Home Health Certification and Plan of Care

Order ID: 1150/21880

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
30079186420	07/10/2026	From: 09/08/2026 To: 11/06/2026	25402	217058

6. Patient's Name and Address
Mable McCullough
1222 Gittings Avenue,
BALTIMORE, MD 21239-
443-522-1094

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 08/29/1942 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
T87.81	Dehiscence of amputation stump	07/10/26

13. ICD	Other Pertinent Diagnoses	Date
E11.69	Type 2 diabetes mellitus with other specified complication	07/10/26
M86.9	Osteomyelitis unspecified	07/10/26
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	07/10/26
E11.52	Type 2 diabetes w diabetic peripheral angiopathy w gangrene	07/10/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	07/10/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/10/26
N18.31	Chronic kidney disease stage 3a	07/10/26
I48.0	Paroxysmal atrial fibrillation	07/10/26
E11.49	Type 2 diabetes w oth diabetic neurological complication	07/10/26
E03.9	Hypothyroidism unspecified	07/10/26
H40.9	Unspecified glaucoma	07/10/26
E78.5	Hyperlipidemia unspecified	07/10/26
Z79.01	Long term (current) use of anticoagulants	07/10/26
Z89.421	Acquired absence of other right toe(s)	07/10/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	07/10/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	07/10/26
M19.041	Primary osteoarthritis right hand	07/10/26
M19.042	Primary osteoarthritis left hand	07/10/26
Z89.511	Acquired absence of right leg below knee	07/10/26

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

ACETAMINOPHEN 500 mg/tablet / Give 2 tablet by mouth every 8 hours for pain DO NOT EXCEED 3 GRAMS PER DAY
ELIQUIS 5 mg / 1 Tablet by mouth twice a day for AFIB
Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 Tablet by mouth at bedtime for HLD
CARVEDILOL 3.125 mg / 1 Tablet by mouth twice a day for HTN HOLD FOR SBP LESS THAN 110 OR HR LESS THAN 60
GABAPENTIN 300 mg / 1 Capsule by mouth once a day for NEUROPATHY
Gabapentin - Gabapentin 600 mg / 1 Capsule by mouth at bedtime for NEUROPATHY
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg/tablet / Give 0.5 tablet by mouth every 6 hours as needed for PAIN MANAGEMENT
Synthroid - Levothyroxine Sodium 25 mcg / 1 Tablet by mouth once a day for thyroid hormone replacement
Omega 3 - Cod Liver Oil Give 2 capsule by mouth once a day for Supplement
Ferrous Gluconate - Ferrous Sulfate: Folic Acid 324mg=1tablet by mouth once a day

14. DME and Supplies:
wound care supplies, hand held shower, diabetic supplies

15. Safety Measures:
wheelchair precautions, diabetic precautions, fall precautions, standard precautions, medication safety, , smoke detectors , emergency phone # clearly displayed, anticoagulant precautions,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
capsicum penicillin nsaids basaglar

18.A. Functional Limitations
Amputation, Endurance, Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted
Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
SN, PT and OT: family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Dehiscence of amputation stump, 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 receiving home health services following hospitalization for a wound requiring a wound VAC to the right below-knee amputation (BKA) site. Her medical history is significant for atrial fibrillation, chronic kidney disease, diabetes mellitus, glaucoma, hypertension, and prior cerebrovascular accident. During the nursing recertification visit, the wound VAC dressing was changed per physician orders and was well tolerated with minimal discomfort; no signs or symptoms of infection were noted, and vital signs remained within normal limits. Education was provided regarding wound VAC management, maintaining prescribed suction, recognizing alarms or loss of seal, infection prevention, and use of a rescue dressing in the event of VAC malfunction, with the patient verbalizing understanding. The patient's daughter reported that the patient is scheduled for admission to Mercy Hospital for surgical revision of the right BKA incision. During the therapy visit, the patient required moderate assistance from her daughter for sit-to-stand from the recliner and declined transfer training due to fatigue after lunch; supine and seated exercises were completed, 20 repetitions each. No significant functional improvement was noted during this visit, and therapy will resume following the surgical revision. Prior to the current decline, the patient lived with her daughter and family in a single-family home with a second-floor setup requiring 13 steps and was able to perform basic self-care, functional transfers, and functional ambulation, while family assisted with IADLs such as laundry and cleaning. The patient continues to require skilled nursing for wound assessment, wound VAC management, dressing changes, infection monitoring, and education, as well as skilled therapy to address functional mobility, strength, transfers, endurance, and ADL performance.<o:p></o:p> <span style="mso-spacerun:'yes';font-family:Calibri;font-size:11.0000pt;

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 09/04/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Naisha Williams
301 Saint Paul St
Baltimore, MD 21202
PHONE: 410-500-5500 FAX: 14106595691 NPI: 1649779851

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 : 06/22/2026

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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mso-font-kerning:1.0000pt;"> <span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;">Date of Order<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New
Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">0<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">9<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">/<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">04/<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">2026<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">
<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Order<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Physician Face-to-Face Date:
06/22/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring
Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Dehiscence of amputation stump<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Homebound Status per
Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">
<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">4 - Recertification
SN
<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;">Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"> due to<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New
Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;"> ongoing wound assessment, wound VAC management, dressing changes, infection monitoring, and
continued education<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">PT Eval
Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">OT Eval
Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span style="font-family: Calibri; font-size:
11pt;">Physician: Williams,
Naisha

SN Careplans

SN frequency Auth H26240610599 WK1: 2 (09/08/26-09/12/26),Auth H26240610599 WK2: 1 (09/13/26-09/19/26),Auth H26246814981 WK2: 2 (09/13/26-09/19/26),Auth H26246814981 WK3: 3 (09/20/26-09/26/26),Auth H26246814981 WK4: 1 (09/27/26-10/03/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications

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 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,.

SN Goals

PATIENT-STATED GOAL: Patient stated she would like to heal properly without difficulty

GOALS
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
* 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/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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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's transportation needs are met

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/04/2026

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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

09/10/2026 Problems : #1 - Observable Surgical Wound - Other - Right foot/toe -
balance deficit
open sores/lesions
limited range of motion
limited endurance
abnormal BS < 70/140 > mg/dL
M2102d - Caregiver Performs Treatment

PROCEDURES: physician-ordered wound care: #2 - Observable Surgical Wound - Other - Right BKA -, physician-ordered wound care: #1 - Observable Surgical Wound - Other - Right foot/toe -: Cleanse wound with wound cleaner and pat dry, paint with betadine wrap with Kerlix and ace wrap daily and PRN for soiled dressing., physician-ordered wound care: Cleanse wound with wound cleaner and pat dry, wrap with Kerlix and ace wrap daily and PRN for soiled dressing.

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, * 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, * urinary incontinence management including bladder training Kegel exercises skin care, 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, patient's transportation needs are met, 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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

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

caregiver administers and/or packages medications appropriately

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

PT Careplans

PT frequency Auth H26240610599 WK1: 1 (09/08/26-09/12/26),Auth H26240610599 WK2: 1 (09/13/26-09/19/26),Auth H26240610599 WK3: 1 (09/20/26-09/26/26),Auth H26240610599 WK4: 1 (09/27/26-10/03/26),Auth H26240610599 WK5: 1 (10/04/26-10/10/26),Auth H26240610599 WK6: 1 (10/11/26-10/17/26)

09/08/2026 Problems : GG0170O1 - 12 Steps
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170I1 - Walk 10 Feet
GG0170P1 - Picking Up Object
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer
GG0170N1 - 4 Steps
GG0170D1 - Sit to Stand
GG0170M1 - 1 - Step (curb)
GG0170M1 - 1 - Step (curb)
GG0170S1 - Wheel 150 feet
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170M1 - 1 - Step (curb)
GG0170M1 - 1 - Step (curb)
GG0170F1 - Toilet Transfer

PROCEDURES: Family training : Transfers, therex, stump desensitization, standing tolerance, Pre Prosthetic training : Desensitize stump with rubbing and tapping. Don stump shrinker and knee immobilizer, wrap stump with ace wrap, Standing tolerance at walker.: On left leg as long as possible, wheelchair training, home exercise program: Supine quad sets, hip flexion, bridging with pillow, straight leg raise, sidelying hip abduction, prone knee flexion and hip extension. Sitting knee extension, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed

PT Goals

PATIENT-STATED GOAL: To be able to walk with my new leg

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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

1 - Step (curb) - 02. Substantial/maximal assistance

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Car Transfer - 05. Setup or clean-up assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

1 - Step (curb) - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/04/2026

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TEACH PATIENT/CAREGIVER: 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, 1 - Step (curb) - 04. Supervision or touching assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 05. Setup or clean-up assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

OT Careplans

OT frequency Auth H26240610599 WK1: 1 (09/08/26-09/12/26),Auth H26240610599 WK1: 5 (09/08/26-09/12/26)

09/10/2026 Problems : Pain Interference with Therapy activities
GG0130A1 - Eating

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, wheelchair training, home exercise program: Bilateral UE triceps extensions, biceps curls, shoulder raises, triceps kick backs 2-3 sets 8-12 reps, equipment training, work simplification/energy conservation, transfers training, assist with bathing: Skilled OT, assist with lower body dressing: Skilled OT, assist with upper body dressing: Skilled OT

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 - 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 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 - 06. Independent, Shower/Bathe Self - 03. Partial/moderate 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, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: Go up and down the stairs

GOALS
12 Steps - 04. Supervision or touching assistance

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

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

Shower/Bathe Self - 03. Partial/moderate assistance

Toileting Hygiene - 06. Independent

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

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

Car Transfer - 05. Setup or clean-up assistance

Wheel 150 feet - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Picking Up Object - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Sit to Stand - 05. Setup or clean-up assistance

Eating - 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

Oral Hygiene - 05. Setup or clean-up assistance

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/04/2026