Home Health Certification and Plan of Care

Order ID: 1150/13747

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4HF2KE3MX91	10/03/2025	From: 10/03/2025 To: 12/01/2025	17639	217058

6. Patient's Name and Address

Forteno Pecora
301 Wise Ave Ste A,
DUNDALK, MD 21222-
410-288-5519

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 06/27/1940 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M48.02	Spinal stenosis cervical region	10/03/25

13. ICD	Other Pertinent Diagnoses	Date
M50.30	Other cervical disc degeneration unsp cervical region	10/03/25
M54.16	Radiculopathy lumbar region	10/03/25
M19.021	Primary osteoarthritis right elbow	10/03/25
M19.022	Primary osteoarthritis left elbow	10/03/25
I87.311	Chronic venous hypertension w ulcer of r low extrem	10/03/25
L97.812	Non-prs chronic ulcer oth prt r low leg w fat layer exposed	10/03/25
S51.811D	Laceration w/o foreign body of right forearm subs encntr	10/03/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/03/25
I11.0	Hypertensive heart disease with heart failure	10/03/25
I50.9	Heart failure unspecified	10/03/25
I48.91	Unspecified atrial fibrillation	10/03/25
E78.5	Hyperlipidemia unspecified	10/03/25
M19.90	Unspecified osteoarthritis unspecified site	10/03/25
L85.3	Xerosis cutis	10/03/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/03/25
R32.	Unspecified urinary incontinence	10/03/25
Z79.01	Long term (current) use of anticoagulants	10/03/25
Z79.51	Long term (current) use of inhaled steroids	10/03/25
Z87.440	Personal history of urinary (tract) infections	10/03/25
Z91.81	History of falling	10/03/25

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

Acetaminophen - Acetaminophen 325 MG, Give 2 tablet by mouth every 6 hours Give 2 tablet by mouth every 6 hours as needed for General Discomfort Notify physician/midlevel provider if discomfort persists. Do not exceed 3g/day
Allopurinol - Allopurinol Give 400 mg Tablet by mouth once a day Give 400 mg by mouth one time a day for Gout
Atorvastatin Calcium - Atorvastatin Calcium give 80 MG tablet by mouth at bedtime Give 80 mg by mouth at bedtime for HLD
Cetirizine Hydrochloride - Cetirizine Hydrochloride 5 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for ALLERGY
Cholecalciferol Oral Tablet 50 MCG (2000 UT) (Cholecalciferol) give 50 MCG tablet by mouth once a day Give 50 mcg by mouth one time a day for SUPPLEMENT
Dorzolamide Hydrochloride And Timolol Maleate - Dorzolamide Hydrochloride: Timolol Maleate 2-0.5% Solution Instill 1 drop in both eyes both eyes twice a day Instill 1 drop in both eyes two times a day for Glaucoma
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 Fe) MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for SUPPLEMENT
Fluticasone Propionate - Fluticasone Propionate 50 MCG/ACT , 2 spray in both nostrils nasal once a day 2 spray in both nostrils one time a day for ALLERGY
Furosemide - Furosemide 40 MG , Give 2 tablet by mouth once a day Give 2 tablet by mouth in the afternoon for EDEMA
Gabapentin - Gabapentin Give 100 mg Capsule by mouth twice a day Give 100 mg by mouth two times a day for NECK, SHOULDER, ARM PAIN AND NEUROPATHY
Gabapentin - Gabapentin 300 MG Give 1 capsule by mouth at bedtime 300 MG Give 1 capsule by mouth at bedtime for Nerve Pain
Jardiance - Empagliflozin 25 MG , Give 12.5 mg tablet by mouth once a day Give 12.5 mg by mouth one time a day for DM
Metoprolol Tartrate - Metoprolol Tartrate Give 12.5 milligram Tablet by mouth twice a day Give 12.5 milligram by mouth two times a day related to UNSPECIFIED ATRIAL FIBRILLATION (148.91); ESSENTIAL (PRIMARY) HYPERTENSION (110)
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17 GM/SCOOP Powder , Give 1 scoop by mouth once a day Give 1 scoop by mouth one time a day for Bowel regimen Dissolve in 8oz of water, hold for loose stools
Oxybutynin Chloride - Oxybutynin Chloride 5 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for OAB
Pradaxa - Dabigatran Etexilate Mesylate 150 MG , Give 1 capsule by mouth twice a day Give 1 capsule by mouth two times a day related to UNSPECIFIED ATRIAL FIBRILLATION (148.91)
Spironolactone - Spironolactone 100 mg by mouth once a day

14. DME and Supplies:

hand held shower, grab bars, wound care supplies, 4 wheeled walker, cane

15. Safety Measures:

diabetic precautions, medication safety, infectious material management, standard precautions, bleeding precautions, fall precautions, aspiration precautions, avoid temperature extremes, walker precautions, smoke detectors , bathroom safety, ambulates with device, anticoagulant precautions

16. Nutrition:

low sodium

17. Allergies:

penicillin venafaxine cymbalta pradaxa

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance

18.B. Activities Permitted

Up As Tolerated, Walker, Cane

19. Mental & Psychosocial 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: good

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

patient will be responsible for managing treatment
patient will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Spinal Stenosis Cervical Region, 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 10/03/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Mohammad Rana
1447 York Rd
Lutherville, MD 21093
PHONE: FAX: NPI: 1134278773

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 : 09/13/2025

27. Attending Physician's Signature and Date Signed **11/11/2025**: 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.

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Clinical Condition Requiring Homecare:

The patient is an 85-year-old male with a past medical history significant for spinal stenosis, prior back and neck surgeries, hypertension, and hyperlipidemia. He sustained a fall on August 17, 2025, was hospitalized at Johns Hopkins for two days, and subsequently completed inpatient rehabilitation at Rossville. He currently lives alone in an upstairs apartment with siblings nearby and ambulates with a rolling walker. On assessment he reports generalized weakness and intermittent moderate low-back and leg pain. Clinically he appears frail and fatigues easily with activity; gait is unsteady with absent toe-off, and bilateral pitting pedal edema is present. The patient received education in fall prevention strategies, energy-conservation techniques, and was taught a basic home exercise program to address mobility and lower-extremity activation; he demonstrated understanding. Given his deconditioning, unsteady gait, fall history, and functional limitations, skilled home physical therapy is indicated to improve strength, endurance, gait mechanics (including restoring toe-off/foot clearance), balance, and safety with transfers and mobility. In addition, continued monitoring and management of edema, a home safety assessment (including stair/entrance accessibility), and follow-up with his primary care provider and surgical team as needed are recommended to reduce fall risk and prevent functional decline.
 Date of Order 10/03/2025 Orders Physician Face-to-Face Date: 09/13/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha;adl's due to Spinal Stenosis Cervical Region 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:
 Physician Rana, Mohammad

SN Careplans

SN WK1: 1 (10/03/25-10/04/25) ,WK2: 1 (10/05/25-10/11/25)

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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, M1033 - Exhaustion, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal blood pressure, constipation, frequent urination, M1610 - Urinary Incontinence, limited endurance, muscle weakness, B0200 - Hearing Deficit, B1000 - Vision Deficit, balance deficit, #2 - Abrasion - Posterior Left Elbow/Forearm - , #1 - Laceration - Anterior Left Elbow/Forearm - , bruising/discoloration, swell/redness surround. skin, discolored patches of skin

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver? , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: To left arm wound sites- Wash with saline, apply xeroform to base of wound apply kerlix. Three times weekly (M,W,F)., bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms, coordinate/arrange transportation services

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, * 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, * low cholesterol dietary guidelines, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, 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, * urinary incontinence management including bladder training Kegel exercises skin care, 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, * 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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: I want to stop falling

GOALS
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
* 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
* low cholesterol dietary guidelines
* 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

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 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
* 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/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/03/2025

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patient's transportation needs are met

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

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

patient/caregiver recalls
* how to manage skin condition including physician-prescribed treatment
* skin care
* bathing
* sun protection
* diet
* exercise
* 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

PT Careplans

PT WK2: 2 (10/05/25-10/11/25) ,WK3: 2 (10/12/25-10/18/25) ,WK4: 2 (10/19/25-10/25/25) ,WK5: 1 (10/26/25-11/01/25) ,WK6: 1 (11/02/25-11/08/25) ,WK7: 1 (11/09/25-11/15/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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 Exercises: Long arc , marching, slr, le abd/add --10x2 reps , Medication Review: The medication was reviewed with the patient, cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, 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 - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

OT Careplan

OT WK1: 6 (10/03/25-10/04/25)

11/03/2025 Problems : GG0130B1 - Oral Hygiene
GG0130F1 - Upper Body Dressing
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130E1 - Shower/Bathe Self

PT Goals

PATIENT-STATED GOAL: The patient wants to get stronger and walk with improved balance

GOALS
Toilet Transfer - 06. Independent

Chair to Bed to Chair - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

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

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

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/03/2025

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GG0130C1 - Toileting Hygiene
GG0130A1 - Eating
M1400 - Dyspnea

11/03/2025 patient_goal: Walk better, Target Date: 12/01/2025,

11/03/2025 procedure: equipment training, Notes: , work simplification/energy conservation, Notes: , transfers training, Notes: , assist with bathing, Notes: , assist with toilet transferring, Notes: , assist with toileting hygiene, Notes: , assist with mobility, Notes: , assist with grooming, Notes: , therapeutic exercises, Notes: ,

11/03/2025 teach: lifestyle modifications to manage cardio-respiratory condition including diet changes and regular exercise; strategies to control shortness of breath and home remedies to keep lungs healthy, Target Date: 12/01/2025, 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, Target Date: 12/01/2025, therapeutic exercises, Target Date: 12/01/2025, therapeutic modalities, Target Date: 12/01/2025, equipment training, Target Date: 12/01/2025, work simplification/energy conservation, Target Date: 12/01/2025, related medication(s) purpose and schedule, Target Date: 12/01/2025, symptoms requiring physician notification, Target Date: 12/01/2025,

11/03/2025 goal: 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, Target Date: 12/01/2025, Oral Hygiene - 06. Independent, Target Date: 12/01/2025, Lower Body Dressing - 06. Independent, Target Date: 12/01/2025, Shower/Bathe Self - 05. Setup or clean-up assistance, Target Date: 12/01/2025, Toileting Hygiene - 06. Independent, Target Date: 12/01/2025, Don/Doff Footwear - 06. Independent, Target Date: 12/01/2025, Eating - 06. Independent, Target Date: 12/01/2025,

11/03/2025 discharge_plan: patient will be responsible for managing treatment, Target Date: 12/01/2025,

Signature of Physician:	Date
	PAGE 4 of 4
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