Home Health Certification and Plan of Care

Order ID: 1163/219

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
47206415	08/28/2025	From: 08/28/2025 To: 10/26/2025	363	497754

6. Patient's Name and Address

Stewart Miller
1414 Patrick Henry Drive,
ARLINGTON, VA 22205-
571-645-1856

7. Provider's Name, Address and Telephone Number

Grace Home Healthcare, LLC
9735 Main Street Suite 200 Fairfax,
Fairfax, VA 22031-3736
703-865-7370
1073904009

8. DOB 02/22/1962 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M54.41	Lumbago with sciatica right side	08/28/25

13. ICD	Other Pertinent Diagnoses	Date
C88.40	Extrnod mrgnl B-cell lymp	08/28/25
K52.9	Noninfective gastroenteritis and colitis unspecified	08/28/25
K31.A0	Gastric intestinal metaplasia unspecified	08/28/25
I10.	Essential (primary) hypertension	08/28/25
J45.909	Unspecified asthma uncomplicated	08/28/25
M16.12	Unilateral primary osteoarthritis left hip	08/28/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/28/25
R00.1	Bradycardia unspecified	08/28/25
D72.829	Elevated white blood cell count unspecified	08/28/25
I77.819	Aortic ectasia unspecified site	08/28/25

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

Norvasc - Amlodipine Besylate 5 mg , take 5 mg tablet by mouth once a day 5 mg, oral, Daily
Lidoderm - Lidocaine 5%, apply externally 1 patch topical every 12 hours 1 patch, apply externally, Daily, Remove & discard patch within 12 hours or as directed by MD.
Ultram - Tramadol Hydrochloride 50 mg , take 1 tablet by mouth twice a day 1 tablet, oral, 2 times daily PRN
Pantoprazole - Pantoprazole Sodium 40 mg 1 tab by mouth twice a day 30 to 60 min before breakfast and dinner
Singulair - Montelukast Sodium eq 10 mg base 1 tab by mouth in the evening
Vitamin D2 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tab, 1,250mcg by mouth once a day for 7 days
Gabapentin - Gabapentin 100 mg by mouth three times a day 1 caps in the morning, 1 in evening, 1 at bedtime for 10 days total
Vitron C 1 tab by mouth once a day 65mg elemental iron + 125mg vitamin c
albuterol HFA (PROVENTIL HFA) 90 mcg/actuation , inhale 1 puff inhalant every 4 hours inhaler
1 puff, inhalation, Every 4 hours PRN

14. DME and Supplies:

bath bench, walker, walker is for planned L THA sx that is on hold

15. Safety Measures:

standard precautions, fall precautions, medication safety

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

morphine

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status:

Due to diagnosis of Lumbago With Sciatica Right Side , 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 63-year-old male who presented to the clinic today following hospital discharge on 08/27/2025. He was admitted on 08/23/2025 after experiencing a near fall accompanied by severe diaphoresis while standing in his bathroom. During the initial discharge process later that same evening, he developed another syncope-like episode in the presence of his physician, which required continued hospitalization and observation for four additional days. During his inpatient stay, he received intravenous hydromorphone for right lower extremity sciatic-type pain due to a morphine allergy. He was discharged home last night and is scheduled for follow-up with his primary care provider on 09/02/2025 to determine clearance for return to work. The patient is employed full-time in custodial services, working 40 hours per week, and reports flexibility in how his work schedule can be arranged. His recent history includes a cortisone injection to the lower back performed by orthopedics several weeks ago while preparing for evaluation for a left total hip arthroplasty. Since the injection and subsequent hospitalization, he reports worsening lower back and right lower extremity pain, increased mobility restrictions, and bilateral lower extremity weakness. Current symptoms include decreased strength, endurance, balance, and gait tolerance. Pain severity varies daily, with the patient currently reporting 6/10 pain localized to the right hip and lower back. He utilizes tramadol, lidocaine patches, and heating pads as needed for pain relief. Despite these limitations, the patient remains independent in bathing, grooming, dressing, toileting, transfers, and oral medication management. He has not yet attempted meal preparation since returning home but typically manages independently. On examination, the patient demonstrated a Timed Up and Go (TUG) score of 12 seconds, placing him at moderate risk for falls. He denies shortness of breath and did not display dyspnea with stair negotiation or basic activities of daily living during the visit. While he is able to ambulate independently indoors, he requires intermittent supervision by his wife, particularly during stair negotiation and outdoor ambulation, for safety. Education was provided on safe home setup, fall prevention, and mobility strategies within the home. A home exercise program was initiated and demonstrated with both the patient and his wife, focusing on seated and standing therapeutic exercises for the lower back, right hip, knee, and ankle to improve flexibility, strength, and endurance. The patient would benefit from continued skilled physical therapy to address deficits in strength, endurance, balance, and functional mobility. The plan of care includes progressive therapeutic exercise, gait and balance training, and functional mobility interventions aimed at maximizing safety, reducing fall risk, and facilitating a safe return to his prior level of function and eventual resumption of work duties.
 Date of Order 08/28/2025 Orders Physician Face-to-Face Date: 08/23/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Lumbago With Sciatica Right Side 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 - PT Notes: <span

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Leiter, Susan RN on 08/28/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Blanca Gomez Castillo
1622 N Jackson St
Arlington, VA 22201
PHONE: 7032374000 FAX: NPI: 1821559873

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 : 08/23/2025

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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style="font-size: 14px;">OT Eval Notes: Physician Gomez Castillo , Blanca

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (08/28/25-08/30/25) ,WK2: 1 (08/31/25-09/06/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 60 > 100, respiratory rate < 10 > 24, blood pressure systolic < 100 > 150, blood pressure diastolic < 60 > 90, O2 saturation < 90 > 100, pain < 0 > 8

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8

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; 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: GG0170D1 - Sit to Stand, 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, GG0170F1 - Toilet Transfer, M2020 - Oral Med Management, M1400 - Dyspnea, limited endurance, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, extremity burn/tingle/numb, pain radiating to arms/legs

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, home exercise program: Banded standing SLR hip abd/ext BLE 2x10, BLE 2x10 LAQs, step ups at top step of outdoor staircase with rail use for balance ea 4-5x/week, seated slump pos. sciatic nn glides RLE 1x10, 1-2 days/week, and RLE seated piriformis, fig 4 and HS/gastroc stretches 3x30" 3x/daily, strengthening exercises, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, * how to optimize range of motion with active and passive therapeutic exercises manage pain/discomfort fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Medication Review

PT Goals

PATIENT-STATED GOAL: To be able to walk around home, up/down stairs and outdoors without feeling pain, inflammation and weakness in lower back and RLE. As well as return to performing work duties without triggering lower back/RLE pain symptoms.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Medication Review

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
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize range of motion with active and passive therapeutic exercises
* manage pain/discomfort
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* 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
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Leiter, Susan RN	08/28/2025

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Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 _ Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

OT Careplans

OT WK1: 1 (08/28/25-08/30/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

OT Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Leiter, Susan RN	08/28/2025