Home Health Certification and Plan of Care

Order ID: 1150/13508

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
351089380	10/22/2025	From: 10/22/2025 To: 12/20/2025	18720	217058

6. Patient's Name and Address
Loretta Lucas
2820 Oswego Avenue,
Baltimore, MD 21215-
410-371-5773

7. Provider's Name, Address and Telephone Number
HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 09/05/1938 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I48.91	Unspecified atrial fibrillation	10/22/25

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	10/22/25
I50.20	Unspecified systolic (congestive) heart failure	10/22/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	10/22/25
N18.9	Chronic kidney disease u	10/22/25
D63.1	Anemia in chronic kidney disease	10/22/25
I26.99	Other pulmonary embolism without acute cor pulmonale	10/22/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/22/25
I71.40	Abdominal aortic aneurysm without rupture unspecified	10/22/25
L89.153	Pressure ulcer of sacral region stage 3	10/22/25
E78.5	Hyperlipidemia unspecified	10/22/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/22/25
J44.9	Chronic obstructive pulmonary disease unspecified	10/22/25
M10.9	Gout unspecified	10/22/25
M48.061	Spinal stenosis lumbar region without neurogenic claud	10/22/25
E03.9	Hypothyroidism unspecified	10/22/25
Z95.1	Presence of aortocoronary bypass graft	10/22/25
Z98.61	Coronary angioplasty status	10/22/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	10/22/25
Z79.01	Long term (current) use of anticoagulants	10/22/25
Z86.718	Personal history of other venous thrombosis and embolism	10/22/25
Z87.891	Personal history of nicotine dependence	10/22/25

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

Crestor - Rosuvastatin Calcium 40 MG 1 tab by mouth once a day Caregiver is aware of meds, dosage, frequency.
Toprol-Xl - Metoprolol Succinate 25mg- Take 0.5 tab by mouth once a day CG confirmed with Kaiser pharmacist meds to be taken. Meds to be picked up today- 10/22/25.
Protonix - Pantoprazole Sodium Take 40 mg by mouth once a day CG aware of med dose, frequency, purpose.
Tylenol #3 - Acetaminophen: Codeine Phosphate 300-30 MG , Take 1 tablet by mouth every 4 hours CG aware of dosage, frequency, purpose. Pt stated she hasn't needed recently.
Pradaxa - Dabigatran Etexilate Mesylate 75 MG, Take 1 capsule by mouth twice a day CG aware of bleeding precautions ; dosage, frequency, purpose.
Ventolin Hfa - Albuterol Sulfate 108 (90 BASE) mcg/act ,Take 2 puffs inhalant every 6 hours Take 2 puffs by inhalation every 6 hours as needed. Pt/ CG understands when to use med.
Trazodone - Trazodone Hydrochloride 50 MG, Take 1 tab by mouth at bedtime Pt understands dosage, frequency, purpose.
Nitroglycerine - Nitroglycerin 0.4 mg sublingual as necessary Patient reports she has the medicine for prn use.
Methimazole - Methimazole 5 mg 2 tablets by mouth in the morning Caregivers aware of medication purpose.
Lasix - Furosemide 20 mg 1 tab by mouth as necessary Start 11/01/25 Lasix is to be taken when legs and feet swell up per MD. MD is to be called after taking meds 2 days and swelling has not decreased or resolved.
Robitussin - Chlorpheniramine Polistirex: Hydrocodone Polistirex Take 200 mg by mouth every 6 hours Pt denies cough and is not taking med.
Lasix - Furosemide 20 mg 1-tab by mouth once a day To STOP 11/01/25 Caregivers aware of medicine use, freq, dose and purpose. Daily for 5 days for edema and then daily as needed 10/27/25 Med dosage changed to 20 mg x5 days, then prn for leg swelling.

14. DME and Supplies:
diabetic supplies, bath bench, walker, cane

15. Safety Measures:
remove environmental barriers, walker precautions, medication safety, diabetic precautions, fall precautions, ambulates with assistance, ambulates with device, bleeding precautions, standard precautions, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:
soft, 2gm sodium

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation, unable to use right arm & hand- FX humerous

18.B. Activities Permitted
Exercises Prescribed, Walker, Cane, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

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

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Unspecified atrial fibrillation, 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 an alert and oriented 87-year-old African American female, recently hospitalized after a fall resulting in a right humerus fracture and found to have bilateral pulmonary embolisms. Her past medical history includes coronary artery disease status post CABG, hypertension, congestive heart failure, abdominal aortic aneurysm, diabetes mellitus, and a non-ruptured cerebral aneurysm. At home, she is totally dependent on family for all activities of daily living (ADLs) and instrumental activities of daily living (IADLs). During the visit, she was observed sitting on the edge of her bed with feet dangling in a small cluttered bedroom. Vital signs were within normal limits. Notable findings included rales in the right lung lobe, swelling and limited mobility of the right arm and hand, an absorbing hematoma on the left antecubital area, and significant bilateral lower extremity edema with dry, flaking skin. Occlusive dressings were noted on the hips and sacral area, placed by hospital staff; they were not removed due to lack of orders and supplies. Medications were not present at home; the family coordinated with the pharmacy to have prescriptions transferred to a closer location. Patient and family were educated on fall and bleeding precautions, daily weights, and wound care. Physical therapy evaluation revealed decreased strength with 3-/5 MMT in bilateral lower extremities and limited right upper extremity mobility, requiring moderate assistance for transfers and short-distance ambulation with a rolling walker. The patient is unable to negotiate stairs in her multilevel home and would benefit from a home safety assessment for adaptive equipment, including a stair lift and bath rails. She currently requires maximal assistance with bathing and dressing, minimal-to-moderate assistance with sit-to-stand and commode transfers, and no weight bearing on the right upper extremity. Skilled physical therapy services are recommended to improve strength, balance, and safety, with the goal of increasing functional independence and facilitating return to prior level of function. The skilled nursing visit schedule includes wound care, medication teaching, weight monitoring, and management of fluid retention.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 10/22/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 10/22/2025
 Clinical Condition

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/22/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Eddye Bullock
7141 Security Blvd
Baltimore, MD 21244
PHONE: 443-663-6220 FAX: 14436636475 NPI: 1366510703

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 : 10/22/2025

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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Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat DX: Unspecified atrial fibrillation
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - SN Notes:
 PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician: Bullock, Eddye

SN Careplans

SN WK1: 2 (10/22/25-10/25/25) ,WK2: 2 (10/26/25-11/01/25) ,WK3: 1 (11/02/25-11/08/25) ,WK4: 1 (11/09/25-11/15/25) ,WK5: 1 (11/16/25-11/22/25) ,WK6: 1 (11/23/25-11/29/25)

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

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 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

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: meal preparation, M2020 - Oral Med Management, Home Safety, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, lung sounds not clear, swelling in the arms/legs, M1033 - Unintentional Weight Loss, abnormal thyroid <> 0.40 - 4.50 mIU/mL, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, poor muscle tone, limited endurance, limited strength, muscle weakness, swelling of affected area, limited range of motion, balance deficit, Pain Interference with ADLs, loss of appetite, rough/scaly/cracked skin, bruising/discoloration, #1 - 3 - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles not exposed. - Other - Sacrum -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, physician-ordered wound care: Cleanse wound to sacral with soap and water, pat dry, apply calcium alginate to wound bed, cover with sterile 4x4s secure with allevyn foam bordered gauze, every other day and PRN soiled., glucose testing via monitor, monitor intake & output, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * how to manage gout flare-ups including non-medical pain relief dietary modifications, 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, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: Wounds to heal without s/s of infection.

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

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

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* how to manage gout flare-ups including non-medical pain relief
* dietary modifications
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* prescribed dietary modifications
* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising
* for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables

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

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/22/2025

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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
* 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's living environment is clean/uncluttered

meal preparation is available to patient for all meals

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

patient/caregiver recalls
* strategies to increase caloric intake
* 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
* 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

PT Careplans

PT WK1: 1 (10/22/25-10/25/25) ,WK2: 1 (10/26/25-11/01/25) ,WK3: 1 (11/02/25-11/08/25) ,WK4: 1 (11/09/25-11/15/25) ,WK5: 1 (11/16/25-11/22/25) ,WK6: 1 (11/23/25-11/29/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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, cough/deep breathing exercises, gait training on uneven surfaces, 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 - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 04. Supervision or touching assistance, Car Transfer - 03. Partial/moderate assistance, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Walk 150 Feet - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance, 4 Steps - 03. Partial/moderate assistance, 12 Steps - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance, Medication Review-

PT Goals

PATIENT-STATED GOAL: To be able to walk normally and go down the stairs

GOALS
Toilet Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 03. Partial/moderate assistance

Walk 50 ft with 2 Turns - 03. Partial/moderate assistance

Walk 150 Feet - 03. Partial/moderate assistance

1 - Step (curb) - 03. Partial/moderate assistance

4 Steps - 03. Partial/moderate assistance

12 Steps - 03. Partial/moderate assistance

Picking Up Object - 03. Partial/moderate 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

Signature of Physician:

Date

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

Date
10/22/2025

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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

Sit to Stand - 03. Partial/moderate assistance

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

Car Transfer - 03. Partial/moderate assistance

Medication Review

OT Careplans

OT WK2: 1 (10/26/25-11/01/25) ,WK3: 1 (11/02/25-11/08/25) ,WK4: 1 (11/09/25-11/15/25) ,WK5: 1 (11/16/25-11/22/25) ,WK6: 1 (11/23/25-11/29/25) ,WK7: 1 (11/30/25-12/06/25)

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

PROCEDURES: ADLs , Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, 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, 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 will demonstrate improved Rsh flexion prom from 70 degs to 100 degs to improve function of the right shoulder

OT Goals

PATIENT-STATED GOAL: Patient wants to get better

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

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

Toileting Hygiene - 05. Setup or clean-up assistance

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

Eating - 06. Independent

Patient will demonstrate improved Rsh flexion prom from 70 degs to 100 degs to improve function of the right shoulder

HHA Careplans

HHA WK3: 2 (11/02/25-11/08/25) ,WK4: 2 (11/09/25-11/15/25) ,WK5: 2 (11/16/25-11/22/25) ,WK6: 2 (11/23/25-11/29/25)

PROCEDURES: assist with bathing: Aide do a bed bath on each visit., assist with toilet transferring: Aide to assist with toileting on aides visit if needed., assist with toileting hygiene: Aide to assist with toileting on aides visit if needed., assist with transferring: Aide to help to transfer from bed to chair or chair to bed on each visit., assist with mobility: Aide to assist while there if patient wants to be in chair, assist with fall prevention: Aide to assess on each visit, assist with lower body dressing: Aide to put on upper body and lower body dressing after each bath on each visit., assist with light housekeeping: Change bed linen after each bath or PRN if clean linen is available, assist with meal preparation: Aide to prepare light meals or snacks on aide visit., assist with grooming, oral care: Aide to assist with brushing teeth and washing face on each visit.

HHA Goals

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/22/2025