

Medical Update for Donnie Joy DOB: 03/11/1955

Date Order Created: 06/10/2026

Order ID: 1150/19264

Agency Assigned Id: 24926

Certification Period: 04/16/2026 to 06/14/2026

HomeCentris Healthcare LLC 217058
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Orders:

Authorization changes of PT skill Total Visits: 1 and Visit Freq: CUSTOM
Authorization changes of OT skill Total Visits: 3 and Visit Freq: CUSTOM

05/11/2026 Problems : GG0170S1 - Wheel 150 feet

GG0130F1 - Upper Body Dressing

GG0130A1 - Eating

GG0130H1 - Don/Doff Footwear

GG0130G1 - Lower Body Dressing

GG0130E1 - Shower/Bathe Self

GG0130C1 - Toileting Hygiene

GG0130B1 - Oral Hygiene

GG0170L1 - Walk 10 ft on Uneven Surface

GG0170E1 - Chair to Bed to Chair

GG0170G1 - Car Transfer

M1400 - Dyspnea

GG0170R1 - Wheel 50 ft w 2 Turns

GG0170P1 - Picking Up Object

GG0170O1 - 12 Steps

GG0170N1 - 4 Steps

GG0170M1 - 1 - Step (curb)

GG0170K1 - Walk 150 Feet

GG0170J1 - Walk 50 ft with 2 Turns

GG0170I1 - Walk 10 Feet

GG0170F1 - Toilet Transfer

GG0170D1 - Sit to Stand

05/01/2026 patient_goal: add patient-stated goal, Target Date: 06/14/2026, I want to walk, Target Date: 06/14/2026,

05/01/2026 procedure: equipment training, Notes: , work simplification/energy conservation, Notes: , home exercise program, Notes: Bilateral UE strengthening of anterior deltoid, biceps and triceps muscles, Medication Review , Notes: Medication reviewed with patient and caregiver with all medications in the home, therapeutic exercises, Notes: OT 1x6wks requested, transfers training, Notes: OT 1x6wks requested, assist with bathing, Notes: OT 1x6wks requested, assist with toilet transferring, Notes: OT 1x6wks requested, assist with transferring, Notes: OT 1x6wks requested,

05/01/2026 teach: 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, Target Date: 06/14/2026, related medication(s) purpose and schedule, Target Date: 06/14/2026, symptoms requiring physician notification, Target Date: 06/14/2026, lifestyle modifications to manage cardio-respiratory condition including diet changes and regular exercise; strategies to control shortness of breath and home remedies to keep lungs healthy, Target Date: 06/14/2026, 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, Target Date: 06/14/2026, therapeutic exercises, Target Date: 06/14/2026, therapeutic modalities, Target Date: 06/14/2026, equipment training, Target Date: 06/14/2026, work simplification/energy conservation, Target Date: 06/14/2026, related medication(s) purpose and schedule, Target Date: 06/14/2026, symptoms requiring physician notification, Target Date: 06/14/2026,

05/01/2026 goal: 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, Target Date: 06/14/2026: DISCONTINUED, Oral

Hygiene - 06. Independent, Target Date: 06/14/2026: DISCONTINUED, Toileting Hygiene - 06.

Independent, Target Date: 06/14/2026: DISCONTINUED, Shower/Bathe Self - 05. Setup or clean-up

assistance, Target Date: 06/14/2026: DISCONTINUED, Lower Body Dressing - 05. Setup or clean-up

assistance, Target Date: 06/14/2026: DISCONTINUED, Don/Doff Footwear - 05. Setup or clean-up

assistance, Target Date: 06/14/2026: DISCONTINUED, Eating - 06. Independent, Target Date:

06/14/2026: DISCONTINUED, Upper Body Dressing - 06. Independent, Target Date: 06/14/2026:

DISCONTINUED,

05/01/2026 discharge_plan: add discharge plan, Target Date: 06/14/2026, family/caregiver will be responsible for managing treatment, Target Date: 06/14/2026,

06/05/2026 Medications: Granix - Tbo-Filgrastim 480 subcutaneous once a day X 5 days

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Physician Signature _____ Date _____

Staff Signature: Electronically Signed by Messick, Charles Date 06/15/2026