Home Health Certification and Plan of Care

Order ID: 1150/17066

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9UT5NK5XA63	03/12/2026	From: 03/12/2026 To: 05/10/2026	23219	217058

6. Patient's Name and Address

Joseph Znovena
7728 Ford Dr,
Pasadena, MD 21122-
443-517-3665

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 11/26/1952 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
T81.31XA	Disruption of external operation (surgical) wound NEC init	03/12/26

13. ICD	Other Pertinent Diagnoses	Date
L24.A2	Irritant cntct derm d/t fecal urinry or dual incontinence	03/12/26
I48.91	Unspecified atrial fibrillation	03/12/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	03/12/26
I10.	Essential (primary) hypertension	03/12/26
J44.9	Chronic obstructive pulmonary disease unspecified	03/12/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	03/12/26
R33.8	Other retention of urine	03/12/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	03/12/26
E78.5	Hyperlipidemia unspecified	03/12/26
D86.9	Sarcoidosis unspecified	03/12/26
F41.1	Generalized anxiety disorder	03/12/26
F32.A	Depression unspecified	03/12/26
M10.9	Gout unspecified	03/12/26
N31.9	Neuromuscular dysfunction of bladder unspecified	03/12/26
R13.10	Dysphagia unspecified	03/12/26
Z93.1	Gastrostomy status	03/12/26
Z79.01	Long term (current) use of anticoagulants	03/12/26
Z87.01	Personal history of pneumonia (recurrent)	03/12/26
Z98.1	Arthrodesis status	03/12/26

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

Ursodiol - Ursodiol 300 mg 300 mg 1 tab PEG TUBE once a day for Improve Liver function
Torsemide - Torsemide 20 mg 20 mg PEG TUBE once a day for CHF
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg 0.4 mg PEG TUBE once a day for BPH
Spironolactone - Spironolactone 25 mg 1 tab PEG TUBE once a day chf
Prednisone - Prednisone 2.5 mg 2.5 mg 1 tab PEG TUBE once a day for Sarcoidosis
Paroxetine Hydrochloride - Paroxetine Hydrochloride eq 30 mg base eq 30 mg base 1 tab PEG TUBE once a day for Depression
Oxybutynin - Oxybutynin 5mg PEG TUBE once a day bladder
Mycophenolate Mofetil - Mycophenolate Mofetil 250 mg 250 mg PEG TUBE twice a day for Sarcoidosis
Methocarbamol - Methocarbamol 500 mg 500 mg PEG TUBE as necessary every 8 hours as needed for Muscle Spasms
Gabapentin - Gabapentin 300 mg 300 mg 1 tab PEG TUBE three times a day for Neuropathy
Finasteride - Finasteride 5 mg 5 mg PEG TUBE once a day BPH
Pradaxa - Dabigatran Etexilate Mesylate 150 mg 150mg PEG TUBE twice a day blood thinner
Atenolol - Atenolol 50 mg 50 mg PEG TUBE once a day for HTN
ABILIFY 5 mg 5 mg 1 tablet PEG TUBE once a day for depression augmenting antidepressant
Jevity - Jevity 1.5 PEG TUBE continuous clarifying orders with MD
O2 - Oxygen 2L nasal cannula continuous SUPPLEMENT
Senna - Senna 8.6-50 mg 1tablet PEG TUBE at bedtime at bedtime for bowel regimen hold for loose stools

14. DME and Supplies:

wound care supplies, urinary/catheter supplies, oxygen supplies, hospital bed, feeding tube supplies

15. Safety Measures:

wheelchair precautions, supervision at all times, , , , infectious material management, hand rails, , , aspiration precautions, activity supervision

16. Nutrition:

pureed, G-Tube

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Exercises Prescribed, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 8. Patient unable to respond, 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, 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: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Disruption Of External Operation Wound, Not Elsewhere Classified, Initial Encounter, 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 a 73-year-old male recently discharged from hospitalization and rehabilitation following lumbar decompression and fusion performed on 11/25, complicated by subsequent lumbar incision and debridement. His postoperative course is notable for a chronic back wound currently managed with daily iodoform packing, as well as incontinence-associated dermatitis to the buttocks treated with barrier cream. The patient has a complex past medical history including chronic obstructive pulmonary disease requiring continuous oxygen at 2 L/min, osteomyelitis of the vertebra, type 2 diabetes mellitus, hyperlipidemia, benign prostatic hyperplasia, neurogenic bladder with a 14 Fr 10 cc indwelling Foley catheter in place, anemia, cardiac sarcoidosis with liver involvement, essential hypertension, atrial fibrillation, dysphagia status post gastrostomy tube placement, and prior cervical spine surgery complicated by infection requiring implantation of antibiotic beads. The patient was observed during the visit to be sleeping but easily arousable, with oxygen saturation of 96% on 2 L via nasal cannula and no reported shortness of breath. Physical assessment revealed the lumbar incision without a dressing; wound care was performed without complication, although the wound bed was not fully visualized and continues to demonstrate undermining from the 12 o'clock to 3 o'clock positions. The Foley catheter was noted to be draining clear yellow urine. The gastrostomy tube was intact, with separate ports for feeding and medication administration. The patient is currently receiving Jevity 1.5 enteral nutrition; however, discrepancies exist between inpatient continuous feeding (70 mL/hour for 20 hours/day) and current home orders for bolus feedings six times daily with 120 mL water flushes every six hours. The primary care provider, Dr. Janson, was contacted to clarify both tube feeding and Foley catheter orders, and a message was left. The patient remains continent of bowel, with a bowel movement observed during the visit. Functionally, the patient is bedbound and requires maximal assistance with all activities of daily living and instrumental activities of daily living. He has been bedbound since

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Tracy Jansen
24A Magothy Beach Rd
Pasadena, MD 21122
PHONE: 14102552700 FAX: 14102556303 NPI: 1922031210

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 : 02/25/2026

27. Attending Physician's Signature and Date Signed **06/30/2026**: 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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November 2025 and demonstrates significant deconditioning, generalized weakness, impaired balance, decreased safety awareness, and a history of multiple falls within the past year. Prior to his recent decline, the patient was ambulatory with a walker, able to navigate his home environment, access the community, and participate in outpatient therapy. He currently resides with his spouse, who provides continuous care but appears overwhelmed with the complexity of his medical needs; additional support from personal care services is in place. Skilled nursing interventions during the visit included comprehensive medication reconciliation with review of dosages, frequencies, and potential side effects, as well as education on wound care, Foley catheter management, and initiation of teaching related to enteral feeding administration. The spouse was receptive to education but requires ongoing support and reinforcement. Given the patient's significant functional limitations, fall risk, and medical complexity, skilled home health services are indicated, including nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> at a frequency of 1 week for 12 weeks followed by 1 week for 8 weeks, as well as physical and occupational therapy evaluations. The patient is considered homebound due to his bedbound status and the considerable effort and assistance required to leave the home, which poses a safety risk. The plan of care focuses on improving strength, functional mobility, transfer ability, balance, and overall safety with the goal of preventing further decline and optimizing the patient's potential to return to his prior level of function.
 Date of Order 03/12/2026 Orders Physician Face-to-Face Date: 02/25/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Disruption Of External Operation Wound, Not Elsewhere Classified, Initial Encounter 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 Jansen, Tracy

SN Careplans

SN WK1: 1 (03/12/26-03/14/26)

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, 4. Multiple emergency department visits (2 or more) in the past 6 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 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M1700 - Cognition, M2020 - Oral Med Management, Home Safety, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1620 - Bowel Incontinence, cough/gag/pain chew/swallow, M1610 - Urinary Catheter, urine retention, limited range of motion, limited strength, limited endurance, muscle weakness, weak hand grips, red/tender pressure points, skin breakdown r/t incontinence, #1 - Observable Surgical Wound - Other - Back - Unable to assess wound bed

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Back - Unable to assess wound bed: SN/CG TO CLEANSE BACK WOUND WITH NSS, LOOSELY PACK WITH 1/2" IODOFORM PACKING STRIP, APPLY SKIN PREP TO PERIWOUND, COVER WITH BORDERED GAUZE. DAILY., train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver

SN Goals

PATIENT-STATED GOAL: CAREGIVER WANTS TO BE ABLE TO MANAGE PATIENT'S CARE

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
* 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
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* 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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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support to prevent caregiver physical, emotional and mental exhaustion, administer tube feeding: CG TO ADMINISTER JEVITY 1.5 2-CANS THREE TIMES A DAY; 120CC H2O FLUSHES EVERY 6 HOURS., catheter change, care & irrigation: SN TO CHANGE 14 FR 10CC INDWELLING FOLEY CATHETER EVERY MONTH., teach/coordinate/arrange medication packaging and/or administration

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 keep home safe for patient with dementia coping strategies for the caregiver*, 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, 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'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

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 WK2: 2 (03/15/26-03/21/26) ,WK3: 2 (03/22/26-03/28/26) ,WK4: 2 (03/29/26-04/04/26) ,WK5: 1 (04/05/26-04/11/26) ,WK6: 1 (04/12/26-04/18/26) ,WK7: 1 (04/19/26-04/25/26) ,WK8: 1 (04/26/26-05/02/26) ,WK9: 1 (05/03/26-05/09/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400 - Dyspnea, Pain Interference with Therapy activities, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer

PROCEDURES: cough/deep breathing exercises, wheelchair training, home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. 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 hands on device, weight shifting L-R with wide BOS, and forward backward with separated stance., 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, Car Transfer - 02. Substantial/maximal assistance, Sit to Stand - 02. Substantial/maximal assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 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

PT Goals

PATIENT-STATED GOAL: To be able to stand and walk again

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
* 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

Car Transfer - 02. Substantial/maximal assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

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

Sit to Stand - 02. Substantial/maximal assistance

Chair to Bed to Chair - 02. Substantial/maximal assistance

Toilet Transfer - 01. Dependent

OT Careplans

OT WK1: 1 (03/12/26-03/14/26) ,WK2: 2 (03/15/26-03/21/26) ,WK3: 2 (03/22/26-03/28/26) ,WK4: 1 (03/29/26-04/04/26) ,WK5: 1 (04/05/26-04/11/26) ,WK6: 1 (04/12/26-04/18/26) ,WK7: 1 (04/19/26-04/25/26) ,WK8: 1 (04/26/26-05/02/26) ,WK9: 1 (05/03/26-05/09/26)

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

PROCEDURES: cough/deep breathing exercises, incentive spirometer, wheelchair training, equipment training, work simplification/energy conservation, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition

OT Goals

PATIENT-STATED GOAL: SPouse stated return to PLOF/ become more functional

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

Car Transfer - 02. Substantial/maximal assistance

Wheel 50 ft w 2 Turns - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, Sit to Stand - 02. Substantial/maximal assistance, Car Transfer - 02. Substantial/maximal assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal 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

Wheel 150 feet - 06. Independent

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal 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

Sit to Stand - 02. Substantial/maximal assistance

Chair to Bed to Chair - 02. Substantial/maximal assistance

Toilet Transfer - 01. Dependent

Signature of Physician:	Date
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