CLEVLEAND CLINIC HOME CARE

One Discharge One							CC	UPA	OIT	NAL	_ THE	RAP	Y DIS	CHA	ARGE SUMN	IARY				
DISCHARGE REASON: (Check one) Soc																Circle Tear	m: N1 N2	N3 N4	T1 T2	T3 T4
SOC. O.T. QOT. Last. Billatole Visal Social Security Security (No. 1)			es still] SN		PT		ST		MSW		HCA		None = Total Disc	charge Complete	OASIS disch	arge		
Signature Sign					O.T.					0.1	Γ. Last B	illable \	/isit							
□ sp																O.T. D/C Date: _				
O			DI	SCH/	ARGE RE	ASO	N: (Ch	eck o	ne)						DISCHARG	E DISPOSITON	l: (Check or	<u>ne)</u>		
DD Death at Home		5D				•								AA	•					
DH Discharge to Hospice DM Expired at Medical Facility		60										•								
GML Goals Met GML Goals Met		DD																		
LP No Source of PaymentRefuses Self Pay				-	Hospice										•	•				
Decided From Service Area					D	VD - 6	0	- K D							•					
MO Moved From Service Area					-	t/Refu	ises Se	eit Pay	y						· ·					
NB Needs Beyond Hame Care - Outpatient XX Transfer to Other Institution NR Non Compliance or Not Homebound Excellent				•		\roo														
NC Non Compliance or Not Homebound Scheduler Sc																				
NR Hospitalized Not Resumed During Episode Excellent Excel			·																	
PX Physician Refused			·							(Check one)										
RC Change in Reimbursement Source			•			incu	During	Срізс	Juc				П			L CONDITION.	Olleck one	L		
RX Patient, Ramily Refused Fair SX Entered SNF, LTC, Nursing Home, Rehab Poor Expired Ex			•			ment	Source	ž												
SX Entered SNF, LTC, Nursing Home, Rehab							oouioc	•					_							
TX Transfer to agency Not of Common Ownership Expired					•		Home	. Reha	ab				_							
Unsafe Conditions or Environment ED Eval Only No Further Skilde Need Identified Max Maximum Potential Achieved for Home Care Setting GOALS FOR TREATMENT Status Key: A = Achieved PA = Partially Achieved NM = Not Met STATUS AT D/C OTG01 Patient or Care Giver will demonstrate compliance with and participation in the plan of treatment while maximizing home safety with improved tolerance for activity and use of appropriate equipment if necessary. A PA NM safety with improved continuation and use of appropriate equipment in the cessary. A PA NM OTG02 Improved Self care Feeding Bathing Dressing A PA NM OTG03 Safe home management Feeding Bathing Dressing A PA NM OTG04 Improved functional transfers. A PA NM OTG05 Demonstrate improved strength to meet individual functional goals. A PA NM OTG05 Improved Coordination. A PA NM OTG06 Improved Coordination. A PA NM OTG07 Improved Coordination. A PA NM OTG09 Improved Coordination. A PA NM OTG09 Improved Coordination. A PA NM OTG09 Improved Coordination A PA NM OTG09 Improved Coordination A PA NM OTG01 OTG13 Caregiver will demonstrate ability to safely assist patient with appropriate functional activities. A PA NM OTG14 Patient or Caregiver will demonstrate the ability to manage functional limitations through assistive or energy saving devices. OTG23A Patient or Caregiver will demonstrate the ability to manage functional limitations through assistive or energy saving devices. OTG23A Patient or Caregiver will demonstrate the needs:																				
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OTG01	GO	ALS FOR	TREATME	NT				Statu	ıs Kev	/: A	= Achi	eved	PA =	Partia	ally Achieved	NM = Not Me	et	STA	TUS AT	D/C
OTG02 Improved self careFeedingBathingDressing A PA NMGroomingToileting Cleaning Toileting Cleaning Cleaning A PA NM	_		Patie	ent or	Care Gi	ver w	ill dem	onstra	ate con	nplian	ce with a	and par	ticipatio	n in the	e plan of treatment					
OTG03 Safe home managementGroomingTolletingCleaningDroomingTolletingCleaningCl	П	0.7.000		•	•		erance	for a	ctivity	and u	se of app	oropriat	te equip	ment if	necessary.			Δ	ΡΔ	NIM
OTG03 Safe home managementFood PrepKitchen MobilityCleaningLaundryMoney ManagementLaundryMoney ManagementLaundryMoney ManagementLaundryMoney Management	_	OTGUZ	Impr	roved	self care	;				Feedin	ng	E	Bathing		Dressing			,,	171	14101
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Patient Name (Print)

Therapist Signature

Date