Home Health Certification and Plan of Care

Order ID: 1150/15413

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8ny7wv8ta20	01/11/2026	From: 01/11/2026 To: 03/11/2026	21074	217058

6. Patient's Name and Address

Corrine Ford
1305 W Mulberry St,
BALTIMORE, MD 21223-
410-728-8822

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 06/09/1945 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	01/11/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	01/11/26
N18.31	Chronic kidney disease stage 3a	01/11/26
E55.9	Vitamin D deficiency unspecified	01/11/26
H40.9	Unspecified glaucoma	01/11/26
H25.9	Unspecified age-related cataract	01/11/26
E78.5	Hyperlipidemia unspecified	01/11/26
E87.5	Hyperkalemia	01/11/26
G60.9	Hereditary and idiopathic neuropathy unspecified	01/11/26
K59.00	Constipation unspecified	01/11/26
M19.90	Unspecified osteoarthritis unspecified site	01/11/26
E66.01	Morbid (severe) obesity due to excess calories	01/11/26
Z68.43	Body mass index [BMI] 50.0-59.9 adult	01/11/26
Z79.4	Long term (current) use of insulin	01/11/26
Z79.01	Long term (current) use of anticoagulants	01/11/26
Z86.711	Personal history of pulmonary embolism	01/11/26
Z90.710	Acquired absence of both cervix and uterus	01/11/26

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

Atorvastatin Calcium - Atorvastatin Calcium Take 10 mg oral tablet by mouth once a day for HLD take 10 mg by mouth nightly
Salonpas - Menthol: Methyl Salicylate 10% cream topical every 8 hours apply to B/L ankle & right knee topically every 8 hours for pain
Biscodyl - Bisacodyl: Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 10 mg insert 1 suppository intravenous as necessary for constipation take 1 suppository (10mg) via rectum if no result from milk of magnesia after 24 hours
Miconazole Nitrate - Miconazole Nitrate 2% 1 application topical twice a day apply to needed areas topically two time a day for topical skin cream
Diclofenac Sodium - Diclofenac Sodium gel 1% topical topical three times a day for OA of knee joint
Duloxetine Hydrochloride - Duloxetine Hydrochloride 20 mg oral capsule ,Take 1 capsule by mouth in the morning for depression
Eliquis - Apixaban 5 mg oral tablet,Take 1 tablet by mouth twice a day
Furosemide - Furosemide 20 mg oral tablet,Take 1 tablet by mouth once a day for CHF
Gabapentin - Gabapentin 100 mg oral capsule,Take 1 capsule by mouth three times a day for neuropathic pain
Glucagon - Glucagon Hydrochloride 1 mg kit inject 1 ml intravenous as necessary for blood sugars less than 60 and unconscious or unresponsive and call MD
insulin lispro 100 units/ml intravenous as necessary 70-150= 151-200=2 201-250+4 251-300=6 301-350=8 351- activate hypoglycemic protocol as needed before meals for dm2
Ipratropium -albuterol 0.5-2.5 (3 mg/3ml inhalation solution inhalant every 4-6 hours as needed for shortness of breath/wheezing
Lidocaine - Lidocaine 4% patch apply 2 patch topical once a day apply 2 patch transdermal every 24 hours for pain place 2 patches onto the skin every 24 hours
Losartan Potassium - Losartan Potassium 25 mg oral tablet,Take 1 tablet by mouth in the morning for hypertension
Magnesium Oxide - Simethicone 400 mg oral tablet,Taake 1 tablet by mouth once a day for hypomagnesemia
Metoprolol Tartrate - Metoprolol Tartrate 100 mg oral tablet,Take 1 tablet by mouth twice a day Take 1 tablet by mouth two times a day for HTN hold if SBP less than 110 and HR less than 60
Miralax - Polyethylene Glycol 3350 17 gm/scoop oral powder, Take 1 scoop by mouth as necessary Take 1 scoop by mouth every 24 hours as needed for bowel regimen
Nifedipine - Nifedipine 30 mg oral tablet by mouth once a day by mouth one time a day for HTN take 30 mg by mouth daily
Omeprazole - Omeprazole 20 mg Take 1 tablet by mouth in the morning for Gerd /gl prophylaxis on ac
Ondansetron Hydrochloride - Ondansetron Hydrochloride 4 mg tablet, Take 1 tablet by mouth every 6 hours as needed for nausea and vomiting
Senna - Senna 8.6-50 mg ,Take 2 tablet by mouth twice a day for bowel regimen hold dose for frequent loose stools
Tab-a-vite/beta Take 1 tablet by mouth once a day Take 1 tablet by mouth one time a day for supplement take 1 tablet by mouth daily
Acetaminophen - Acetaminophen 500 mg oral tablet,Take 2 tablet by mouth every 8 hours for pain
Ventolin Hfa - Albuterol Sulfate 108(90 base) MCG/ACT 2 puff inhale inhalant every 4 hours as needed for shortness of breath wheezing
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 2000 units oral tablet by mouth once a day for vitamin d insufficiency

14. DME and Supplies:
wheelchair, hoyer lift, hospital bed, diabetic supplies

15. Safety Measures:
wheelchair precautions, , sharps precautions, , emergency phone # clearly displayed, diabetic precautions, cardiac precautions

16. Nutrition:
diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance, , Bowel/Bladder Incontinence

18.B. Activities Permitted
Wheelchair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Eunji Kwon
6501 Baltimore National Pike
Baltimore, MD 21228
PHONE: 4103682100 FAX: 16672342991 NPI: 1124401401

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 : 12/22/2025

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: 1150/15413

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8ny7wv8ta20	01/11/2026	From: 01/11/2026 To: 03/11/2026	21074	217058

6. Patient's Name and Address

Corrine Ford
1305 W Mulberry St,
BALTIMORE, MD 21223-
410-728-8822

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

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

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 Type 2 Diabetes Mellitus With Diabetic Chronic Kidney Disease, 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 an 80-year-old female residing with family members in a multi-level home, primarily staying in a basement-level living area with a bedroom and bathroom, including a walk-in shower and flat exit. She is alert and oriented and has strong family support, with multiple relatives rotating caregiving responsibilities. The patient is obese and currently bedbound, with skin intact and no noted pressure injuries at the time of assessment. She was recently hospitalized for deep vein thrombosis (DVT) and pulmonary embolism (PE), followed by an extended hospital and rehabilitation stay of approximately 3.5 months. Past medical history is significant for diabetes mellitus (DM), hypertension (HTN), chronic kidney disease (CKD), hyperlipidemia, glaucoma, peripheral neuropathy, osteoarthritis (OA), obesity, and status post hysterectomy. The primary care provider recommended home health services for strengthening and disease process management. Referrals were placed for skilled nursing, physical therapy, and occupational therapy, and the patient has expressed interest in home health aide (HHA) services. Skilled nursing frequency is recommended at 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> per week for 2 weeks, followed by 1 visit per week for 4 weeks, with the next skilled nursing visit scheduled for Wednesday. Functional assessment reveals significant mobility limitations. The patient requires minimal assistance at the lower extremities for supine-to-sit transfers and maximal assistance for sit-to-supine transitions. She tolerates sitting at the edge of the bed for approximately 4 minutes with feet on the floor and back unsupported. Sit-to-stand transfers from the bed to a walker require moderate assistance from two people, with the patient able to maintain standing for approximately 10 seconds, repeated twice. Bed mobility is severely limited, requiring maximal assistance from three people to scoot up in bed. Therapeutic exercises were tolerated, including sitting knee extensions and ankle pumps, as well as supine-assisted hip flexion, hip abduction, and straight leg raises (10 repetitions each). Additional exercises included bridging and hook-lying trunk rotations (10 repetitions each). Balance and fall risk are significantly impaired, as evidenced by a Tinetti score of 2/28, confirming the patient's homebound status due to the considerable effort required to leave the home and the need for assistance. Occupational therapy evaluation noted that prior to her prolonged hospitalization, the patient was independent with basic self-care tasks. She is currently sleeping in a hospital bed, and although a Hoyer lift is available in the home, caregivers have not yet been trained in its use. Education was provided to the patient regarding frequent positioning changes to reduce the risk of pressure injuries. OT services were recommended at a frequency of 1 visit per week for 8 weeks to address ADL retraining, adaptive equipment needs, therapeutic exercise, home exercise program (HEP) development, functional mobility, safety awareness, and caregiver training, including safe use of durable medical equipment. The interdisciplinary plan of care focuses on improving strength, functional mobility, and safety, reducing caregiver burden, preventing complications related to immobility, and supporting the patient's goal of maximizing independence within the home environment through continued skilled nursing, physical therapy, occupational therapy, and potential HHA services.
 Date of Order 01/11/2026 Orders Physician Face-to-Face Date: 12/22/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-Diabetes">Diabetes</mh> Mellitus With Diabetic Chronic Kidney Disease 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 Kwon, Eunji

SN Careplans

SN WK1: 2 (01/11/26-01/17/26) ,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) ,WK7: 1 (02/22/26-02/28/26)

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: 1. Non-agency caregiver(s) currently 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: D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, frequent urination, poor muscle tone, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Interference with ADLs, obesity

PROCEDURES: Medication Review- : Medications reviewed with patient /caregiver. , cough/deep breathing exercises, glucose testing via monitor

SN Goals

PATIENT-STATED GOAL: I want to be able to stand

GOALS
patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls

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 medic

patient/caregiver recalls
* how to keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

01/11/2026

Home Health Certification and Plan of Care

Order ID: 1150/15413

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8ny7wv8ta20	01/11/2026	From: 01/11/2026 To: 03/11/2026	21074	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Corrine Ford 1305 W Mulberry St, BALTIMORE, MD 21223- 410-728-8822	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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 modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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 relaxatio, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation recalls, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, 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 medic, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

* diet
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

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

PT Careplans

PT WK1: 2 (01/11/26-01/17/26) ,WK2: 2 (01/18/26-01/24/26) ,WK3: 2 (01/25/26-01/31/26) ,WK4: 2 (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: M1400 Dyspnea, Pain Interference with ADLs, Pain Effect on Sleep, GG0170M1 - 1 - Step (curb), GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170F1 - Toilet Transfer, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand

PROCEDURES: Home exercise program : Supine hip flexion, bridging, hooklying rotation, straight leg raise, hip abduction,quad sets. Sitting knee extension, ankle pumps , wheelchair training, gait training/stair training, transfers training

PT Goals

PATIENT-STATED GOAL: Be able to walker to the bedside commode

GOALS
Chair to Bed to Chair - 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/11/2026

Home Health Certification and Plan of Care

Order ID: 1150/15413

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8ny7wv8ta20	01/11/2026	From: 01/11/2026 To: 03/11/2026	21074	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Corrine Ford 1305 W Mulberry St, BALTIMORE, MD 21223- 410-728-8822	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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 - 03. Partial/moderate assistance, 1 - Step (curb) - 06. Independent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 06. Independent, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxatio

Sit to Stand - 06. Independent

Toilet Transfer - 03. Partial/moderate assistance

1 - Step (curb) - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Car Transfer - 06. Independent

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

OT Careplans

OT WK1: 1 (01/11/26-01/17/26) ,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 Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: cough/deep breathing exercises, therapeutic exercises, equipment training, work simplification/energy conservation, static standing balance 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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: To get out of the bed

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

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

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

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) ,WK7: 1 (02/22/26-02/28/26)

HHA Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/11/2026