Home Health Certification and Plan of Care

Order ID: 1163/538

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
591081469	11/14/2025	From: 11/14/2025 To: 01/12/2026	687	497754

6. Patient's Name and Address

John Jackson
10497 Butterfield St Apt 11,
Manassas, VA 20109-
703-477-9457

7. Provider's Name, Address and Telephone Number

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

8. DOB 08/25/1949 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
A04.72	Enterocolitis d/t Clostridium difficile not spcf as recur (A04.72)	11/14/25

13. ICD	Other Pertinent Diagnoses	Date
B34.1	Enterovirus infection unspecified	11/14/25
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	11/14/25
E87.6	Hypokalemia	11/14/25
E11.622	Type 2 diabetes mellitus with other skin ulcer	11/14/25
L97.819	Non-pressure chronic ulcer oth prt r low leg w unsp severity	11/14/25
C34.90	Malignant neoplasm of unsp part of unsp bronchus or lung	11/14/25
I11.0	Hypertensive heart disease with heart failure	11/14/25
I50.32	Chronic diastolic (congestive) heart failure	11/14/25
I95.1	Orthostatic hypotension	11/14/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	11/14/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	11/14/25
J96.10	Chronic respiratory failure unsp w hypoxia or hypercapnia	11/14/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	11/14/25
E78.5	Hyperlipidemia unspecified	11/14/25
M10.9	Gout unspecified	11/14/25
E03.9	Hypothyroidism unspecified	11/14/25
Z79.82	Long term (current) use of aspirin	11/14/25
Z79.4	Long term (current) use of insulin	11/14/25
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	11/14/25
Z79.52	Long term (current) use of systemic steroids	11/14/25
Z99.81	Dependence on supplemental oxygen	11/14/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	11/14/25
Z87.01	Personal history of pneumonia (recurrent)	11/14/25

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

Vancomycin - Vancomycin Hydrochloride 125 mg capsule, Take 1 capsule by mouth four times a day for 8 days
Albuterol - Albuterol 90 mcg/actuation inhaler,Inhale 2 puffs inhalant every 6 hours if needed for wheezing
Allopurinol - Allopurinol 100 mg tablet,Take 1 tablet by mouth once a day each day
aspirin-dipyridamole 25-200 mg per 12 hr capsule,Take 1 capsule by mouth in the morning and 1 capsule before bedtime.
Lipitor - Atorvastatin Calcium 80 mg tablet, Take 1 tablet by mouth once a day each day
Vitamin D-3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 125 mcg (5,000 unit) capsule,Take 1 capsule by mouth once a day each day
empagliflozin 25 mg tablet ,Take 0.5 tablets by mouth once a day each day
Neurontin - Gabapentin 100 mg capsule, Take 1 capsule by mouth in the morning and 1 capsule (100 mg total) in the evening and 1 capsule (100 mg total) before bedtime.
Levoxyl - Levothyroxine Sodium 50 mcg table,Take 1 tablet by mouth once a day at the same time
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 tablet by mouth once a day
Spiriva - Tiotropium Bromide Monohydrate 18 mcg per inhalation capsulePlace 2 puffs (1 capsule total), inhalant once a day
Wixela Inhub 250-50 mcg/dose i,nhaler Inhale 1 puff inhalant in the morning and 1 puff in the evening.
Lantus - Insulin Glargine Recombinant 35 units subcutaneous twice a day In AM and PM
Kirsten Aspart Biosimilar Sliding scale subcutaneous - 150 -199=2 units, 200-249=4 units, 250-299=6 units, 300-349=8 units, >350=10units, >400 go to ER

14. DME and Supplies:

diabetic supplies, bath bench, wheelchair, walker, nebulizer, cane, hospital bed, oxygen supplies, wound care supplies

15. Safety Measures:

sharps precautions, walker precautions, , , , diabetic precautions, ambulates with device, , bathroom safety

16. Nutrition:

diabetic, low sodium

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted

Cane, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: poor

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 Enterocolitis Due To Clostridium Difficile, Not Specified As Recurrent, 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 77-year-old African American male residing with his two brothers in a ground-level apartment, with one brother serving as his primary caregiver. The patient is alert and oriented to person, place, and time, though noted to be hard of hearing with episodes of blurred vision. The admission packet was reviewed in full with both the patient and caregiver, and consent was obtained. His significant medical history includes Type 2 diabetes mellitus (current blood glucose 172 mg/dL), hypertension, chronic obstructive pulmonary disease, obstructive sleep apnea, chronic colitis, gout, hypothyroidism, peripheral vascular disease, diabetic neuropathy with fingertip numbness, osteoarthritis, orthostatic hypotension, a history of acute kidney injury, and lung carcinoma for which he is currently receiving palliative chemotherapy. The patient was recently hospitalized for suspected sepsis, altered mental status, and diarrhea. Skin <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> reveals warm, dry integument with pink mucous membranes. Lung auscultation demonstrates rhonchi and rales. The patient reports using 3 L/min supplemental oxygen via nasal cannula as needed when awake. He has an active right lower extremity wound related to cellulitis and diabetes; dressing was not removed due to unavailable replacement wound-care supplies. Functionally, the patient demonstrates decreased strength, endurance, balance, and standing tolerance. He ambulates with a walker or rollator,

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/14/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Emily Bergman
10701 Rosemary Dr
Manassas, VA 20109
PHONE: 7032573000 FAX: 13606366282 NPI: 1427219146

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 : 11/07/2025

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.

Home Health Certification and Plan of Care

Order ID: 1163/538

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
591081469	11/14/2025	From: 11/14/2025 To: 01/12/2026	687	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
John Jackson 10497 Butterfield St Apt 11, Manassas, VA 20109- 703-477-9457	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

exhibiting an unsteady, unbalanced gait, and requires physical assistance for basic grooming, dressing, bathing, toileting, medication management, and meal preparation. His caregiver reports that the patient often remains seated throughout the day with minimal self-initiation of mobility. Medication review and reconciliation were completed with both patient and caregiver. Physical therapy evaluation indicates the patient would benefit from skilled therapy to improve functional mobility, gait safety, endurance, and independence. During the visit, training was provided on safe home setup, transfer techniques, ambulation using a rolling walker, and a home exercise program focused on bilateral lower-extremity strengthening, seated and standing therapeutic exercises, and respiratory conditioning. Instruction was also provided on the use of an incentive spirometer, with both patient and family demonstrating understanding. The patient reports chronic pain at a level of 6/10, managed with gabapentin. Ongoing skilled nursing and physical therapy services are recommended to support wound care, optimize respiratory status, improve mobility and safety, and work toward restoring the patient to his prior level of function.
 Date of Order 11/14/2025 Orders Physician Face-to-Face Date: 11/07/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Enterocolitis Due To Clostridium Difficile, Not Specified As Recurrent Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Bergman, Emily

SN Careplans

SN WK1: 1 (11/14/25-11/15/25) ,WK2: 3 (11/16/25-11/22/25) ,WK3: 2 (11/23/25-11/29/25) ,WK4: 1 (11/30/25-12/06/25) ,WK5: 1 (12/07/25-12/13/25)

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

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

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M2102d - Caregiver Performs Treatment, A1250 - Lack of Necessary Transportation, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, Home Safety, M2020 - Oral Med Management, D0700 - Social Isolation, M1400 - Dyspnea, M1033 - Exhaustion, swelling in the arms/legs, lung sounds not clear, wheezing, dependent edema, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, muscle weakness, limited strength, limited endurance, difficulty sleeping, balance deficit, B1000 - Vision Deficit, Pain Interference with ADLs, Pain Effect on Sleep, obesity, open sores/lesions

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange resources for vision-impaired, coordinate/arrange long-term socialization activities, 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, * 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, * 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * 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, * 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's transportation needs are met, patient's living environment is clean/uncluttered, 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

SN Goals

PATIENT-STATED GOAL: I want the wound on my leg to heal

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

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

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

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

patient's living environment is clean/uncluttered

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

patient's transportation needs are met

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

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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/14/2025

Home Health Certification and Plan of Care

Order ID: 1163/538

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
591081469	11/14/2025	From: 11/14/2025 To: 01/12/2026	687	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
John Jackson 10497 Butterfield St Apt 11, Manassas, VA 20109- 703-477-9457	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic 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/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 cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK2: 1 (11/16/25-11/22/25) ,WK3: 2 (11/23/25-11/29/25) ,WK4: 2 (11/30/25-12/06/25) ,WK5: 2 (12/07/25-12/13/25) ,WK6: 2 (12/14/25-12/20/25) ,WK7: 1 (12/21/25-12/27/25)

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. , incentive spirometer, home exercise program: Seated therex BLE, 1-2x10, 1-2x/daily: sit to stands, marches, LAQ, clams, hip add with pillow squeezes x3-5 sec holds, HR/TR, standing tolerance exercises, gait training/stair training, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To feel stronger and better balanced in BLE to be able to sit/stand with ease and to tol walk around home/between rooms with improved strength, endurance and tolerance for standing and walking.

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

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

Toilet Transfer - 05. Setup or clean-up assistance

Sit to Stand - 04. Supervision or touching assistance

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

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

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

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

Picking Up Object - 04. Supervision or touching assistance

OT Careplans

OT WK2: 1 (11/16/25-11/22/25) ,WK3: 1 (11/23/25-11/29/25) ,WK4: 1 (11/30/25-12/06/25) ,WK5: 1 (12/07/25-12/13/25) ,WK6: 1 (12/14/25-12/20/25) ,WK7: 1 (12/21/25-12/27/25)

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

PROCEDURES: equipment training, work simplification/energy conservation

OT Goals

PATIENT-STATED GOAL: I want to be able to dress myself without help and get in and out of the shower safely.

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/14/2025

Home Health Certification and Plan of Care

Order ID: 1163/538

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
591081469	11/14/2025	From: 11/14/2025 To: 01/12/2026	687	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
John Jackson 10497 Butterfield St Apt 11, Manassas, VA 20109- 703-477-9457	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

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 - 05. Setup or clean-up assistance

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 - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/14/2025