# Home Health Certification and Plan of Care

**Order ID: 1150/13959**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 261048764 | 11/12/2025 | From: 11/12/2025 To: 01/10/2026 | 19245 | 217058 |

**6. Patient's Name and Address**

Kenneth Dearth
2015 Reuter Rd,
LUTHERVILLE TIMONIUM, MD 21093-
410-262-8503

**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** 04/17/1932 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| N40.1 | Benign prostatic hyperplasia with lower urinary tract symp | 11/12/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| R33.8 | Other retention of urine | 11/12/25 |
| R31.9 | Hematuria unspecified | 11/12/25 |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | 11/12/25 |
| I12.9 | Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny | 11/12/25 |
| N18.32 | Chronic kidney disease stage 3b | 11/12/25 |
| D63.1 | Anemia in chronic kidney disease | 11/12/25 |
| I48.0 | Paroxysmal atrial fibrillation | 11/12/25 |
| E78.5 | Hyperlipidemia unspecified | 11/12/25 |
| E03.9 | Hypothyroidism unspecified | 11/12/25 |
| M80.08XD | Age-rel osteopor w crnt path fx verteb 7thD | 11/12/25 |
| M51.360 | Other intvrt disc degen | 11/12/25 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 11/12/25 |
| E87.5 | Hyperkalemia | 11/12/25 |
| K59.00 | Constipation unspecified | 11/12/25 |
| M19.90 | Unspecified osteoarthritis unspecified site | 11/12/25 |
| I95.9 | Hypotension unspecified | 11/12/25 |
| L57.0 | Actinic keratosis | 11/12/25 |
| R73.01 | Impaired fasting glucose | 11/12/25 |
| Z46.6 | Encounter for fitting and adjustment of urinary device | 11/12/25 |
| Z79.82 | Long term (current) use of aspirin | 11/12/25 |
| Z95.1 | Presence of aortocoronary bypass graft | 11/12/25 |
| Z96.1 | Presence of intraocular lens | 11/12/25 |
| Z95.810 | Presence of automatic (implantable) cardiac defibrillator | 11/12/25 |
| Z85.828 | Personal history of other malignant neoplasm of skin | 11/12/25 |

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

Aspirin 81Mg - Aspirin 81 MG TAB ,Take 1 Tablet by mouth once a day 1 qd
Zocor - Simvastatin 40 mg One tablet by mouth once a day For cholesterol
Protonix - Pantoprazole Sodium eq 40 mg base Take 1 tablet by mouth once a day For my upset stomach
Roxicodone - Oxycodone Hydrochloride 5 mg 1 tablet by mouth as necessary Every eight hours for pain greater than five
Levothyroxine - Levothyroxine Sodium 12.5 mg, one tablet by mouth in the morning On an empty stomach for thyroid problems
Flomax - Tamsulosin Hydrochloride 0.4 mg 1 capsule by mouth twice a day To help with my urine flow
Neurontin - Gabapentin 300 mg 1 capsule by mouth twice a day For my nerve pain
Fosamax - Alendronate Sodium eq 70 mg base 1 tablet by mouth once a week On a Tuesday. Take in the morning before meals do not lie down or for at least 30 minutes after swallowing medication.
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 tablet by mouth once a day As a supplement to my diet
Miralax - Polyethylene Glycol 3350 17gm/scoopful 17 g by mouth once a day Mixed with 8 ounces of water and drink daily for constipation
Tylenol - Acetaminophen 650 mg Two tablets by mouth as necessary Every eight hours as needed for pain below five

**14. DME and Supplies:**
cane, rolling walker

**15. Safety Measures:**
supervision at all times, , , ambulates with device, ambulates with assistance

**16. Nutrition:**
cardiac diet

**17. Allergies:**
no known allergies

**18.A. Functional Limitations**
Dyspnea With Minimal Exertion, Ambulation, Endurance

**18.B. Activities Permitted**
Exercises Prescribed, 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: 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**
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

**Homebound status:** Due to diagnosis of Benign Prostatic Hyperplasia With Lower Urinary Tract Symptoms, 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 93-year-old male who was seen at home for <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> following a recent hospitalization for sciatica, constipation, and urinary urgency and frequency. His past medical history is significant for benign prostatic hyperplasia, atrial fibrillation, hyperlipidemia, hypothyroidism, chronic kidney disease (Stage 3b), osteoporosis with prior fractures, degenerative disc disease, gastroesophageal reflux disease, chronic hypotension, and the presence of an implanted defibrillator. He resides in a two-level home with extensive support from his adult children, who rotate caregiving responsibilities throughout the day and night. The patient remains alert and oriented; however, he demonstrates intermittent confusion and reports decreased memory since the onset of his current health issues. He also has difficulty hearing and reading small print.  A head-to-toe <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed skin that is clean, dry, and intact with no open areas. The patient has an indwelling Foley catheter managed by urology, with his last urology visit on November 11, 2025, and a follow-up scheduled within two weeks. There are currently no home-health orders for catheter care. Vital signs obtained today were within the patient's normal range. He reports pain at 2/10 during the <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> but states that his pain escalates to 7/10 at night. The nurse informed the patient she would notify his physician through the Kaiser Portal; however, the patient's daughter, Deborah, reported that she has already messaged the physician and is awaiting a response.  Functionally,

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 11/12/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Robert Levine
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 410-847-3000 FAX: 18554160980 NPI: 1417274432

**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 : 11/09/2025

**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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| 6. Patient's Name and Address | 7. Provider's Name, Address and Telephone Number |
|---|---|
| Kenneth Dearth<br>2015 Reuter Rd,<br>LUTHERVILLE TIMONIUM, MD 21093-<br>410-262-8503 | HomeCentris Healthcare LLC<br>10 Crossroads Drive, Suite 102<br>Owings Mills, MD 21117-8284<br>410-321-8448<br>1487113239 |

the patient is ambulatory within the home using a rollator. He is able to stand and transfer independently with the device but demonstrated two instances of loss of balance during short-distance ambulation, requiring contact guard assistance. The Timed Up and Go (TUG) test was completed in 28 seconds, indicating a high fall risk. Car transfers, stair negotiation, and outdoor ambulation were not assessed during this visit. He reports that his sciatica is easily triggered, leading him to sleep in a downstairs recliner to avoid pain associated with twisting or trunk flexion. Upper and lower extremity strength is within functional limits. His home exercise program was reviewed, including seated and standing lower-extremity exercises, sit-to-stand practice, short-distance indoor ambulation, and both supine and prone therapeutic exercises for lumbar mobility as tolerated. Education was also provided to the patient and daughter regarding techniques for safe bed mobility, particularly transitions between supine and sitting positions.  From an occupational therapy standpoint, the patient is modified independent with dressing and bathing and uses a walk-in shower without difficulty. He is able to don and doff socks and shoes while seated and requires only setup assistance for toilet and sit-to-stand transfers. Upper-extremity strength is intact at 5/5 bilaterally. At this time, no additional occupational therapy services are indicated.  Given his high fall risk, fluctuating pain levels, sciatica exacerbation, impaired balance, and recent decline from baseline, the patient will continue to benefit from skilled physical therapy services to address deficits, reinforce safety strategies, improve functional mobility, and promote a safe and progressive return to his prior level of function. <br> Date of Order 11/12/2025 Orders Physician Face-to-Face Date: 11/09/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Benign Prostatic Hyperplasia With Lower Urinary Tract Symptoms Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes: <br> Physician Levine , Robert

## SN Careplans

SN WK1: 1 (11/12/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25) ,WK4: 1 (11/30/25-12/06/25) ,WK6: 1 (12/14/25-12/20/25) ,WK8: 1 (12/28/25-01/03/26)

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: 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; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; 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:Do not resuscitate (DNR) orders

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, constipation, heartburn/indigestion, decreased urine output, urine retention, M1610 - Urinary Catheter, limited range of motion, limited endurance, limited strength, muscle weakness, pain radiating to arms/legs, balance deficit, B1000 - Vision Deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, catheter change, care & irrigation: Patient has a 16Fr 10 cc Balloon Foley Catheter being managed by Urology,
teach/coordinate/arrange medication packaging and/or administration

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

## SN Goals

PATIENT-STATED GOAL: to be more independent

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

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

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
* low-fat diet
* lifestyle modifications to manage esophageal condition
* 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 manage inflammatory process

| Signature of Physician: | Date |
|---|---|
| | |



| Optional Name/Signature of Nurse/Therapist: | Date |
|---|---|
| Electronically Signed by Messick, Charles RN | 11/12/2025 |

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exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * 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 manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, 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 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, * 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, * 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 patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* 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
* 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
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* recalls related medication(s) purpose, schedule

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

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

patient/caregiver recalls
* 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 patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

## PT Careplans

PT WK1: 1 (11/12/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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 , Medication Review-Medications reviewed with patient/caregiver., gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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, Medication Review-

## PT Goals

PATIENT-STATED GOAL: To improve balance and endurance

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

Sit to Stand - 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

| Signature of Physician: | Date |
|---|---|
| | |



| Optional Name/Signature of Nurse/Therapist: | Date |
|---|---|
| Electronically Signed by Messick, Charles RN | 11/12/2025 |

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Patient/caregiver, related purpose and schedule of medications.

Walk 150 Feet - 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

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

## OT Careplans

OT WK1: 1 (11/12/25-11/15/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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

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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

## OT Goals

PATIENT-STATED GOAL: Eval only

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:

Date



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

Date
11/12/2025