Home Health Certification and Plan of Care

Order ID: 1150/16982

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41306326800	03/10/2026	From: 03/10/2026 To: 05/08/2026	22849	217058

6. Patient's Name and Address

Violet Galloway
426 Bostonian Way,
HAVRE DE GRACE, MD 21078-
443-804-6287

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 02/20/1942 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	03/10/26

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	03/10/26
N18.32	Chronic kidney disease stage 3b	03/10/26
E78.5	Hyperlipidemia unspecified	03/10/26
I34.2	Nonrheumatic mitral (valve) stenosis	03/10/26
F03.93	Unsp dementia unspecified severity with mood disturb	03/10/26
F32.A	Depression unspecified	03/10/26
H40.9	Unspecified glaucoma	03/10/26
G89.29	Other chronic pain	03/10/26
E55.9	Vitamin D deficiency unspecified	03/10/26
F51.02	Adjustment insomnia	03/10/26
K59.01	Slow transit constipation	03/10/26
Z99.3	Dependence on wheelchair	03/10/26
Z79.01	Long term (current) use of anticoagulants	03/10/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/10/26
Z86.16	Personal history of COVID-19	03/10/26

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

Acetaminophen - Acetaminophen 325 MG/1 tablet by mouth every 8 hours Give 2 tablet by mouth every 8 hours as needed for Pain Do not exceed Acetaminophen more than 3 GM/day from all sources
Fleet Enema Rectal Enema (Sodium Phosphate)s 1 rectal as necessary Insert 1 application rectally as needed for bowel regimen at bedtime if no BM in the evening
Glucagon - Glucagon Hydrochloride 1 mg/vial 1 intramuscular as necessary for S/S of Hypoglycemia give glucagon 1mg IM x1 dose and notify MD- may repeat glucagon 1mg IM in 5-10 minutes if repeat blood sugar remains below 70
Glycolax - Polyethylene Glycol 3350 17gm/packet by mouth once a day for Bowel Regimen Dissolve in 4-7 oz. of Fluids
Jardiance - Empagliflozin 10 mg/tablet by mouth once a day for DM
LISINIPRIL 10 mg/1 tablet by mouth once a day for HTN
Metformin Hcl - Metformin Hydrochloride 500 mg/1 tablet by mouth once a day for DM
Norvasc - Amlodipine Besylate eq 5 mg base 1 tablet by mouth once a day related to HYPERTENSIVE URGENCY (I16.0)

14. DME and Supplies:

wheelchair, rolling walker, hand held shower, diabetic supplies, bath bench, commode, grab bars, walker, hospital bed, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , , , diabetic precautions, ambulates with device, ambulates with assistance, bedrails up while in bed, emergency phone # clearly displayed, supervision at all times, transfer with assist, wheelchair precautions, , hand rails, cardiac precautions, bathroom safety, activity supervision

16. Nutrition:

diabetic, low sodium

17. Allergies:

shrimp, milk derivatives

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

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

19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., 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, HISTORY OF DEPRESSION: Yes

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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive Chronic Kidney Disease With Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified 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 84-year-old female recently referred to home health services following hospitalization and a subsequent skilled nursing facility/subacute rehabilitation stay after presenting with fever, diplopia, and changes in speech. During hospitalization, she was diagnosed with symptomatic bradycardia in the context of a significant cardiac history and multiple chronic medical conditions, including hypertensive chronic kidney disease, hypertension, hyperlipidemia, diabetes mellitus, vitamin D deficiency, dementia, depression, glaucoma, and insomnia. Due to cognitive impairment associated with dementia, the patient has a reduced ability to recognize symptoms and manage medications independently, placing her at increased risk for complications related to her cardiovascular and metabolic conditions. She therefore requires ongoing skilled nursing oversight for monitoring cardiovascular status, medication adherence, and chronic disease management. Skilled nursing interventions include monitoring heart rate, blood pressure, and cardiac symptoms such as dizziness, syncope, and fatigue; assessing for signs of arrhythmias or cardiac deterioration; ensuring proper use and compliance with a prescribed 14-day cardiac event monitor upon receipt; and performing medication reconciliation with ongoing patient and caregiver education. During the visit, the registered nurse assisted the caregiver with contacting the pharmacy to request a refill of the patient's Jardiance. The patient was recently discontinued from latanoprost due to concern that the medication, which has beta-blocker properties, may have contributed to bradycardia. The patient has documented allergies to shellfish, shrimp (diagnostic), and pork. Skilled nursing care also includes monitoring blood glucose levels and evaluating diabetic management, reinforcing adherence to a low-sodium and diabetic-appropriate diet, and providing dementia-related safety education for the caregiver. Care coordination is ongoing with the patient's cardiologist, Dr. Desai, and her primary care provider. The caregiver has been educated regarding signs and symptoms that require urgent or emergent medical evaluation, including heart rate below 50 beats per minute accompanied by symptoms, chest pain, syncope, or severe weakness. The patient currently resides with her daughter, Markita, in a two-story home with a first-floor living arrangement and ramp access to enter the home. She occupies a private room equipped with a hospital bed, bedside

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Stephanie Cokley
1117 Oakwood Ln
Bel Air, MD 21015
PHONE: 4432992011 FAX: 18882060912 NPI: 1366235376

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 : 02/07/2026

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.

Home Health Certification and Plan of Care

Order ID: 1150/16982

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41306326800	03/10/2026	From: 03/10/2026 To: 05/08/2026	22849	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Violet Galloway 426 Bostonian Way, HAVRE DE GRACE, MD 21078- 443-804-6287	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

commode, wheelchair, and private bathroom. Her daughter serves as the primary caregiver, and the patient also receives assistance from paid aides for approximately five hours each on Thursdays and Fridays; however, the caregiver is currently seeking additional support due to the patient's increasing care needs. The patient reportedly sleeps for extended periods during the day and is frequently awake at night. She is designated as a full code, and all prescribed medications are present in the home. From a functional standpoint, the patient demonstrates significant mobility and self-care limitations. Prior to the recent hospitalization, she required assistance with all activities of daily living, transfers, and wheelchair mobility and was not a functional ambulator. At the time of the current assessment, she continues to demonstrate severe functional impairment and remains wheelchair dependent. She requires moderate to maximal assistance from one person for bed mobility and transfers and is able to ambulate only short distances with moderate assistance, demonstrating poor sequencing and impaired motor planning. Due to her physical and cognitive deficits, she is unable to safely complete standardized fall risk assessments such as the Tinetti Performance-Oriented Mobility Assessment or the Timed Up and Go test. Modified functional reach is measured at 3 inches, indicating a significantly elevated fall risk. Given the combination of cognitive impairment and physical limitations, the patient will likely require ongoing assistance with mobility and activities of daily living, though rehabilitation potential is considered fair with appropriate support and caregiver involvement. The patient has also been referred for skilled occupational therapy services to address significant deficits in functional independence following hospitalization for symptomatic bradycardia. The patient previously resided in a skilled nursing facility for approximately four years before recently moving into her daughter's home. At baseline following discharge, the patient is wheelchair bound and requires maximal assistance for functional transfers. She is incontinent of bowel and bladder and currently requires maximal to dependent assistance for most basic self-care tasks. Prior to hospitalization, the patient required setup assistance for upper body dressing and maximal assistance for lower body dressing, and she was able to feed herself independently once meals were prepared. Currently, she remains on a modified diet and is able to tolerate approximately one hour of activity before requiring rest. Bathing is currently performed via bed or seated sponge bathing ("bird bathing") with moderate assistance, although a built-in tub bench is available in the home. Skilled occupational therapy services are recommended to address deficits in activities of daily living, upper extremity function, functional transfers, and activity tolerance, while also providing caregiver education on safe transfer techniques, energy conservation strategies, and environmental safety modifications. These interventions aim to maximize the patient's functional abilities, reduce caregiver burden, and support the safest possible level of independence within the home environment.
 Date of Order 03/10/2026 Orders Physician Face-to-Face Date: 02/07/2026 Clinical Condition Requiring Home Care per Certifying Physician: Sn disease management, PT eval and treat, OT eval and treat. due to Hypertensive Chronic Kidney Disease With Stage 1 Through Stage 4 Chronic Kidney Disease, Or Unspecified 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 Cokley, Stephanie

SN Careplans

SN WK1: 1 (03/10/26-03/14/26)

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), 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, 9. Other risk(s) not listed in 1- 8

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

; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds

SN Goals

PATIENT-STATED GOAL: Caregiver states she wants to see if the patient is able to walk again with her walker in the home.

GOALS
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
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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) purpose, schedule

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/10/2026

Home Health Certification and Plan of Care

Order ID: 1150/16982

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41306326800	03/10/2026	From: 03/10/2026 To: 05/08/2026	22849	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Violet Galloway 426 Bostonian Way, HAVRE DE GRACE, MD 21078- 443-804-6287	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M1700 - Cognition, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, dependent edema, M1033 - Exhaustion, M1033 - Unintentional Weight Loss, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, limited endurance, limited strength, muscle weakness, weak hand grips, withdrawal from conversations, difficulty sleeping, daytime fatigue, lethargy, balance deficit, B1000 - Vision Deficit

PROCEDURES: coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange resources for vision-impaired

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 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) purpose, schedule, * 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) 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, * 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, * 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, caregiver administers and/or packages medications appropriately

* 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 WK1: 1 (03/10/26-03/14/26)

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: cough/deep breathing exercises, home exercise program: Lower extremity strengthening and stretching, laq, hip abduction, hip flexion, heelraises, hamstring curls, 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 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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 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 - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: Pt unable to state daughter reported she would like the patient to get stronger to be able to assist more with bed mobility, transfers and walk short distances with assistance.

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

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 - 05. Setup or clean-up assistance

OT Careplans

OT Goals

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/10/2026

Home Health Certification and Plan of Care

Order ID: 1150/16982

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41306326800	03/10/2026	From: 03/10/2026 To: 05/08/2026	22849	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Violet Galloway 426 Bostonian Way, HAVRE DE GRACE, MD 21078- 443-804-6287	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

OT WK1: 1 (03/10/26-03/14/26)

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: therapeutic exercises, equipment training, work simplification/energy conservation, transfers training, assist with bathing, assist with toilet transferring, assist with lower body dressing, assist with upper body dressing

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: Daughter- GET MOM OUT OF 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 medication(s) purpose, schedule

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 01. Dependent

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate 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	03/10/2026