Home Health Certification and Plan of Care

Order ID: 1150/15708

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
82354428	01/20/2026	From: 01/20/2026 To: 03/20/2026	21649	217058

6. Patient's Name and Address

Anna Hartman
313 Willrich Circle Unit M,
FOREST HILL, MD 21050-
410-688-6601

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 09/16/1942 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M54.16	Radiculopathy lumbar region	01/20/26

13. ICD	Other Pertinent Diagnoses	Date
J44.89	Other specified chronic obstructive pulmonary disease	01/20/26
A04.72	Enterocolitis d/t Clostridium difficile not spcf as recur (A04.72)	01/20/26
I10.	Essential (primary) hypertension	01/20/26
M62.82	Rhabdomyolysis	01/20/26
M48.061	Spinal stenosis lumbar region without neurogenic claud	01/20/26
E78.5	Hyperlipidemia unspecified	01/20/26
E03.9	Hypothyroidism unspecified	01/20/26
G91.2	(Idiopathic) normal pressure hydrocephalus	01/20/26
M81.0	Age-related osteoporosis w/o current pathological fracture	01/20/26
H91.90	Unspecified hearing loss unspecified ear	01/20/26
E44.0	Moderate protein-calorie malnutrition	01/20/26
G25.81	Restless legs syndrome	01/20/26
M54.9	Dorsalgia unspecified	01/20/26
G89.29	Other chronic pain	01/20/26
E16.2	Hypoglycemia unspecified	01/20/26
E83.42	Hypomagnesemia	01/20/26
F41.9	Anxiety disorder unspecified	01/20/26
F32.A	Depression unspecified	01/20/26
R29.6	Repeated falls	01/20/26
F17.210	Nicotine dependence cigarettes uncomplicated	01/20/26
F10.90	Alcohol use unspecified uncomplicated	01/20/26
Z79.2	Long term (current) use of antibiotics	01/20/26
Z79.82	Long term (current) use of aspirin	01/20/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	01/20/26

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

Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 500 MG mouth daily Commonly known as: VITAMIN C

Gabapentin - Gabapentin 100 MG mouth 2 times daily Commonly known as: NEURONTIN

Hiprex - Methenamine Hippurate 1 g mouth 2 times daily Commonly known as: HIPREX

Sertraline - Sertraline Hydrochloride 100 MG mouth daily Commonly known as: ZOLOFT

Vancocin Hydrochloride - Vancomycin Hydrochloride eq 125 mg base / 1 Tablet by mouth four times a day Started 12/31/2025, qid x 14 days, BID X 7 DAYS, 1 DAILY X 7 DAYS THEN 1 CAPSULE EVERY OTHER DAY X 28 DAYS

Currently on qday frequency until 1/19/2026 and will get every other day for 28 days thereafter w/ EOT 2/16/2026 For: 125 mg po qday last dose on 1/19/25 7 AM and then start q48 hrs starting 1/21/26 until 2/16/2026 Commonly known as: VANCOCIN

Albuterol - Albuterol 108 (90 BASE) mcg/act aerosol solution inhalant every 6 hours as needed for Wheezing. Commonly known as: VENTOLIN HFA

Aspirin - Aspirin 81 MG chewable tablet by mouth once a day

Breo Ellipta - Fluticasone Furoate: Vilanterol Trifenatate 200-25 MCG/ACT Aepb by mouth once a day Take 1 puff by inhalation daily. Generic drug: fluticasone-vilanterol

Folic Acid - Folic Acid 1 mg 1 Tablet by mouth once a day

Cytomel - Liothyronine Sodium eq 0.005 mg base 1 Tablet by mouth once a day Commonly known as: CYTOMEL

Levothroxine - Levothyroxine Sodium 112 MCG tablet by mouth before meal before breakfast. Commonly known as: SYNTHROID

Metoprolol Succinate - Metoprolol Succinate eq 25 mg tartrate 1 Tablet by mouth once a day Commonly known as: TOPROL XL

Omeprazole - Omeprazole 40 mg 1 Tablet by mouth once a day Commonly known as: PriLOSEC

Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100 mg / 1 Tablet by mouth once a day Commonly known as: VITAMIN B-1

Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 500 MCG tablet by mouth once a day Take 1,000 mcg by mouth daily. Commonly known as: CYANOCOBALAMIN

14. DME and Supplies:

bath bench, hand held shower, wheelchair, walker, grab bars, commode, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , emergency phone # clearly displayed, bathroom safety, , ambulates with device, ambulates with assistance, , non-slip surface in tub, supervision at all times, wheelchair precautions, transfer with assist, , infectious material management, , diabetic precautions, , activity supervision

16. Nutrition:

regular

17. Allergies:

codeine naproxen penicillin

18.A. Functional Limitations

Bowel/Bladder Incontinence, Endurance, Ambulation, Hearing

18.B. Activities Permitted

Walker, Transfer bed/Chair, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, 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, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

22. A Rehabilitation Potential:

22.B.Discharge Plans

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sonia Sharma
3400 Box Hill Center Dr
Abingdon, 0 21009
PHONE: 410-515-5440 FAX: NPI: 1336595925

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 : 01/18/2026

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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82354428	01/20/2026	From: 01/20/2026 To: 03/20/2026	21649	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Anna Hartman 313 Willrich Circle Unit M, FOREST HILL, MD 21050- 410-688-6601	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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.

family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Radiculopathy Lumbar Region, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare:

The patient is an 83-year-old female recently discharged home following hospitalization for a mechanical fall. The fall resulted in multiple facial contusions and a hematoma to the right side of the forehead. She is now residing at home and is accompanied by a daytime aide. The patient lives alone in a secured third-floor condominium in Forest Hill, MD; both the building and unit are locked with coded access. She previously resided in an assisted living facility but elected to discharge herself and purchase her current condominium. Family support includes two daughters, one residing in Florida and the other living nearby who manages weekly medication organization by filling the patient's pillbox. The patient's past medical history is significant for hypertension, hyperlipidemia, cerebrovascular accident/transient ischemic attack, normal pressure hydrocephalus status post lumbar drain trial in May 2021 with right ventriculoperitoneal shunt placement, asthma/COPD, hypothyroidism, osteoporosis, mild memory deficit, hearing impairment, restless leg syndrome, depression/anxiety, and recurrent Clostridioides difficile infection. She is currently on a vancomycin maintenance regimen through February for management of C. difficile. All prescribed medications are present in the home. The patient's code status is full code. Prior to hospitalization, the patient was independent with basic self-care activities, functional transfers, and ambulation, while requiring assistance for instrumental activities of daily living. She ambulated with a rollator and required one-person assistance. Currently, the patient presents with generalized weakness, an unsteady shuffling gait, decreased standing balance and tolerance, reduced bilateral upper extremity strength, and decreased overall activity tolerance. These impairments are contributing to reduced independence with self-care, functional transfers, and functional ambulation. The most recent fall occurred when the patient fell from the toilet, and the cause of the fall was addressed during the visit. The patient is hard of hearing but has good vision. Due to her hearing impairment, communication accommodations are required, and it is recommended that appointment reminders be provided via text message if phone contact is unsuccessful. Education was initiated regarding fall prevention strategies, home safety, medication management, and infection prevention, given her fall history and ongoing C. difficile treatment. Skilled occupational therapy services are recommended at this time to address the identified deficits and to facilitate a safe return toward the patient's prior level of function while reducing fall risk and promoting independence within the home environment.
 Date of Order 01/20/2026 Orders Physician Face-to-Face Date: 01/18/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Radiculopathy Lumbar Region Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Sharma, Sonia

SN Careplans

SN WK1: 1 (01/20/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26) ,WK5: 1 (02/15/26-02/21/26) ,WK6: 1 (02/22/26-02/28/26) ,WK7: 1 (03/01/26-03/07/26) ,WK8: 1 (03/08/26-03/14/26)

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), 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; 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,

SN Goals

PATIENT-STATED GOAL: Patient states she was to build her strength up so she can stop falling and be able to get out of the house to shop safely.

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 help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purp

patient/caregiver recalls
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* recalls related medication(s) purpose, schedule

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 cons

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
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

01/20/2026

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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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M1700 - Cognition, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, M1620 - Bowel Incontinence, diarrhea (GI), limited endurance, limited strength, muscle weakness, B0200 - Hearing Deficit, balance deficit, #2 - Contusion - Other - Left forearm - Right forearm bruising from mechanical fall., #1 - Contusion - Other - Face - Multiple contusions all over right and left side 9f fac3 from mechanical fall., bruising/discoloration

PROCEDURES: physician-ordered wound care: #2 - Contusion - Other - Left forearm - Right forearm bruising from mechanical fall., physician-ordered wound care: #1 - Contusion - Other - Face - Multiple contusions all over right and left side 9f fac3 from mechanical fall., incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promo, * bowel incontinence management including dietary changes bowel training skin care, 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 cons, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purp, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

* home safety
* pain control
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related m

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
* 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 promo

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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
* 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
* bowel incontinence management including dietary changes
* bowel training
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

PT Careplans	PT Goals

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/20/2026

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PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: Home exercises: Long arc, marching, side kicks and heel raises --10x2 reps , Medicvation Review: The medication was reviewed with the patient , cough/deep breathing exercises, incentive spirometer, 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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 assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PATIENT-STATED GOAL: To get stronger with out falls

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

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 - 04. Supervision or touching assistance

OT Careplans

OT WK2: 1 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26) ,WK5: 1 (02/15/26-02/21/26) ,WK6: 1 (02/22/26-02/28/26) ,WK7: 1 (03/01/26-03/07/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Medication Review : Medication reviewed with patient. All medications in the home. Patient states her daughter fills her pill boxes once every three months, work simplification/energy conservation, transfers training, assist with bathing, assist with transferring, assist with light housekeeping, assist with meal preparation

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

OT Goals

PATIENT-STATED GOAL: Clean my house

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 medicatio

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
01/20/2026