Home Health Certification and Plan of Care

Order ID: 1150/13561

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4AX2YJ6MC70	10/29/2025	From: 10/29/2025 To: 12/27/2025	18896	217058

6. Patient's Name and Address

William Jahnigen
8245 Stone Crop Drive Unit F,
ELLICOTT CITY, MD 21043-
443-632-5584

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 02/10/1942 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	10/29/25

13. ICD	Other Pertinent Diagnoses	Date
I69.391	Dysphagia following cerebral infarction	10/29/25
F03.B11	Unspecified dementia moderate with agitation	10/29/25
I48.91	Unspecified atrial fibrillation	10/29/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/29/25
I10.	Essential (primary) hypertension	10/29/25
I73.9	Peripheral vascular disease unspecified	10/29/25
I26.99	Other pulmonary embolism without acute cor pulmonale	10/29/25
I82.409	Acute embolism and thombos unsp deep vn unsp lower extremity	10/29/25
J44.9	Chronic obstructive pulmonary disease unspecified	10/29/25
E78.5	Hyperlipidemia unspecified	10/29/25
F33.1	Major depressive disorder recurrent moderate	10/29/25
F41.9	Anxiety disorder unspecified	10/29/25
K59.04	Chronic idiopathic constipation	10/29/25
N31.9	Neuromuscular dysfunction of bladder unspecified	10/29/25
N39.498	Other specified urinary incontinence	10/29/25
R33.9	Retention of urine unspecified	10/29/25
Z46.6	Encounter for fitting and adjustment of urinary device	10/29/25
Z79.01	Long term (current) use of anticoagulants	10/29/25
Z79.82	Long term (current) use of aspirin	10/29/25
Z95.1	Presence of aortocoronary bypass graft	10/29/25
Z87.440	Personal history of urinary (tract) infections	10/29/25

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

Aspirin - Aspirin 81 mg, Take 1 tablet by mouth in the morning 1 tablet by mouth in the morning for cerebral infarction.
Barrier Cream - Barrier Cream Apply to buttocks and peri area topical as necessary Apply to buttocks and peri area topically every shift for skin redness and irritation.
Divalproex Sodium - Divalproex Sodium 125 mg,Take 1 tablet by mouth once a day 1 tablet by mouth once a day at 4 PM for agitation and sundowning.
Miralax - Polyethylene Glycol 3350 Take 17 grams by mouth in the morning Take 17 grams by mouth in the morning for bowel management. It should be mixed with at least 8 ounces of fluid.
Mirtazapine - Mirtazapine 15 MG, Take 1 tablet by mouth at bedtime Take 1 tablet at bedtime for major depressive disorder.
Senna S - Senna 8.6-50 MG, Take 2 tablets by mouth at bedtime Take 2 tablets at bedtime for bowel management.
Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH (Fluticasone-Umeclidin-Vilant) Take 1 inhalation by mouth in the morning one inhalation orally in the morning for chronic obstructive pulmonary disease (COPD).
Tricor - Fenofibrate 145 MG,take one tablet by mouth in the evening 145 MG, one tablet by mouth in the evening for hyperlipidemia.
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000 UNIT, take one tablet by mouth in the morning 2000 UNIT, one tablet by mouth in the morning for vitamin D deficiency
Atorvastatin Calcium - Atorvastatin Calcium 40 mg, Take 1 tablet by mouth once a day 1 tablet by mouth in the afternoon for hyperlipidemia.
Eliquis - Apixaban 2.5 MG , take one tablet by mouth once a day Take one tablet by mouth every morning and at bedtime for unspecified atrial fibrillation.

14. DME and Supplies:

wheelchair, urinary/catheter supplies, hoyer lift, walker, hospital bed, 4 wheeled walker, commode

15. Safety Measures:

walker precautions, anticoagulant precautions, ambulates with device, no bp right arm, supervision at all times, wheelchair precautions, standard precautions, fall precautions, bleeding precautions, activity supervision, medication safety

16. Nutrition:

high fiber, low cholesterol

17. Allergies:

no known allergies

18.A. Functional Limitations

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

18.B. Activities Permitted

Transfer bed/Chair, Walker, Wheelchair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 2. Sometimes, 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!3. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc., HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., 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 Hemiplegia following cerebral infarction affecting right dominant side, 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/29/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Joseph Cook IV
6501 Baltimore National Pike
Catonsville, MD 21228
PHONE: 4103682100 FAX: 14107445117 NPI: 1124069257

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 : 10/08/2025

27. Attending Physician's Signature and Date Signed **11/06/2025** Date of physician last face-to-face

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

Home Health Certification and Plan of Care

Order ID: 1150/13561

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4AX2YJ6MC70	10/29/2025	From: 10/29/2025 To: 12/27/2025	18896	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
William Jahnigen 8245 Stone Crop Drive Unit F, ELLICOTT CITY, MD 21043- 443-632-5584	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

Mr. William Jahnigen is an 83-year-old male admitted to Lorien Encore at Turf Valley Skilled Nursing Facility on October 8, 2025, following hospitalization at Ascension Saint Agnes Hospital for urinary retention secondary to neurogenic bladder. After discharge, he developed new-onset right-sided weakness, and subsequent imaging confirmed a small acute infarct in the left basal ganglia consistent with a cerebrovascular accident (CVA). He was transferred to the skilled nursing facility for subacute rehabilitation and continued medical management. His medical history is significant for dementia with behavioral disturbances, atrial fibrillation (on Eliquis), coronary artery disease, peripheral artery disease, COPD, hypertension, hyperlipidemia, major depressive disorder, and anxiety. He continues to use a Foley catheter for neurogenic bladder, has a history of constipation, and presents with nutritional concerns due to a BMI of 21 and a 20-pound weight loss over the past three to four years, associated with cognitive decline. On evaluation, Mr. Jahnigen demonstrates right-sided hemiplegia with significant deficits in strength, balance, endurance, and functional mobility, resulting in increased caregiver burden and dependence for transfers and wheelchair mobility. Right upper and lower extremity strength is approximately 2-/5, with poor quadriceps control leading to right leg buckling during standing. He requires moderate to maximal assistance for transfers and standing and minimal assistance for bed mobility. Cognitive impairment and intermittent agitation further affect his participation in care and rehabilitation. He and his spouse received education on proper transfer techniques and safe body mechanics, showing understanding with cues. The patient currently resides in a single-level home with his spouse and son-in-law assisting in care and presents with sacral pressure sores. Continued skilled therapy is recommended to address physical deficits, promote functional independence, and facilitate a safe return to his prior level of function.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 10/29/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 10/08/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat DX Hemiplegia following cerebral infarction affecting right dominant side
 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: Cook IV, Joseph

SN Careplans

SN WK1: 1 (10/29/25-11/01/25)

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

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1745 - Behavioral Issues, D0160 - Depression, M2102d - Caregiver Performs Treatment, A1250 - Lack of Necessary Transportation, M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, D0700 - Social Isolation, coughing, M1033 - Exhaustion, M1400 - Dyspnea, constipation, abdominal pain, decreased urine output, foul-smelling urine, M1600 - UTI, M1610 - Urinary Catheter, poor muscle tone, muscle weakness, limited endurance, limited range of motion, limited strength, extremity burn/tingle/numb, lethargy, balance deficit, B0200 - Hearing Deficit, weak hand grips, difficulty sleeping, bruising/discoloration, discolored patches of skin, red/tender pressure points, swell/redness surround. skin

PROCEDURES: MEDICATION REVIEW: Medications reviewed with patient or caregiver. , Home health aide 2x week : Home health aide to wash and set up for breakfast or mid morning snack. 2x week , cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, monitor intake & output, catheter change, care & irrigation: Per verbal order from Dr Filderman at Chesapeake Urology, RN to change catheter once a month and as needed. Use 16 French 10 cc catheter. Catheter care each visit., teach/coordinate/arrange medication packaging and/or administration: Teach caregiver, coordinate/arrange preparation of missing meals: Discuss and guide caregiver with proper nutrition guidance, high fiber, high protein, coordinate/arrange long-term socialization activities, coordinate/arrange transportation services

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * 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 keep home safe for patient with dementia coping strategies for the caregiver, 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, * 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, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis,

SN Goals

PATIENT-STATED GOAL: Be comfortable

GOALS
patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

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

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
* 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
* 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
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* 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
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/29/2025

Home Health Certification and Plan of Care

Order ID: 1150/13561

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4AX2YJ6MC70	10/29/2025	From: 10/29/2025 To: 12/27/2025	18896	217058

6. Patient's Name and Address
William Jahnigen
8245 Stone Crop Drive Unit F,
ELLICOTT CITY, MD 21043-
443-632-5584

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

related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's transportation needs are met, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, MEDICATION REVIEW , Use different nutritional approaches to Improve constipation

* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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's transportation needs are met

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

MEDICATION REVIEW

Use different nutritional approaches to Improve constipation

PT Careplans

PT WK1: 1 (10/29/25-11/01/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: Therapeutic exercise , Dynamic standing balance , gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, 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, Picking Up Object - 03. Partial/moderate assistance, Medication Review- Patient/caregiver, related purpose and schedule of medications.

PT Goals

PATIENT-STATED GOAL: To improve transfers

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

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

Picking Up Object - 03. Partial/moderate assistance

Medication Review- Patient/caregiver recalls related purpose and schedule of medications.

Signature of Physician:

Date

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

Date
10/29/2025

Home Health Certification and Plan of Care

Order ID: 1150/13561

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4AX2YJ6MC70	10/29/2025	From: 10/29/2025 To: 12/27/2025	18896	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
William Jahnigen 8245 Stone Crop Drive Unit F, ELLICOTT CITY, MD 21043- 443-632-5584	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

OT Careplans

OT WK1: 1 (10/29/25-11/01/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: cough/deep breathing exercises, incentive spirometer, 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, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: to be I in ADL

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

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

Oral Hygiene - 06. Independent

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

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

Shower/Bathe Self - 04. Supervision or touching assistance

Toileting Hygiene - 05. Setup or clean-up assistance

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

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/29/2025