

Home Health Certification and Plan of Care				Order ID: 1150/15427		
1. Patient s HI claim No.		2. Start Of Care Date	3. Certification Period		4. Medical Record No.	5. Provider No.
641057887		01/13/2026	From: 01/13/2026 To: 03/13/2026		21314	217058
6. Patient's Name and Address Curtland Little 100 Othoridge Rd, LUTHERVILLE TIMONIUM, MD 21093- 410-409-9215				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 07/19/1945 9.Sex Male				10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD N39.0	Principal Diagnosis Urinary tract infection site not specified		Date 01/13/26	Accuneb - Albuterol Sulfate 3 milligram inhale orally via nebulizer every 6 hours to emphysema supervised Amlodipine - Amlodipine Besylate 10 MG by mouth in the morning for HTN Aricept - Donepezil Hydrochloride 5 MG by mouth at bedtime for dementia related to COGNITIVE COMMUNICATION DEFICIT (Rel: R41) 0 - Acetaminophen: Oxycodone Hydrochloride 325 MG by mouth every 6 hours Vit D - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 1000 Unit Take 1 Tablet by mouth in the morning for Vitamin D deficiency Lidocane Patch 4% topical every 12 hours Apply to area of discomfort topically in the morning for pain for 12 hours then remove and remove per schedule Insulin Lispro Injection Solution (Insulin Lispro) 100 Unit/ml subcutaneous before meal for DM, Notify MD if blood sugar is less than 70 or greater than 400 Insulin Glargine-yfgn Subcutaneous Solution Pen Injector (Insulin Glargine-yfgn) 100 Unit/ml subcutaneous in the morning Inject 10 Unit subcutaneously in the morning for DM Atorvastatin - Atorvastatin Calcium 800mg by mouth at bedtime Atorvastatin Nesina - Alogliptin Benzoate 6.25mg by mouth once a day		
13. ICD I12.9	Other Pertinent Diagnoses Hypertensive chronic kidney disease w stg 1-4/unsp chr kidney		Date 01/13/26			
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease		01/13/26			
N18.9	Chronic kidney disease u		01/13/26			
D63.1	Anemia in chronic kidney disease		01/13/26			
J43.9	Emphysema unspecified		01/13/26			
C84.00	Mycosis fungoides unspecified site		01/13/26			
G47.00	Insomnia unspecified		01/13/26			
Z87.01	Personal history of pneumonia (recurrent)		01/13/26			
Z85.46	Personal history of malignant neoplasm of prostate		01/13/26			
Z91.81	History of falling		01/13/26			
14. DME and Supplies: diabetic supplies, bath bench, nebulizer, 4 wheeled walker				15. Safety Measures: walker precautions, smoke detectors , bathroom safety, ambulates with device, ambulates with assistance, , hand rails, , sharps precautions, supervision at all times, transfer with assist, , , diabetic precautions, activity supervision		
16. Nutrition: diabetic,				17. Allergies: lisinopril		
18.A. Functional Limitations Bowel/Bladder Incontinence, Endurance, , Ambulation				18.B. Activities Permitted Transfer bed/Chair, Walker, Exercises Prescribed, Up As Tolerated		
19. Mental & Pyschosocial Status:	COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 8. Patient unable to respond, 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.!4. Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)!5. Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)!6. Delusional, hallucinatory, or paranoid behavior, HISTORY OF DEPRESSION: No					
20. Prognosis: fair						
22. A Rehabilitation Potential: SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.				22.B.Discharge Plans family/caregiver will be responsible for managing treatment		
Homebound status:	Due to diagnosis of Urinary Tract Infection Site Not Specified, 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:	<div>The patient is an 80-year-old male residing in a multi-level single-family home in Towson, Maryland, with his wife, who is currently his primary caregiver. His past medical history is significant for chronic kidney disease, hypertension, diabetes mellitus, spinal stenosis, prostate cancer, mycosis fungoides, emphysema, cognitive impairment, encephalopathy, and a history of recurrent falls. The patient was recently hospitalized after experiencing frequent falls, generalized weakness, and cough, during which he was found to be hypotensive with systolic blood pressures in the 70s and hypoxic with an oxygen saturation of 91% on room air. Chest X-ray revealed right lower lobe pneumonia, and he was treated with antibiotics. Following hospitalization, the patient was discharged to subacute rehabilitation and subsequently returned home. At home, the patient continues to demonstrate significant functional decline, unsteadiness, and high fall risk. He ambulates with a rolling walker but requires assistance and is not steady on his feet. Prior to hospitalization, he had ambulated without an assistive device; however, caregiver reports a gradual decline over several years with multiple falls. Currently, the patient presents with decreased lower extremity strength measured at approximately 3/5 on manual muscle testing, requiring contact guard assistance for sit-to-stand transfers and short-distance ambulation without an assistive device, and use of a rolling walker for longer distances. Stair negotiation was deferred during the physical therapy evaluation due to caregiver reports of a recent fall prior to PT arrival. Upper extremity strength is reduced at approximately 4-/5 bilaterally. The patient is on continuous home oxygen at 2 L/min via nasal cannula; however, he frequently removes the oxygen despite education and redirection. He was provided a nebulizer for as-needed use, though it was noted that no face mask or tubing was supplied. The caregiver was instructed to contact the durable medical equipment company to obtain the necessary supplies. The patient can become intermittently agitated and aggressive, further complicating care needs. He requires assistance with activities of daily living, including bathing and dressing, and is currently bathing at bedside. He performed sit-to-stand transfers with contact guard assistance and required verbal cues for proper limb placement to ensure safety. Skilled nursing provided education to the caregiver regarding home health services and coordinated with the patient's daughter via telephone to discuss the need for additional support and options for securing a full-time caregiver, as the patient requires extensive assistance and the spouse is also elderly. Physical therapy provided education to both the patient and caregiver on the importance of getting out of bed and sitting in a chair for meals rather than eating at the edge of the bed, as well as recommendations for longer oxygen tubing to allow for safer ambulation within the home. The patient would benefit from continued skilled home health physical therapy services to address impaired strength, balance deficits, gait instability, and decreased functional endurance, with the goal of improving safety, increasing independence in functional mobility, reducing fall risk, and working toward a return to his prior level of function while longer-term care options are being explored.</div><div> </div><div> </div><div>Date of					
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 01/13/2026					25. Date HHA Received Signed POTS	
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 : 12/08/2025		
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. PAGE 1 of 4		

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Order</div><div>01/13/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 12/08/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Urinary Tract Infection Site Not Specified</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div>
</div><div><div> </div><div>1 - SOC - SN Notes: soc</div><div>OT Eval Notes:</div><div>PT Eval Notes:</div><div>
</div><div>Physician</div><div>Levine , Robert</div>

SN Careplans

SN WK1: 1 (01/13/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26) ,WK6: 1 (02/15/26-02/21/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, M1033 - Unintentional Weight Loss, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, M1600 - UTI, limited endurance, limited strength, muscle weakness, balance deficit, withdrawal from conversations, difficulty sleeping, daytime fatigue

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, monitor intake & output, bladder training, teach/coordinate/arrange medication packaging and/or administration

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 medicatio, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, 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, sch, * 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: CG states she wants to keep her husband at home for as long as she can.

GOALS

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

- * diabetic medication management
- * blood sugar testing
- * diabetic foot care
- * exercise
- * diabetic diet
- * 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, sch

patient/caregiver recalls

- * lifestyle modification to manage blood condition including dietary changes
- * bleeding precautions
- * 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 medicatio

patient/caregiver recalls

- * how to manage sleep disorder including changes to daytime habits and bedtime routine
- * maintaining a journal to track sleep patterns
- * 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

- * management of mental health condition including joining a peer group
- * maintaining regular contact with mental health professional
- * avoiding known stressors
- * controlling impulses
- * recalls related medication(s)

patient/caregiver recalls

- * strategies to increase caloric intake
- * recalls related medication(s) purpose, schedule

patient/caregiver recalls

- * bowel incontinence management including dietary changes
- * bowel training
- * skin care
- * 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/13/2026

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		* 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 meal preparation is available to patient for all meals caregiver administers and/or packages medications appropriately		
PT Careplans		PT Goals		
PT WK1: 1 (01/13/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26) ,WK6: 1 (02/15/26-02/21/26) ,WK7: 1 (02/22/26-02/28/26) ,WK8: 1 (03/01/26-03/07/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, cough/deep breathing exercises, gait training/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 medicatio, * 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 relaxatio, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 06. Independent, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Medication Review		PATIENT-STATED GOAL: To be able to walk without help 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 medicatio 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 relaxatio Sit to Stand - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance Toilet Transfer - 05. Setup or clean-up assistance Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance 1 - Step (curb) - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Car Transfer - 06. Independent Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance Medication Review		
OT Careplans		OT Goals		
OT WK1: 1 (01/13/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26) ,WK6: 1 (02/15/26-02/21/26) PROBLEMS IDENTIFIED ON ASSESSMENT: 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: ADLs , Functional ambulation , Patient/caregiver recalls related purpose and schedule of medications: Medications review , cough/deep breathing exercises, therapeutic exercises, 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 medicatio, * 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 relaxatio, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching		PATIENT-STATED GOAL: Patient wants to get better GOALS Chair to Bed to Chair - 06. Independent Toilet 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 medicatio 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 relaxatio Sit to Stand - 06. Independent Car Transfer - 06. Independent		
Signature of Physician:		Date		
		PAGE 3 of 4		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		01/13/2026		

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assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05 Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks	Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance 1 - Step (curb) - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 05. Setup or clean-up assistance Shower/Bathe Self - 03. Partial/moderate assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance Eating - 06. Independent Patient will demonstrate improved bilateral upper extremity muscle strength from 4-/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks
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HHA Careplans HHA WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26) ,WK6: 1 (02/15/26-02/21/26) PROCEDURES: assist with bathing: Bathing sink side/bed side or in the shower. Wash hair. Can apply lotion and deodorant, assist with toilet transferring, assist with toileting hygiene, assist with transferring, assist with mobility: Uses a rolling walker, assist with infection control, assist with fall prevention, assist with O2 safety: On 2L of oxygen, assist with grooming: Wash face, brush teeth or dentures. Shave face as needed., assist with lower body dressing, assist with upper body dressing, assist with light housekeeping: Change linen.	HHA Goals
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Signature of Physician:	Date
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