

Medical Update for Jean Grier DOB: 01/15/1946

Date Order Created: 06/26/2026

Order ID: 1150/19954

Agency Assigned Id: 25358

Certification Period: 05/21/2026 to 07/19/2026

HomeCentris Healthcare LLC 217058
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
PHONE 410-321-8448 FAX

Orders:

06/24/2026 Problems : GG0170N1 - 4 Steps
GG0130F1 - Upper Body Dressing
GG0130A1 - Eating
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
dependent edema (CR)
GG0170M1 - 1 - Step (curb)
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170G1 - Car Transfer
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
M1400
constipation (GI)
limited strength (MS)
balance deficit (NR)

06/19/2026 patient_goal: To be able to walk without help, Target Date: 07/19/2026, Patient wants to get stronger with the left upper extremity and grip strength, Target Date: 07/19/2026,

06/19/2026 procedure: home exercise program, Notes: Review HEP: seated knee ext, hip flex, hip abd, quad sets, gluteal squeezes, ankle pumps at least 1x10. Once tolerated, upgrade to standing heel/ toe raises, knee flex, hip flex, hip abd at least 1x10 with UE support as needed, gait training/stair training, Notes: Ambulation indoors with RW, transfers training, Notes: ., Medication Review, Notes: - medications reviewed with patient/caregiver, Patient/caregiver recalls related purpose and schedule of medications, Notes: Medication review, Functional ambulation , Notes: Using rolling walker, therapeutic exercises, Notes: Using dumbbells or therabands to perform bilateral upper extremity muscle strength exercises, cough/deep breathing exercises, Notes: , transfers training, Notes: ,

06/19/2026 teach: lifestyle modification to manage blood condition including dietary changes and bleeding precautions, Target Date: 07/19/2026, 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: 07/19/2026, therapeutic exercises, Target Date: 07/19/2026, therapeutic modalities, Target Date: 07/19/2026, balance training, Target Date: 07/19/2026, equipment training, Target Date: 07/19/2026, gait training, Target Date: 07/19/2026, work simplification/energy conservation, Target Date: 07/19/2026, transfer training, Target Date: 07/19/2026,

06/24/2026 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: 07/19/2026, Toilet Transfer - 06. Independent, Target Date: 07/19/2026, Oral Hygiene - 06. Independent, Target Date: 07/19/2026, Toileting Hygiene - 06. Independent, Target Date: 07/19/2026, Shower/Bathe Self - 05. Setup or clean-up assistance, Target Date: 07/19/2026, Lower Body Dressing - 06. Independent, Target Date: 07/19/2026, Don/Doff Footwear - 06. Independent, Target Date: 07/19/2026, Eating - 06. Independent, Target Date: 07/19/2026, Upper Body Dressing - 06. Independent, Target Date: 07/19/2026,

06/19/2026 discharge_plan: patient will be responsible for managing treatment, Target Date: 07/19/2026, family/caregiver will be responsible for managing treatment, Target Date: 07/19/2026,

Sit to Stand - 06. Independent, Target Date: 07/19/2026 (unable to achieve)
Chair to Bed to Chair - 06. Independent, Target Date: 07/19/2026 (unable to achieve)
Car Transfer - 06. Independent, Target Date: 07/19/2026 (unable to achieve)
Walk 10 Feet - 04. Supervision or touching assistance, Target Date: 07/19/2026 (unable to achieve)
Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Target Date: 07/19/2026 (unable to achieve)
Walk 150 Feet - 04. Supervision or touching assistance, Target Date: 07/19/2026 (unable to achieve)
1 - Step (curb) - 04. Supervision or touching assistance, Target Date: 07/19/2026 (unable to achieve)
4 Steps - 04. Supervision or touching assistance, Target Date: 07/19/2026 (unable to achieve)
12 Steps - 04. Supervision or touching assistance, Target Date: 07/19/2026 (unable to achieve)
Picking Up Object - 04. Supervision or touching assistance, Target Date: 07/19/2026 (unable to achieve)
Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Target Date: 07/19/2026 (unable to achieve)

Shawnette Goines
5525 Eastern Ave

5525 Eastern Ave, MD 21224
Tele:2407440001 FAX: 18882060912

PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by Messick, Charles Date 08/27/2026