Home Health Certification and Plan of Care

Order ID: 1163/288

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
461281341	09/16/2025	From: 09/16/2025 To: 11/13/2025	404	497754

6. Patient's Name and Address

Nabil Armaniouss
12250 Water Elm Ln,
FAIRFAX, VA 22030-
571-587-9486

7. Provider's Name, Address and Telephone Number

Grace Home Healthcare, LLC
9735 Main Street Suite 200 Fairfax,
Fairfax, VA 22031-3736
703-865-7370
1073904009

8. DOB 07/20/1949 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	09/16/25

13. ICD	Other Pertinent Diagnoses	Date
E11.69	Type 2 diabetes mellitus with other specified complication	09/16/25
E78.5	Hyperlipidemia unspecified	09/16/25
I48.91	Unspecified atrial fibrillation	09/16/25
N17.9	Acute kidney failure unspecified	09/16/25
I11.0	Hypertensive heart disease with heart failure	09/16/25
I50.20	Unspecified systolic (congestive) heart failure	09/16/25
N39.0	Urinary tract infection site not specified	09/16/25
E11.36	Type 2 diabetes mellitus with diabetic cataract	09/16/25
H25.813	Combined forms of age-related cataract bilateral	09/16/25
M17.0	Bilateral primary osteoarthritis of knee	09/16/25
J45.909	Unspecified asthma uncomplicated	09/16/25
M11.20	Other chondrocalcinosis unspecified site	09/16/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	09/16/25
F03.911	Unspecified dementia unspecified severity with agitation	09/16/25
F03.918	Unsp dementia unsp severity with other behavioral disturb	09/16/25
F05.	Delirium due to known physiological condition	09/16/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	09/16/25
H54.40	Blindness one eye unspecified eye	09/16/25
N28.89	Other specified disorders of kidney and ureter	09/16/25
E55.9	Vitamin D deficiency unspecified	09/16/25
M25.462	Effusion left knee	09/16/25
E66.01	Morbid (severe) obesity due to excess calories	09/16/25
Z68.35	Body mass index [BMI] 35.0-35.9 adult	09/16/25
Z79.01	Long term (current) use of anticoagulants	09/16/25

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

Acetaminophen - Acetaminophen 500 MG , Give 1 tablet by mouth every 6 hours Give 1 tablet by mouth every 6 hours as needed for mild to moderate left knee pain
Albuterol Sulfate - Albuterol Sulfate 108 (90 Base) MCG/ACT , 2 puff inhale orally inhalant every 4 hours 2 puff inhale orally every 4 hours as needed for wheezing
Atorvastatin Calcium - Atorvastatin Calcium 40 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HLD
Dabigatran Etexilate Mesylate Oral Capsule 150 MG (Dabigatran Etexilate Mesylate) 150 MG , Give 1 capsule by mouth twice a day Give 1 capsule by mouth two times a day for A fib
Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 500-50 MCG/ACT (FluticasoneSalmeterol) 500-50 MCG/ACT , 1 puff inhale orally inhalant twice a day 1 puff inhale orally two times a day for nasal congestion. rinse mouth after use
Metoprolol Succinate - Metoprolol Succinate 25 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for CHF hold for SBP <110, HR <60
Potassium Chloride Crys ER 20 MEQ Tablet extended release 20 MEQ , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for hypokalemia for 3 Days
Sertraline Hcl - Sertraline Hydrochloride 25 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Depression

14. DME and Supplies:

walker, commode, cane

15. Safety Measures:

walker precautions, , , diabetic precautions, ambulates with assistance, , knee precautions, cardiac precautions, bathroom safety, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted

Up As Tolerated, Walker

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 3. Often, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

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.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Type 2 Diabetes Mellitus With Hyperglycemia, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare: The patient is a 76-year-old Arabic-speaking male with a complex medical history notable for type 2 diabetes mellitus, hypertension, heart failure, atrial fibrillation, bilateral knee osteoarthritis with prior hemarthrosis and arthrocentesis, prior acute kidney injury, recurrent urinary tract infection, and baseline dementia with intermittent delirium. He was hospitalized and subsequently discharged from a skilled nursing facility after a fall during which he reportedly lay on the floor for approximately 48 hours, resulting in rhabdomyolysis; he now returns home with functional decline. The patient lives in a multilevel single-family home (bedroom in the basement, primary bathroom on an upper level) with his estranged wife while his daughter serves as primary caregiver and translator; he speaks and understands very little English. Current functional <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> reveals decreased strength, endurance, standing tolerance, gait steadiness and balance; he requires a two-handed assistive device (currently a front-wheeled walker) and physical assistance or supervision for transfers, ambulation, lower-body dressing, bathing, and toileting (uses bedside commode); he is independent with feeding and has no fine motor deficits. Safety concerns include the recent prolonged unwitnessed fall, cognitive impairment, documented threats to self prior to the fall (daughter reports he called threatening to poison himself), lack of advance directives/Durable Power of

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 09/16/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Christie Youssef
12255 Fair Lakes Pkwy
Fairfax, VA 22033
PHONE: 7039345700 FAX: NPI: 1902112923

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

F2F date : 08/28/2025

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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Nabil Armaniouss 12250 Water Elm Ln, FAIRFAX, VA 22030- 571-587-9486	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Attorney on file, medication noncompliance and incomplete medication availability on admission (medications were reviewed and reconciled), and environmental barriers (no bathroom on same level as bedroom). The family has arranged for a hospital bed, shower chair, and grab bars, and has installed monitoring cameras; caregiver education and a home exercise program were initiated during the OT evaluation. Plan: continue skilled physical and occupational therapy to address strength, endurance, balance, and ADL retraining with close supervision and caregiver training, coordinate with PCP regarding medication refills or changes, implement home safety modifications, and monitor for medical or behavioral safety issues.
 Date of Order 09/16/2025 Orders Physician Face-to-Face Date: 08/28/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Type 2 Diabetes Mellitus With Hyperglycemia Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Youssef, Christie

SN Careplans

SN WK1: 1 (09/16/25-09/20/25) ,WK2: 1 (09/21/25-09/27/25) ,WK3: 1 (09/28/25-10/04/25) ,WK4: 1 (10/05/25-10/11/25) ,WK5: 1 (10/12/25-10/18/25) ,WK6: 1 (10/19/25-10/25/25) ,WK7: 1 (10/26/25-11/01/25) ,WK8: 1 (11/02/25-11/08/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5, blood sugar < 60 > 300

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

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1700 - Cognition, M1745 - Behavioral Issues, D0160 - Depression, Home Safety, Home Safety, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, D0700 - Social Isolation, M2020 - Oral Med Management, swelling in the arms/legs, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, abnormal BS < 70/140 > mg/dL, increased urine output, frequent urination, urine retention, M1600 - UTI, swelling of affected area, limited strength, limited endurance, muscle weakness, withdrawal from conversations, Pain Effect on Sleep, balance deficit

PROCEDURES: Lab Draw: Lab work for 9/25/2025 CHEM 7, NON-FASTING (NA, K, CL, CO2, BUN, GLUC, CR) LIPID PANEL (DLDL, HDL, CHOL, TRIG) ALBUMIN/CREATININE RATIO, URINE TSH W REFLEX TO FREE T4 VITAMIN D, 25-HYDROXY HEPATIC FUNCTION PANEL (ALB, TBILI, DBILI, ALKP, TPROT, ALT, AST) CBC NO DIFFERENTIAL, cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange repair of inadequate lighting, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange long-term socialization activities

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, * how to optimize joint mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety

SN Goals

PATIENT-STATED GOAL: I would like to walk without falling

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

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

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* 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 incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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pain control, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient living environment has adequate lighting, patient's living environment is clean/uncluttered, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* how to optimize joint mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* pain control
* 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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

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

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

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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient living environment has adequate lighting

patient's living environment is clean/uncluttered

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (09/16/25-09/20/25) ,WK2: 1 (09/21/25-09/27/25) ,WK3: 1 (09/28/25-10/04/25) ,WK4: 2 (10/05/25-10/11/25) ,WK5: 2 (10/12/25-10/18/25) ,WK6: 2 (10/19/25-10/25/25) ,WK7: 1 (10/26/25-11/01/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, M1400 Dyspnea, 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

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver., incentive spirometer, home exercise program: Seated therex BLE, 2x10, 1-2x/daily: sit to stands (1-3 x 5 reps to start, then build), alt marches, SLR hip flex, LAQ, clams, hip add with pillow squeezes x3-5 sec holds; 3x10 HR/TR; Supine ankle pumps, 3-4x10 2x/day, standing tolerance exercises, static standing balance exercises, gait training/stair training, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to

PT Goals

PATIENT-STATED GOAL: To feel stronger in BLE to be able to tol walk around home/between rooms with RW or SAC and neg stairs to use bathrooms/shower upstairs in home, with improved strength, endurance and tolerance for standing and walking.

GOALS
patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Toilet Transfer - 05. Setup or clean-up assistance

12 Steps - 04. Supervision or touching assistance

Sit to Stand - 04. Supervision or touching assistance

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance

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

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (09/16/25-09/20/25) ,WK2: 1 (09/21/25-09/27/25) ,WK4: 1 (10/05/25-10/11/25) ,WK5: 1 (10/12/25-10/18/25) ,WK6: 1 (10/19/25-10/25/25)

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

PROCEDURES: equipment training, work simplification/energy conservation

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to get stronger and get back to feeling like myself

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

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

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

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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