| 1. Patient s HI claim No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 2. Start Of Care Date                             |  | 3. Certification Period                                                                                                                                                                                                                                                                                                           |  |
| 1EG4TE5MK73                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 09/01/2025                                        |  | From: 09/01/2025 To: 10/30/2025                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |  | 4. Medical Record No.                                                                                                                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |  | 7170                                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |  | 5. Provider No.                                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |  | 242353                                                                                                                                                                                                                                                                                                                            |  |
| 6. Patient's Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                   |  | 7. Provider's Name, Address and Telephone Number                                                                                                                                                                                                                                                                                  |  |
| Hannah Pearson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                   |  | Home Health Cares                                                                                                                                                                                                                                                                                                                 |  |
| 6910 Marsue Drive Apt 1A,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                   |  | 579# EAST MARKET@STREETS                                                                                                                                                                                                                                                                                                          |  |
| EL PASO, TX 88595                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                   |  | HARRISONBURG, VA 22801-1234                                                                                                                                                                                                                                                                                                       |  |
| 667-352-9484                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                   |  | 540-433-7146                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |  | 1234567891                                                                                                                                                                                                                                                                                                                        |  |
| 8. DOB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                   |  | 9. Sex                                                                                                                                                                                                                                                                                                                            |  |
| 12/16/1979                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                   |  | Female                                                                                                                                                                                                                                                                                                                            |  |
| 11. ICD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Principal Diagnosis                               |  | Date                                                                                                                                                                                                                                                                                                                              |  |
| E11.44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Type 2 diabetes mellitus with diabetic amyotrophy |  | 09/01/25                                                                                                                                                                                                                                                                                                                          |  |
| 13. ICD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Other Pertinent Diagnoses                         |  | Date                                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |  |                                                                                                                                                                                                                                                                                                                                   |  |
| 14. DME and Supplies:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                   |  | 15. Safety Measures:                                                                                                                                                                                                                                                                                                              |  |
| 4 wheeled walker, cane                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                   |  | anticoagulant precautions, activity supervision                                                                                                                                                                                                                                                                                   |  |
| 16. Nutrition:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                   |  | 17. Allergies:                                                                                                                                                                                                                                                                                                                    |  |
| 2gm sodium, 1400cal ADA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                   |  | no known allergies                                                                                                                                                                                                                                                                                                                |  |
| 18.A. Functional Limitations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                   |  | 18.B. Activities Permitted                                                                                                                                                                                                                                                                                                        |  |
| None of the above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                   |  | No Restrictions                                                                                                                                                                                                                                                                                                                   |  |
| 19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., 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: fair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                   |  |                                                                                                                                                                                                                                                                                                                                   |  |
| 22. A Rehabilitation Potential:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |  | 22.B.Discharge Plans                                                                                                                                                                                                                                                                                                              |  |
| SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                   |  | patient will be responsible for managing treatment                                                                                                                                                                                                                                                                                |  |
| Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                   |  |                                                                                                                                                                                                                                                                                                                                   |  |
| Clinical Condition Requiring Homecare: Stroke Patient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                   |  |                                                                                                                                                                                                                                                                                                                                   |  |
| SN Careplans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                   |  | SN Goals                                                                                                                                                                                                                                                                                                                          |  |
| PT Careplans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                   |  | PT Goals                                                                                                                                                                                                                                                                                                                          |  |
| PT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                   |  |                                                                                                                                                                                                                                                                                                                                   |  |
| PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with ADLs, GG0170F1 - Toilet Transfer, 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                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                   |  |                                                                                                                                                                                                                                                                                                                                   |  |
| OT Careplans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                   |  | OT Goals                                                                                                                                                                                                                                                                                                                          |  |
| OT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                   |  | PATIENT-STATED GOAL: Move independently                                                                                                                                                                                                                                                                                           |  |
| PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 98 > 99, heart rate < 50 > 80, respiratory rate < 8 > 15, blood pressure systolic < 100 > 150, blood pressure diastolic < 50 > 100, O2 saturation < 98 > 101, pain < 0 > 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |  | GOALS                                                                                                                                                                                                                                                                                                                             |  |
| CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                   |  | Shower/Bathe Self - 05. Setup or clean-up assistance                                                                                                                                                                                                                                                                              |  |
| HOSPITALIZATION RISKS: 10. None of the above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                   |  | patient/caregiver recalls                                                                                                                                                                                                                                                                                                         |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |  | * diabetic medication management                                                                                                                                                                                                                                                                                                  |  |
| Advance Directive:Do not resuscitate (DNR) orders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                   |  | * blood sugar testing                                                                                                                                                                                                                                                                                                             |  |
| PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating, M2102d - Caregiver Performs Treatment, Home Safety, Financial, M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, M1400 - Dyspnea, abnormal sputum production, cramping calves/thighs/hips, odor of breath/sweat/saliva, abnormal thyroid 0.40 - 4.50 mIU/mL, tarry/bloody stools, heartburn/indigestion, M1610 - Urinary Incontinence, dark-colored urine, decreased urine output, Pain Interference with ADLs, B0200 - Hearing Deficit, weak hand grips, seizures, Pain Interference with Therapy activities, Pain Effect on Sleep, sore throat or mouth sores, bad breath, rough/scaly/cracked skin, jaundice |  |                                                   |  | * diabetic foot care                                                                                                                                                                                                                                                                                                              |  |
| PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, bladder training, equipment training, work simplification/energy conservation, coordinate/arrange repair of inadequate lighting, coordinate/arrange removal of insects/rodents present in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                   |  | * exercise                                                                                                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |  | * diabetic diet                                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |  | * 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                                                                                                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |  | * urinary incontinence management including bladder training                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |  | * Kegel exercises                                                                                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |  | * skin care                                                                                                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |  | * recalls related medication(s) purpose, schedule                                                                                                                                                                                                                                                                                 |  |
| 23. Signature and Date of Verbal SOC Where Applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                   |  | 25. Date HHA Received Signed POT                                                                                                                                                                                                                                                                                                  |  |
| Electronically Signed by Barrow, Raymond (OT) OT on 09/01/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                   |  |                                                                                                                                                                                                                                                                                                                                   |  |
| 24. Physician's Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                   |  | 26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan. |  |
| Joy De Castro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                   |  | F2F date :                                                                                                                                                                                                                                                                                                                        |  |
| maine, ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                   |  |                                                                                                                                                                                                                                                                                                                                   |  |
| PHONE: 2077499791 FAX: 12072219995 NPI: 1801093968                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                   |  |                                                                                                                                                                                                                                                                                                                                   |  |
| 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.                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                   |  | PAGE 1 of 2                                                                                                                                                                                                                                                                                                                       |  |

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| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | Order ID: 179/12083 |
| 1. Patient s HI claim No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2. Start Of Care Date | 3. Certification Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4. Medical Record No. | 5. Provider No.     |
| 1EG4TE5MK73                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 09/01/2025            | From: 09/01/2025 To: 10/30/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7170                  | 242353              |
| 6. Patient's Name and Address<br>Hannah Pearson<br>6910 Marsue Drive Apt 1A,<br>EL PASO, TX 88595<br>667-352-9484                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       | 7. Provider's Name, Address and Telephone Number<br>Home Health Cares<br>579# EAST MARKET@STREETS<br>HARRISONBURG, VA 22801-1234<br>540-433-7146<br>1234567891                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                     |
| patient's living environment, coordinate/arrange patient access to necessary medical care considering patient inability to pay, coordinate/arrange home modifications for hearing impaired, i.e. alarms, coordinate/arrange transportation services<br><br>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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient living environment has adequate lighting, patient has access to necessary medical care considering inability to pay, caregiver performs medical/rehabilitation treatments with adequate competence, Oral Hygiene - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent |                       | patient/caregiver recalls<br>* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms<br>* recalls related medication(s) purpose, schedule<br><br>patient self-administers medications as prescribed<br>* recalls related medication(s) purpose, schedule<br><br>patient's transportation needs are met<br><br>patient living environment has adequate lighting<br><br>patient has access to necessary medical care considering inability to pay<br><br>caregiver performs medical/rehabilitation treatments with adequate competence<br><br>Oral Hygiene - 05. Setup or clean-up assistance<br><br>Upper Body Dressing - 05. Setup or clean-up assistance<br><br>Lower Body Dressing - 05. Setup or clean-up assistance<br><br>Toileting Hygiene - 05. Setup or clean-up assistance<br><br>Don/Doff Footwear - 05. Setup or clean-up assistance<br><br>Eating - 06. Independent |                       |                     |

|                                                  |             |
|--------------------------------------------------|-------------|
| Signature of Physician:                          | Date        |
|                                                  | PAGE 2 of 2 |
| Optional Name/Signature of Nurse/Therapist:      | Date        |
| Electronically Signed by Barrow, Raymond (OT) OT | 09/01/2025  |