Home Health Certification and Plan of Care

Order ID: 1150/19009

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
23184005	05/27/2026	From: 05/27/2026 To: 07/25/2026	214	217058

6. Patient's Name and Address

Mabel Johnson
3605 Yennar Lane Apt 1B,
WINDSOR MILL, MD 21244-
770-896-3365

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 01/29/1943 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	05/27/26

13. ICD	Other Pertinent Diagnoses	Date
J96.01	Acute respiratory failure with hypoxia	05/27/26
J43.9	Emphysema unspecified	05/27/26
S09.90XD	Unspecified injury of head subsequent encounter	05/27/26
I10.	Essential (primary) hypertension	05/27/26
G30.9	Alzheimer's disease unspecified	05/27/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	05/27/26
E78.5	Hyperlipidemia unspecified	05/27/26
I71.20	Thoracic aortic aneurysm without rupture unspecified	05/27/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/27/26
I73.9	Peripheral vascular disease unspecified	05/27/26
E46.	Unspecified protein-calorie malnutrition	05/27/26
K59.00	Constipation unspecified	05/27/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/27/26
Z87.891	Personal history of nicotine dependence	05/27/26
Z79.82	Long term (current) use of aspirin	05/27/26
Z79.52	Long term (current) use of systemic steroids	05/27/26
Z91.81	History of falling	05/27/26

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

Thymus glandular 1 tablet by mouth once a day
Ergocalciferol - Ergocalciferol 1250 mcg by mouth once a week Vitamin d2 1250 mcg 50,000 units every 7 days
Atorvastatin - Atorvastatin Calcium 80mg 1 tablet by mouth once a day
Amilodipine - Amlodipine Besylate 5 mg by mouth before meal
Lisinopril - Lisinopril 40 mg 40 mg by mouth before meal
Metoprolol Succinate - Metoprolol Succinate eq 50 mg tartrate 50mg ER by mouth once a day
Albuterol Nebulizer - Albuterol 0.083% 1 vial inhalant every 4 hours As needed for wheezing
Nicotine - Nicotine 14 mg/24hr 1 patch topical once a day

14. DME and Supplies:

wheelchair, 4 wheeled walker

15. Safety Measures:

transfer with assist, wheelchair precautions, walker precautions, supervision at all times, standard precautions, medication safety, fall precautions, electrical safety measures, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

soft, cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Speech, Endurance

18.B. Activities Permitted

Wheelchair, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 1. Rarely, 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic obstructive pulmonary disease with (acute) exacerbation, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare: The patient is an 83-year-old female referred to home health services following a recent hospitalization for acute exacerbation of chronic obstructive pulmonary disease (COPD). Her past medical history is significant for COPD, hypertension, hyperlipidemia, aortic atherosclerosis, ascending thoracic aortic aneurysm, chronic leukocytosis, colon cancer, mild cognitive impairment/dementia, and a recent traumatic subarachnoid and subdural hemorrhage sustained after a fall. Additional history includes impaired mobility, gait instability, and recurrent fall risk. The patient resides with her daughter and family in a basement apartment, where family members provide ongoing supervision and assistance with daily care needs. The daughter reports that the patient will not be left alone due to safety concerns and cognitive impairment. The patient is considered homebound due to dementia, recent hospitalization for bronchitis/COPD exacerbation, history of falls, impaired mobility, decreased endurance, and shortness of breath with minimal exertion. She requires the use of a rollator walker, wheelchair for longer distances, and human assistance to safely leave the home. Leaving the residence requires considerable and taxing effort and places the patient at increased risk for injury and functional decline. During the assessment, the patient was alert and oriented to name, date of birth, and place; however, she was unable to accurately identify the current date or year, consistent with her diagnosis of dementia and mild cognitive impairment. Vital signs were within normal limits. Blood pressure was stable, although the diastolic reading was noted to be at the lower end of the normal range. The patient was afebrile and denied pain at the time of assessment. Oxygen saturation was 94% on room air. Respiratory assessment revealed clear lung sounds bilaterally with the exception of wheezing noted in the right upper lobe. The patient continues to experience shortness of breath with minimal exertion and demonstrates poor activity tolerance, significantly limiting participation in daily activities. The patient's daughter reported financial difficulty obtaining prescribed inhaler medication due to affordability concerns. Education was provided regarding the importance of medication adherence and ongoing monitoring of respiratory symptoms. The patient's daughter also reported that the patient quit smoking seven days ago and has abstained from caffeine intake during the same period. Positive reinforcement was provided regarding smoking cessation efforts. Skin assessment revealed a 2 cm x 2 cm x 0.1 cm wound located on the left anterior chest. According to the patient and caregiver, the wound was evaluated during the recent hospitalization and is currently being left open to air. The surrounding skin was intact, and no signs of acute infection were noted during the visit. Skilled nursing will continue to monitor wound healing and assess for any signs or symptoms of infection during subsequent

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Shirley Lee
7141 Security Blvd
Baltimore, MD 21244
PHONE: (443) 663-6000 FAX: 14436636295 NPI: 1730398819

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 : 05/23/2026

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
Mabel Johnson 3605 Yennar Lane Apt 1B, WINDSOR MILL, MD 21244- 770-896-3365	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

<mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh>. The patient reported ongoing loose stools but denied urinary difficulties. Due to continued diarrhea and the need for further evaluation, a urinalysis was requested. Skilled nursing provided education regarding the importance of maintaining adequate hydration, particularly in the elderly population, to reduce the risk of dehydration associated with frequent loose stools. The patient and caregiver verbalized understanding of the teaching provided. Functionally, the patient demonstrates significant limitations related to weakness, impaired balance, reduced endurance, and shortness of breath. She ambulates with a rollator walker and requires contact guard assistance for mobility. The patient requires assistance with toileting, bathing, dressing, and other activities of daily living due to limited endurance and functional deficits. She is able to independently perform selected tasks, including eating, upper-body bathing, and perineal care when supplies are prepared and arranged in advance. Additional assistance is required for lower-body bathing, dressing, and personal care tasks. Occupational therapy assessment identified bilateral upper extremity weakness, with greater weakness noted in the right upper extremity, measured at approximately 3+/5 strength by manual muscle testing. The patient requires minimal assistance for toilet transfers and contact guard assistance for sit-to-stand transfers, with verbal cueing needed for proper body positioning and limb placement. Physical therapy evaluation revealed bilateral lower extremity weakness, impaired balance, unsteady gait, decreased safety awareness, difficulty with transfers, and impaired household ambulation. These deficits place the patient at a significantly increased risk for falls and rehospitalization. Skilled physical therapy services are medically necessary to improve lower extremity strength, balance, gait mechanics, transfer safety, endurance, functional mobility, and fall prevention strategies. Occupational therapy services are also warranted to address upper extremity weakness, activity tolerance, energy conservation, activities of daily living, transfer training, and overall functional independence. Skilled nursing goals include monitoring respiratory status, ensuring adherence to prescribed medications, reinforcing proper inhaler technique and use, monitoring blood pressure and oxygenation status, assessing wound healing, providing nutrition and hydration education, monitoring for signs of infection, and supporting overall disease management. The patient would benefit from continued interdisciplinary home health services, including skilled nursing, physical therapy, and occupational therapy, to maximize safety, improve functional performance, reduce fall risk, prevent rehospitalization, and maintain the highest possible level of independence within the home environment.
 Date of Order 05/27/2026 Orders Physician Face-to-Face Date: 05/23/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat HHA due to Chronic obstructive pulmonary disease with (acute) exacerbation 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 OT Eval Notes: PT Eval Notes:
 Physician Lee, Shirley

SN Careplans

SN WK1: 1 (05/27/26-05/30/26) ,WK2: 1 (05/31/26-06/06/26) ,WK3: 1 (06/07/26-06/13/26) ,WK4: 1 (06/14/26-06/20/26) ,WK6: 1 (06/28/26-07/04/26) ,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 > 5

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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

Admitting nurse can not remove, but patient did not have surgery not applicable
Advance Directive:No Advance Directive

SN Goals

PATIENT-STATED GOAL: I want to be stronger

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
* 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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* 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

patient living environment has safe floor coverings

patient has access to necessary medical care considering inability to pay

patient has access to medicine/medical supplies considering inability to pay

patient is adequately supervised

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/27/2026

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PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2102f - Patient Supervision, Financial, Financial, Home Safety, M2020 - Oral Med Management, abn cholesterol > 200 mg/dL, M1400 - Dyspnea, M1033 - Exhaustion, abnormal sputum production, lung sounds not clear, wheezing, abnormal blood pressure, diarrhea, limited range of motion, limited strength, limited endurance, muscle weakness, impaired speech, lethargy, balance deficit, daytime fatigue, tooth pain/decay/sensitivity, #1 - Other - Anterior Left Upper Chest - Looks white and dry

PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care: wound upper left chest open to air, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange repair of unsafe floor coverings, coordinate/arrange removal of insects/rodents present in the patient's living environment: Patient had mice living in the stove previously., coordinate/arrange patient access to necessary medical care considering patient inability to pay, coordinate/arrange access to medicine/medical supplies considering patient inability to pay: Case worke through Kaiser

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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 living environment has safe floor coverings, patient has access to necessary medical care considering inability to pay, patient has access to medicine/medical supplies considering inability to pay, 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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT 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) ,WK7: 1 (07/05/26-07/11/26) ,WK9: 1 (07/19/26-07/25/26)

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: B LE mm strengthening: 1, Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time., home exercise program: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness, and promoting quadriceps activation., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: Not to go back to hospital

GOALS
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

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

OT Careplans

OT Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/27/2026

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OT WK1: 3 (05/27/26-05/30/26) ,WK2: 3 (05/31/26-06/06/26)

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

PROCEDURES: Patient/caregiver recalls related purpose and schedule of medications: Medication review, home exercise program: Home exercise program to constant of using water bottles, dumbbells or theraband for upper extremity., therapeutic exercises: clinician will describe procedure at time of visits, work simplification/energy conservation, transfers training: Transfer 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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent, Patient will demonstrate improved right upper extremity muscle strength from 3+/5 mmt to 4/5 mmt to improve ADLs and transfers within 6 wks

PATIENT-STATED GOAL: Patient wants walk better

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 - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 06. Independent

Patient will demonstrate improved right upper extremity muscle strength from 3+/5 mmt to 4/5 mmt to improve ADLs and transfers within 6 wks

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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