Home Health Certification and Plan of Care

Order ID: 1150/19003

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
641003017	05/18/2026	From: 05/18/2026 To: 07/16/2026	25916	217058

6. Patient's Name and Address

Suzanne Brawn
602 HAMMONS LANE, APT 128,
BROOKLYN, MD 21225-
410-699-2007

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 08/16/1945 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	05/18/26

13. ICD	Other Pertinent Diagnoses	Date
I50.33	Acute on chronic diastolic (congestive) heart failure	05/18/26
N18.31	Chronic kidney disease stage 3a	05/18/26
N25.81	Secondary hyperparathyroidism of renal origin	05/18/26
D63.1	Anemia in chronic kidney disease	05/18/26
D50.9	Iron deficiency anemia unspecified	05/18/26
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	05/18/26
J43.2	Centrilobular emphysema	05/18/26
I48.92	Unspecified atrial flutter	05/18/26
I82.402	Acute embolism and thombos unsp deep veins of l low extrem	05/18/26
D68.51	Activated protein C resistance	05/18/26
G62.9	Polyneuropathy unspecified	05/18/26
G89.4	Chronic pain syndrome	05/18/26
M54.9	Dorsalgia unspecified	05/18/26
M25.551	Pain in right hip	05/18/26
M25.552	Pain in left hip	05/18/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	05/18/26
E66.2	Morbid (severe) obesity with alveolar hypoventilation	05/18/26
F41.9	Anxiety disorder unspecified	05/18/26
F32.A	Depression unspecified	05/18/26
H90.3	Sensorineural hearing loss bilateral	05/18/26
E78.5	Hyperlipidemia unspecified	05/18/26
G31.84	Mild cognitive impairment of uncertain or unknown etiology	05/18/26
M19.90	Unspecified osteoarthritis unspecified site	05/18/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/18/26
E83.39	Other disorders of phosphorus metabolism	05/18/26
D69.6	Thrombocytopenia unspecified	05/18/26
R73.03	Prediabetes	05/18/26
R26.81	Unsteadiness on feet	05/18/26
Z87.440	Personal history of urinary (tract) infections	05/18/26

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

PEPCID 20 mg 2 times daily
COZAAR 100 mg 1 time daily
DEMADEX 20 mg 1 time daily
XARELTO 20 mg 1 time daily after dinner
Cholecalciferol 50 MCG (2000 UT) / 1 Capsule by mouth once a day
Amilodipine - Amlodipine Besylate 5 mg by mouth once a day 5.26.26 changed to 5 mg once a day
Xarelto - Rivaroxaban 20 mg by mouth once a day
Xarelto - Rivaroxaban 20 mg by mouth once a day
FLONASE 50 MCG/ACT nasal spray / 2 sprays each Nare 1 time daily
ALVESCO 160 MCG/ACT AERS / 1 puff Inhalation 2 times daily
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERS / 2 puffs Inhalation 1 time daily Patient is instructed to TAKE AM dose on dos 6/16/23
ALBUTEROL 108 (90 BASE) mcg/act IN aerosol solution / 1 puff Inhalation as necessary Patient is instructed to TAKE AM dose on dos 6/16/23 5.27.26 prn
TYLENOL 650 mg Oral every 6 hours PRN
NORVASC 2.5 mg Oral 1 time daily Patient is instructed to TAKE AM dose on dos 6/16/23
COREG 12.5 mg Oral 2 times daily Patient is instructed to TAKE AM dose on dos 6/16/23

14. DME and Supplies:

wheelchair, walker, rolling walker, large base quad cane, hand held shower, grab bars, commode, bath bench, cane, , 4 wheeled walker

15. Safety Measures:

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

16. Nutrition:

low sodium

17. Allergies:

levofloxacin macrodantin penicillins tetanus antitoxin vancomycin

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, , Endurance,

18.B. Activities Permitted

Walker, Wheelchair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 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: 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

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/18/2026

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 : 05/14/2026

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
Suzanne Brawn 602 HAMMONS LANE, APT 128, BROOKLYN, MD 21225- 410-699-2007	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 80-year-old female with a significant past medical history including chronic obstructive pulmonary disease (COPD), hypertension, atrial flutter on anticoagulation therapy, diastolic heart failure, history of deep vein thrombosis (DVT), obstructive sleep apnea, chronic kidney disease (CKD) stage III, depression, peripheral neuropathy, chronic low back pain, bilateral hearing loss, and macular degeneration. The patient was recently hospitalized for approximately seven days following presentation with shortness of breath, hypoxia requiring supplemental oxygen at 2 liters per minute, dyspnea on exertion, bilateral lower extremity edema, and volume overload. During hospitalization, she was also treated for a urinary tract infection and possible right lower extremity cellulitis. The patient reports that she was not provided with a specific diagnosis for her lower extremity swelling but was instructed to follow a low-sodium diet upon discharge. The patient currently resides alone in a senior apartment complex. She has a strong support system, with daughters living nearby who check on her daily, provide groceries, assist with transportation to appointments, and offer support as needed. The patient remains capable of preparing her own meals and currently manages her medications independently without reported difficulty. Education was provided regarding available meal delivery services to further support nutritional needs and reduce exertional demands. The patient has an upcoming appointment with her psychiatrist to review and discuss her medication regimen. During the assessment, the patient reported ongoing shortness of breath with moderate exertion, chronic low back and bilateral lower extremity pain, and neuropathic symptoms including numbness extending from the feet to the knees and occasionally to the thighs. Sensory assessment revealed diminished sensation to light touch throughout both lower extremities, with pressure sensation remaining intact. The patient also reported a longstanding history of falls, including two falls within the past year, and stated that balance difficulties have been present for many years. Visual limitations secondary to macular degeneration contribute to impaired peripheral vision and increased fall risk. The patient experiences difficulty with tasks requiring bending, sit-to-stand transitions, vacuuming, cleaning the bathtub, and other household management activities. Mobility assessment revealed the patient ambulates primarily with a rollator walker, which she has used consistently for the past six to seven years. For longer distances and community mobility, she utilizes a wheelchair due to decreased endurance, dyspnea on exertion, lower extremity weakness, and balance deficits. The patient has adaptive equipment in the home, including a raised toilet seat, shower bench, grab bars in the bathroom, and a bed rail to improve safety and functional independence. She also wears a medical alert necklace provided by her apartment complex. The patient was educated on home safety measures, including keeping cat toys and other potential obstacles out of walking pathways and remaining cautious around her cat, as both pose significant tripping hazards. The patient verbalized understanding of all safety recommendations. Physical therapy evaluation identified multiple functional deficits, including bilateral lower extremity weakness, impaired balance, decreased functional mobility, unsteady gait, difficulty with transfers, chronic low back and hip pain, neuropathy, decreased endurance, impaired safety awareness, and elevated fall risk. These impairments significantly affect the patient's ability to safely navigate her home and perform daily activities independently. The patient expressed a goal of improving lower extremity strength and overall mobility. Skilled physical therapy services are indicated to improve strength, balance, gait safety, transfer performance, endurance, functional mobility, and fall prevention. The established physical therapy plan of care includes <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> at a frequency of two times per week for one week, followed by one visit per week for five weeks, with the patient in agreement with the proposed treatment plan. Occupational therapy assessment further identified deficits affecting the patient's ability to safely perform instrumental activities of daily living, household management tasks, and activities requiring prolonged standing, bending, and mobility. Limitations related to decreased endurance, chronic pain, neuropathy, balance impairments, visual deficits, and reduced activity tolerance place the patient at risk for further decline in function and independence. Skilled occupational therapy services are medically necessary to improve endurance, maximize safety during activities of daily living and household tasks, enhance energy conservation strategies, and maintain the patient's ability to live independently within her home environment. The patient is considered homebound due to COPD, diastolic heart failure, impaired endurance, dyspnea with exertion, lower extremity weakness, balance deficits, chronic pain, neuropathy, and increased fall risk. Leaving the home requires the use of assistive devices and assistance from others and results in considerable and taxing effort. Continued skilled nursing, physical therapy, and occupational therapy services are warranted to monitor cardiopulmonary status, reinforce disease management and safety education, improve functional mobility and endurance, reduce fall risk, and support the patient's highest attainable level of independence and quality of life within the home setting.
 Date of Order 05/18/2026 Orders Physician Face-to-Face Date: 05/14/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive heart and chronic kidney disease with heart failure and 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 Chase, Shanita

SN Careplans

SN WK1: 2 (05/18/26-05/23/26)

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), 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

SN Goals

PATIENT-STATED GOAL: To walk without falling

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
* 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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/18/2026

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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:Refused

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2102f - Patient Supervision, Home Safety, D0700 - Social Isolation, M2020 - Oral Med Management, swelling in the arms/legs, M1400 - Dyspnea, M1033 - Exhaustion, wheezing, swelling in legs/around eyes, dependent edema, abn cholesterol > 200 mg/dL, abnormal blood pressure, cough/gag/pain chew/swallow, heartburn/indigestion, M1600 - UTI, muscle weakness, poor muscle tone, limited strength, limited range of motion, limited endurance, muscle spasms, B1000 - Vision Deficit, balance deficit, lethargy, extremity burn/tingle/numb, difficulty sleeping, daytime fatigue, obesity, bruising/discoloration, rough/scaly/cracked skin, itchy skin

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, apply compression bandage, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange long-term socialization activities, 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, * 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 2 (05/18/26-05/23/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, 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: cough/deep breathing exercises: Pursed lip breathing strategies, heat application: Apply heat to low back x 20 minutes with necessary barrier and skin assessments q 5 minutes., home exercise program: Supine, Ankle pumps, quad sets, gluteal sets, hip abd, SLR, heel slides 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: * 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, 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, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: I would really like to improve my leg strength

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 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 - 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

05/18/2026

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Picking Up Object - 04. Supervision or touching assistance

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

OT Careplans

OT WK1: 1 (05/18/26-05/23/26) ,WK2: 1 (05/24/26-05/30/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Therapeutic exercise : exe during the visit, Balance training : balance while performing oral hygiene or tub transfers, Medication review : med list changes, Endurance training : activity tolerance, cough/deep breathing exercises, incentive spirometer, home exercise program: exe for home, 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, 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: Goal

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

Shower/Bathe Self - 06. Independent

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
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