Home Health Certification and Plan of Care

Order ID: 1150/18980

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
57229462	05/25/2026	From: 05/25/2026 To: 07/23/2026	23677	217058

6. Patient's Name and Address

Ronald Kessler
319 Camrose Ave,
BROOKLYN, MD 21225-
443-527-7751

7. Provider's Name, Address and Telephone Number

HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 07/19/1943 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/25/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	05/25/26
N18.32	Chronic kidney disease stage 3b	05/25/26
J44.89	Other specified chronic obstructive pulmonary disease	05/25/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/25/26
I48.0	Paroxysmal atrial fibrillation	05/25/26
I69.354	Hemiplga following cerebral infrc affecting left nondom side	05/25/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	05/25/26
M62.82	Rhabdomyolysis	05/25/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	05/25/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/25/26
F41.9	Anxiety disorder unspecified	05/25/26
F33.8	Other recurrent depressive disorders	05/25/26
E78.49	Other hyperlipidemia	05/25/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	05/25/26
H40.89	Other specified glaucoma	05/25/26
Z95.1	Presence of aortocoronary bypass graft	05/25/26
Z79.4	Long term (current) use of insulin	05/25/26
Z79.82	Long term (current) use of aspirin	05/25/26
Z79.01	Long term (current) use of anticoagulants	05/25/26
Z91.81	History of falling	05/25/26
Z87.891	Personal history of nicotine dependence	05/25/26

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

Acetaminophen - Acetaminophen 500 MG by mouth every 6 hours Give 2 tablet by mouth every 6 hours as needed for Pain 1-3
Aspirin - Aspirin 81mg by mouth once a day Give 1 tablet by mouth one time a day for CVA Prophylaxis Take 81 mg by mouth daily.
Atorvastatin Calcium - Atorvastatin Calcium 40mg by mouth once a day Give 1 tablet by mouth one time a day for Hyperlipidemia Take 40 mg by mouth nightly.
Buspirone Hcl - Buspirone Hydrochloride 1 tab by mouth three times a day Give 1 tablet by mouth every 8 hours for Anxiety Take 1 tablet by mouth 3 times daily.
Dabigatran Etexilate - Dabigatran Etexilate 100mg by mouth twice a day Give 1 capsule by mouth two times a day for AFib Take 1 capsule by mouth 2 times daily.
Duloxetine Hydrochloride - Duloxetine Hydrochloride 60 mg by mouth once a day Give 1 capsule by mouth one time a day for Depression Take 60 mg by mouth daily.
Gabapentin - Gabapentin 300 mg by mouth twice a day Give 1 capsule by mouth two times a day for Neuropathic pain Take 300 mg by mouth 2 times daily.
Jardiance Oral Tablet 25 MG (Empagliflozin) 25mg by mouth once a day Give 1 tablet by mouth one time a day for DMT2
Mirtazapine - Mirtazapine 7.5 mg by mouth in the evening Give 1 tablet by mouth in the evening for Depression Take 1 tablet by mouth nightly
Sodium Bicarbonate Oral Tablet 650 MG (Sodium Bicarbonate (Antacid) 650mg by mouth once a day Give 1 tablet by mouth one time a day for CKD Take 1 tablet by mouth daily.
Thera Oral Tablet (Multiple Vitamin) 1 tablet by mouth in the morning Give 1 tablet by mouth one time a day for Supplement Take 1 tablet by mouth every morning.
Cozaar - Losartan Potassium 50 mg 1 tablet by mouth once a day
Latanoprost - Latanoprost 0.005% left eye in the evening Instill 1 drop in left eye in the evening for Glaucoma Place 1 drop into the left eye nightly.
Dorzolamide Hydrochloride - Dorzolamide Hydrochloride eq 2 perc base right eye three times a day Instill 1 drop in right eye two times a day for Glaucoma Place 1 drop into the right eye 3 times daily.
Glucagon - Glucagon Hydrochloride 1mg subcutaneous as necessary Inject 1 mg subcutaneously as needed for Hypoglycemia Blood sugar less than 70 and resident is cannot take anything by
Insulin - Insulin Pork 20units subcutaneous at bedtime Inject 20 unit subcutaneously at bedtime for DM
Insulin - Insulin Pork 5unit subcutaneous before meal Inject 5 unit subcutaneously before meals for DM
Insulin - Insulin Pork 12units subcutaneous before meal Inject as per sliding scale: if 0 - 150 = 0; 151 - 200 = 2; 201 - 250 = 4; 251 - 300 = 6; 301 - 350 = 8; 351 - 400 = 10 Greater than 400, give 12 units then call MD, subcutaneously before meals for DM

14. DME and Supplies:

wound care supplies, walker, small base cane, rolling walker, hand held shower, diabetic supplies, cane, bath bench, 4 wheeled walker

15. Safety Measures:

walker precautions, transfer with assist, standard precautions, smoke detectors , sharps precautions, medication safety, medical alert/lifeline, hand rails, fall precautions, diabetic precautions, bathroom safety, aspiration precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

diabetic

17. Allergies:

iodine

18.A. Functional Limitations

Ambulation, Endurance, Hearing, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

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

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/25/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Shanita Chase
1701 Twin Springs Rd
Baltimore, MD 21227
PHONE: 410-737-5000 FAX: 14107375401 NPI: 1487650891

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 : 05/08/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Ronald Kessler 319 Camrose Ave, BROOKLYN, MD 21225- 443-527-7751	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

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

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 82-year-old male with a complex medical history including coronary artery disease status post coronary artery bypass grafting (CABG) in January 2026, chronic kidney disease stage 3b, chronic atrial fibrillation, cerebrovascular accident (CVA) with a right thalamic infarct in 2017 resulting in residual left-sided weakness, type 2 diabetes mellitus, hyperlipidemia, chronic obstructive pulmonary disease (COPD), gastroesophageal reflux disease (GERD), orthostatic hypotension, glaucoma, recurrent depressive disorder, anxiety, atherosclerotic heart disease, hemiplegia/hemiparesis affecting the left nondominant side, impaired coordination, and a history of recurrent falls. The patient was recently hospitalized from May 6, 2026, through May 8, 2026, following an acute episode in which his daughter called emergency services after finding him unable to get out of bed, unable to move, and unable to speak. Additional hospitalization records indicate evaluation for recurrent falls complicated by rhabdomyolysis and acute renal failure. Following hospitalization, the patient returned home under the care of his daughter and grandson, who provide ongoing support with daily activities. The daughter serves as the primary caregiver and manages all medications. Upon assessment, the patient was seated in the living room and appeared stable. He reported ongoing pain in the left shoulder and bilateral feet, with left shoulder pain increasing to approximately 6/10 with movement. The patient also reports chronic balance deficits, memory impairment, fear of falling, numbness and tingling in both lower extremities greater than the upper extremities, decreased sensation from the mid-calf level distally, hearing difficulties, and reduced activity tolerance. According to the daughter, during the recent decline the patient remained largely bedridden, was unable to perform basic activities of daily living independently, and required extensive assistance with mobility and self-care. The patient has a documented history of multiple falls, including three falls within a 24-hour period during a previous episode of care. He no longer drives due to cognitive concerns, episodes of becoming lost, and visual impairment related to glaucoma. The patient resides in a single-family home with his daughter and requires assistance for safe mobility and activities of daily living. He currently ambulates with a rolling walker and requires supervision due to impaired balance, weakness, decreased safety awareness, and elevated fall risk. Bilateral lower extremity weakness has worsened following the recent hospitalization, resulting in decreased functional mobility, difficulty with transfers, impaired stair negotiation, unsteady gait, and increased dependence with mobility-related activities. The patient has expressed interest in obtaining a wheelchair or scooter for community mobility and has requested installation of grab bars in the bathroom to improve safety. Skin assessment revealed a wound to the left great toe and an area of injury involving the left second toe secondary to an ingrown toenail. The patient is under the care of a podiatrist through Kaiser and was last evaluated on May 22, 2026, at which time toenail care was performed and wound treatment was provided. Current wound care instructions include cleansing the affected area every other day with soap and water, rinsing and drying thoroughly, performing optional short warm water and vinegar soaks, and applying Aquacel Ag dressing secured with tape or a bandage. The patient's daughter has been independently performing wound care without reported complications. A follow-up podiatry appointment is scheduled for June 11, 2026. The patient is also scheduled for memory care evaluation due to ongoing cognitive concerns. Education was provided to both the patient and caregiver regarding home safety and fall prevention measures, including installation of grab bars in the bathroom, acquisition of a bedside commode for nighttime toileting needs, use of a non-slip bath mat, obtaining a medical alert system, utilizing a walker exclusively rather than a cane, and exploring community resources for wheelchair or scooter procurement. The patient and caregiver verbalized understanding of all recommendations. Physical therapy assessment identified significant deficits including bilateral lower extremity weakness, lower extremity pain, impaired balance, impaired transfers, decreased endurance, difficulty negotiating stairs, unsteady gait, decreased safety awareness, and increased fall risk. The patient demonstrates a need for skilled physical therapy to improve strength, balance, gait quality, transfer safety, stair negotiation, functional mobility, and overall independence while reducing fall risk and preventing further functional decline. Home physical therapy services are ordered at a frequency of two <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> per week for one week followed by one visit per week for eight weeks. Occupational therapy evaluation further identified deficits in activities of daily living, activity tolerance, coordination, left-sided weakness, and upper extremity functional performance related to the patient's prior CVA and recent hospitalization. Skilled occupational therapy services are indicated to improve safety with activities of daily living, enhance coordination, address strength deficits, improve endurance, and reduce caregiver burden. The patient is considered homebound due to residual deficits from CVA, generalized weakness, impaired balance, unsteady gait, recurrent falls, decreased endurance, and the need for both human assistance and assistive devices for safe mobility. Leaving the home requires considerable and taxing effort and places the patient at increased risk for injury and falls. Continued skilled nursing, physical therapy, occupational therapy, caregiver training, wound monitoring, fall prevention interventions, and functional rehabilitation are medically necessary to maximize safety, maintain health status, and support the patient's highest attainable level of independence within the home environment.
 Date of Order 05/25/2026 Orders Physician Face-to-Face Date: 05/08/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease process pt-eval & treat ot-eval & treat due to Type 2 diabetes 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 Chase, Shanita

SN Careplans

SN WK1: 1 (05/25/26-05/30/26) ,WK2: 1 (05/31/26-06/06/26) ,WK3: 1 (06/07/26-06/13/26) ,WK4: 1 (06/14/26-06/20/26) ,WK5: 1 (06/21/26-06/27/26) ,WK6: 1 (06/28/26-07/04/26) ,WK7: 1 (07/05/26-07/11/26) ,WK8: 1 (07/12/26-07/18/26)

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 > 10

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), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; 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

SN Goals

PATIENT-STATED GOAL: To get stronger and be able to get out of the house

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

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

patient home enviroment has adequate fire safety devices

patient is adequately supervised

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/25/2026

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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
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2102f - Patient Supervision, Home Safety, M2020 - Oral Med Management, coughing, M1400 - Dyspnea, M1033 - Exhaustion, distended veins lower extremities, abn cholesterol > 200 mg/dL, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, nausea/vomiting, muscle weakness, limited range of motion, poor muscle tone, swelling of affected area, limited endurance, limited strength, sensitivity to sounds & light, extremity burn/tingle/numb, involuntary movement of extremity, Pain Interference with ADLs, B0200 - Hearing Deficit, balance deficit, Pain Effect on Sleep, bleeding/painful gums, tooth pain/decay/sensitivity, obesity, itchy skin, red/tender pressure points, swell/redness surround. skin, open sores/lesions, discolored patches of skin, bruising/discoloration, rough/scaly/cracked skin

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange for adequate fire safety devices, 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 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, * 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, patient home enviroment has adequate fire safety devices, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

caregiver performs medical/rehabilitation treatments with adequate competence

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

PT Careplans

PT WK1: 2 (05/25/26-05/30/26) ,WK2: 1 (05/31/26-06/06/26) ,WK3: 1 (06/07/26-06/13/26) ,WK4: 1 (06/14/26-06/20/26) ,WK5: 1 (06/21/26-06/27/26) ,WK6: 1 (06/28/26-07/04/26) ,WK7: 1 (07/05/26-07/11/26) ,WK8: 1 (07/12/26-07/18/26) ,WK9: 1 (07/19/26-07/23/26)

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

PROCEDURES: home exercise program: Seated-LAQ hip flex, hip abd, pillow squeeze. Standing-Mini squat, heel/toe raise, hip flex, hip abd, hip ext, leg curls., dynamic standing balance exercises: Dynamic balance activity to be performed on firm surface with no hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04.

PT Goals

PATIENT-STATED GOAL: I want to get back to walking

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/25/2026

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Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

Picking Up Object - 04. Supervision or touching assistance

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

OT Careplans

OT WK1: 1 (05/25/26-05/30/26) ,WK3: 1 (06/07/26-06/13/26) ,WK4: 1 (06/14/26-06/20/26) ,WK5: 1 (06/21/26-06/27/26) ,WK6: 1 (06/28/26-07/04/26) ,WK7: 1 (07/05/26-07/11/26) ,WK8: 1 (07/12/26-07/18/26) ,WK9: 1 (07/19/26-07/23/26)

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

PROCEDURES: Medication review: med list changes, Therapeutic activity : exe during visi, Too improve activity tolerance : activity level, cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

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 - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: to improve strength

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 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	05/25/2026