Home Health Certification and Plan of Care

Order ID: 1150/18243

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
48104872100	04/21/2026	From: 04/21/2026 To: 06/19/2026	24939	217058

6. Patient's Name and Address

Joginder Kaur
4406 Keswick Rd,
Baltimore, MD 21210-
734-664-3326

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 03/15/1941 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/21/26

13. ICD	Other Pertinent Diagnoses	Date
S01.81XD	Laceration w/o foreign body of oth part of head subs encntr	04/21/26
S09.90XD	Unspecified injury of head subsequent encounter	04/21/26
I11.0	Hypertensive heart disease with heart failure	04/21/26
I50.33	Acute on chronic diastolic (congestive) heart failure	04/21/26
E11.69	Type 2 diabetes mellitus with other specified complication	04/21/26
J45.998	Other asthma	04/21/26
M06.89	Other specified rheumatoid arthritis multiple sites	04/21/26
J96.11	Chronic respiratory failure with hypoxia	04/21/26
J96.12	Chronic respiratory failure with hypercapnia	04/21/26
M80.08XD	Age-rel osteopor w crnt path fx verteb 7thD	04/21/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/21/26
R13.19	Other dysphagia	04/21/26
E03.9	Hypothyroidism unspecified	04/21/26
E78.2	Mixed hyperlipidemia	04/21/26
R91.1	Solitary pulmonary nodule	04/21/26
D62.	Acute posthemorrhagic anemia	04/21/26
F33.1	Major depressive disorder recurrent moderate	04/21/26
F51.02	Adjustment insomnia	04/21/26
E87.1	Hypo-osmolality and hyponatremia	04/21/26
H91.90	Unspecified hearing loss unspecified ear	04/21/26
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	04/21/26
E66.01	Morbid (severe) obesity due to excess calories	04/21/26
Z68.35	Body mass index [BMI] 35.0-35.9 adult	04/21/26
Z79.82	Long term (current) use of aspirin	04/21/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	04/21/26
Z79.890	Hormone replacement therapy	04/21/26
Z95.5	Presence of coronary angioplasty implant and graft	04/21/26
Z96.641	Presence of right artificial hip joint	04/21/26
Z91.81	History of falling	04/21/26

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

albuterol-ipratropium 2.5 mg-0.5 mg/3 mL / 3 mL Neb Neb 2x/day
ASPIRIN Delayed Release 81 mg / 1 Tablet PO Daily for 90 Day(s)
Calcium Carbonate 1,250 mg / 1 Capsule by mouth once a day
CLOPIDOGREL 75 mg / 1 Tablet PO Daily for 90 Day(s)
docusate-senna 50 mg-8.6 mg/tablet / Give 2 tablet PO 2x/day
FOLIC ACID 1 mg/tablet, Give 5 tab = 5mg PO Daily
Furosemide - Furosemide 40 mg / 1 Tablet by mouth every other day
MELATONIN 3 mg/tablet / Give 3 tablet = 9 mg PO Nightly
Methotrexate - Methotrexate Sodium 2.5 mg/tablet / Give 4 tablets = 10 mg by mouth once a week for 84 Day(s) Stop on: Thursday 07-09-26
saliva substitutes - PO three times a day
ROSUVASTATIN CALCIUM 20 mg / 1 Tablet PO Daily
HYDROXYCHLOROQUINE SULFATE 200 mg / 2 Tablet PO Daily
ACETAMINOPHEN 650 mg 650mg/tablet PO q8h
Leucovorin Calcium - Leucovorin Calcium eq 5 mg base 5mg by mouth once a day Vit B
Jardiance - Empagliflozin 10mg by mouth once a day
Symbicort - Budesonide: Formoterol Fumarate Dihydrate 0.16 mg/inh;0.0045 mg/inh 160/4.5 inhalant once a day
Loratidine - Loratadine 1 tablet by mouth as necessary 10 mg

14. DME and Supplies:

None of the above

15. Safety Measures:

medical alert/lifeline, bathroom safety, bleeding precautions, fall precautions, supervision at all times, walker precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

low cholesterol

17. Allergies:

forteo

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

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: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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

SN:patient will be responsible for managing treatment
PT:patient will be responsible for managing treatment
OT:family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Atherosclerotic heart disease of native coronary artery without angina pectoris, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

George Hennawi
Russell Morgan Bldg
Baltimore, MD 21239
PHONE: 4434444720 FAX: 14434442110 NPI: 1336140524

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 : 04/09/2026

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: 1150/18243

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
48104872100	04/21/2026	From: 04/21/2026 To: 06/19/2026	24939	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Joginder Kaur 4406 Keswick Rd, Baltimore, MD 21210- 734-664-3326	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

The patient is an 85-year-old female residing with her daughter, who serves as her power of attorney, following a recent discharge from a skilled nursing facility. The patient has a significant past medical history including coronary artery disease status post percutaneous coronary intervention to the LAD with recent stent placement on 01/28/2026, asthma, hypertension, osteoporosis, osteoarthritis, rheumatoid arthritis, history of L5-S1 fracture, subacute L1 fracture status post kyphoplasty (09/2025), chronic hyponatremia, and hyperhomocysteinemia. Due to her medical condition and mobility limitations, the patient requires use of a rollator with one-person assistance for ambulation, making leaving the home a taxing effort. On assessment, the patient was observed answering the door and ambulating within the home using a rollator for safety. She requires contact guard assistance for transfers and short-distance ambulation and demonstrates significantly decreased lower extremity strength (approximately 2-/5 MMT bilaterally). The patient reports chronic back and generalized joint pain secondary to arthritis, rated at 3-4/10, which is effectively managed with acetaminophen. No falls were reported since February 2022. She is able to prepare light snacks independently, while her daughter assists with meal preparation. The home environment consists of a two-story residence with bedroom and full bathroom on the second floor; the patient remains on the first floor during the day and ascends stairs at night. A powder room is available on the first floor. The patient is alone during the day while her daughter is at work. Review of systems is unremarkable, with no abnormal lung sounds, no reports of shortness of breath, no abnormal bleeding, and no urinary discomfort. The patient reports a bowel movement on the day of assessment and adequate sleep with use of a sleep aid. No wounds or skin issues were identified. Medications, including inhaler use, were reviewed and reconciled with the patient, her daughter (via phone), and Dr. Deol. Education was provided on proper inhaler technique, including rinsing the mouth after use to address complaints of dry mouth. Therapy evaluations indicate that the patient presents with deficits in activities of daily living, functional mobility, balance, strength, and activity tolerance, primarily limited by pain and deconditioning following recent hospitalization for a fall. The patient expresses a goal of returning to her prior level of function and greater independence. Skilled physical therapy is recommended to improve strength, balance, and safety with mobility, while occupational therapy is indicated for ADL training, adaptive equipment use, energy conservation, homemaking tasks, and safety awareness. Skilled nursing services are planned with a frequency of 2 visits per week for 1 week, then 1 visit per week for 3 weeks, followed by 1 visit every other week for the remaining certification period. Overall, the patient remains homebound due to functional limitations and fall risk, requiring continued interdisciplinary care to support safe independence in the home setting.
 Date of Order 04/21/2026 Orders Physician Face-to-Face Date: 04/09/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease mangement, pt-eval & treat, ot-eval & treat, hha due to Atherosclerotic heart disease of native coronary artery without angina pectoris 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 Hennawi, George

SN Careplans

SN WK1: 2 (04/21/26-04/25/26) ,WK2: 1 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26) ,WK4: 1 (05/10/26-05/16/26) ,WK6: 1 (05/24/26-05/30/26) ,WK8: 1 (06/07/26-06/13/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 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 ; 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.

No open wounds noted
Advance Directive:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, meal preparation, M2020 - Oral Med Management, M1033 - Exhaustion, abn cholesterol > 200 mg/dL, abnormal blood pressure, weight gain > 2lb/24 h OR 5lb/1 wk, M1400 - Dyspnea, abnormal thyroid <> 0.40 - 4.50 mIU/mL, heartburn/indigestion,

SN Goals

PATIENT-STATED GOAL: To increase physical strength to allow to help herself

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

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

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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

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

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/21/2026

Home Health Certification and Plan of Care

Order ID: 1150/18243

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
48104872100	04/21/2026	From: 04/21/2026 To: 06/19/2026	24939	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Joginder Kaur 4406 Keswick Rd, Baltimore, MD 21210- 734-664-3326	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

muscle weakness, limited strength, limited endurance, balance deficit, weak hand grips, pain radiating to arms/legs, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, obesity

PROCEDURES: Daily weights : Daily weights report weights greater than 2 lbs in 24 hours, cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, apply compression bandage, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals

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, * 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, * 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, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (04/21/26-04/25/26) ,WK2: 1 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26) ,WK4: 1 (05/10/26-05/16/26) ,WK5: 1 (05/17/26-05/23/26) ,WK6: 1 (05/24/26-05/30/26) ,WK7: 1 (05/31/26-06/06/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, cough/deep breathing exercises, home exercise program: Review HEP: seated knee ext, hip flex, hip abd at least 1x10. Upgrade to standing therex as tolerated, 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 - 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Medication Review

PT Goals

PATIENT-STATED GOAL: To be able to walk without help

GOALS
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 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

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

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Medication Review

OT Careplans

OT WK1: 1 (04/21/26-04/25/26) ,WK3: 1 (05/03/26-05/09/26) ,WK5: 1 (05/17/26-05/23/26) ,WK7: 1 (05/31/26-06/06/26) ,WK9: 1 (06/14/26-06/19/26)

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

PROCEDURES: cough/deep breathing exercises, home exercise program: Cane exercises: bilateral shoulder flex, chest presses horizontal abd add 2x10 res, equipment training,

OT Goals

PATIENT-STATED GOAL: To not be in pain

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/21/2026

Home Health Certification and Plan of Care

Order ID: 1150/18243

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
48104872100	04/21/2026	From: 04/21/2026 To: 06/19/2026	24939	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Joginder Kaur 4406 Keswick Rd, Baltimore, MD 21210- 734-664-3326	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

work simplification/energy conservation, transfers training: Toilet, shower

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, Oral Hygiene - 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

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

Oral Hygiene - 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
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/21/2026