Home Health Certification and Plan of Care

Order ID: 1163/209

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H86016775	08/27/2025	From: 08/27/2025 To: 10/25/2025	361	497754

6. Patient's Name and Address
Myra Bryan
4470 Torrrence Place,
Woodbridge, VA 22193-
757-817-2607

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 01/17/1960 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S82.852D	Displ trimalleol fx l low leg subs for clos fx w routn heal	08/27/25

13. ICD	Other Pertinent Diagnoses	Date

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

Tylenol - Acetaminophen 500 MG , Take 2 tablets by mouth every 6 hours Take 2 tablets (1,000 mg) by mouth every 6
(six) hours as needed for Pain
Advil - Ibuprofen 800 MG , take e 1 tablet by mouth every 8 hours Take 1 tablet (800 mg) by mouth every 8
(eight) hours as needed for Pain
Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 500mg tab, chewable by mouth once a day chew 1 tab daily with meal
Endari - L-Glutamine 500mg tab by mouth once a day 1 tab daily
Gaviscon - Aluminum Hydroxide: Magnesium Trisilicate 12 fl oz by mouth as necessary take 2-4 teaspoons full 4x/day or as instructed by a doctor
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2,000 IU (50 mcg) by mouth once a day take 1 softgel daily with water and a meal

14. DME and Supplies:
wheelchair, bath bench, walker, hospital bed, , , commode, lofstrand crutches with velcro brachium straps , LLE boot

15. Safety Measures:
bathroom safety, ambulates with assistance, supervision at all times, , medication safety, restricted ROM, walker precautions, ambulates with device, , , transfer with assist, standard precautions, wheelchair precautions, activity supervision, WBAT LLE

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
sulfa antibiotics, ciprofloxacin, ketamine, morphine, naproxen, penicillins, soy p

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Cane, Up As Tolerated, Walker, Crutches, Exercises Prescribed, Wheelchair

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 Displaced Trimalleolar Fracture Of Left Lower Leg, Subsequent Encounter For Closed Fracture With Routine Healing, 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 65-year-old female who presents to the agency following an open reduction and internal fixation (ORIF) performed on June 24, 2025, for a closed left ankle fracture sustained on June 19, 2025. At today's visit, she was seated in a wheelchair with a left lower extremity (LLE) boot in place. The patient reports the injury occurred while walking down a hill in the rain while touring rental properties with a realtor, during which she slipped and fell. She has a history of left knee instability due to a prior torn medial meniscus, which she states was surgically removed and not replaced. Her medical history is significant for a recent closed trimalleolar fracture with ORIF, with additional pertinent details available in her chart. The patient resides alone in a three-story home, where the entry level has been equipped with a hospital bed and a wheelchair ramp at the front entrance. Since surgery, her daughter has remained with her to provide caregiving and assistance with activities of daily living (ADLs), though this support will end on August 31, 2025, when her daughter returns out of state. The patient's two adult sons live more than two hours away and are available only for emergencies. She and her daughter work with Grace Home Healthcare to arrange personal care services. However, she currently lacks the financial resources to cover costs, as her accident and surgery have rendered her unable to work or generate income. They are awaiting Medicaid long-term care approval, which they hope will be expedited before her daughter departs. Upon assessment, the patient demonstrated decreased strength, joint mobility, endurance, gait tolerance, and functional mobility. She is primarily wheelchair-dependent for mobility and ADLs. She can ambulate weight-bearing as tolerated (WBAT) approximately 10 feet with a rolling walker (RW) and contact guard assistance (CGA). She remains utterly dependent on her daughter for bathing, grooming, dressing, toileting, and toileting hygiene. However, she can feed herself and independently take medications if prepared and placed within reach. She reports bathing on August 23, 2025, using her upstairs tub while donning a vinyl sleeve over her LLE; however, this required scooting up stairs on her buttocks and was noted to be extremely taxing. She uses a bedside commode at night and wheels herself to a main-level powder room for hygiene needs. She plans to rely on meal delivery services until long-term care assistance is arranged. The patient purchased her current LLE boot from Amazon due to difficulty waiting for the recommended boot from her surgeon. She reports the device causes anterior shin pain, restricts ambulation with RW, and digs into her leg muscles, limiting comfort and functional use. During ankle range-of-motion home exercise program (HEP) activities, she describes a sensation of protrusion or shifting in the medial malleolus region, raising concerns for hardware displacement. She was advised to consult her surgeon regarding these symptoms and to request reassessment and prescription of an appropriate WBAT boot. This evaluation will also serve as a formal request for an updated device. She completed a course of nitrofurantoin monohydrate/macrocrystals 100 mg for a urinary tract infection (UTI) acquired during hospitalization, but reports the need for repeat testing to confirm resolution. She reports a pain level of 4-6/10 with activity, which she manages with acetaminophen 500 mg (two tablets as needed). Education was provided on home safety, mobility strategies, proper use of assistive devices, safe transfers, energy conservation, and rolling walker sequencing. A HEP, including seated and supine bilateral lower extremity therapeutic exercises, was initiated. Caregiver education was also provided to reinforce safe assistance with mobility and ADLs. Recommendations include referral to occupational therapy for further evaluation of ADL support and transfer training, reassessment for a new walking boot to facilitate safe WBAT progression, and continued skilled physical therapy to improve strength, mobility, gait, endurance, and independence in functional activities to promote return to prior level of function

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/27/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jeff Schulman
8501 Arlington Blvd ST
Fairfax, VA 22031
PHONE: 5714726464 FAX: 15716656660 NPI: 1912121898

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 : 08/04/2025

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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(PLOF).
 Date of Order 08/27/2025 Orders Physician Face-to-Face Date: 08/04/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat due to Displaced Trimalleolar Fracture Of Left Lower Leg, Subsequent Encounter For Closed Fracture With Routine Healing 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: OT Eval Notes: Eval & Treat Physician Schulman , Jeff

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (08/27/25-08/30/25) ,WK2: 1 (08/31/25-09/06/25) ,WK3: 1 (09/07/25-09/13/25) ,WK4: 1 (09/14/25-09/20/25) ,WK5: 2 (09/21/25-09/27/25) ,WK6: 2 (09/28/25-10/04/25)

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 > 6

CAREGIVER: 4. Assistance needed, but no non-agency caregiver(s) available

HOSPITALIZATION RISKS: 10. None of the above

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, GG0170F1 - Toilet Transfer, 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, Financial, Financial, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, M1400 - Dyspnea, M1600 - UTI, muscle weakness, limited range of motion, swelling of affected area, limited strength, limited endurance, Pain Interference with ADLs, Pain Effect on Sleep, bruising/discoloration, rough/scaly/cracked skin, swelling in legs/around eyes

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver. , seated strengthening exercises, home exercise program: quad sets 2x10 x5", ankle pumps 3x10, ankle ABC 1 set, 2x10 ea of SAQ, LAQ, supine heel slides, supine SL hip abd, seated SLR hip flex; 3x10-30 sec x 3x/day of seated and supine with strap calf stretch, equipment training, standing tolerance exercises, static standing balance exercises, gait training/stair training, transfers training, therapeutic exercises

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, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient has access to necessary medical care considering inability to pay, patient has access to medicine/medical supplies considering inability to pay, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 04. Supervision or touching assistance, Car Transfer - 04. Supervision or touching 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To feel stronger in L foot/ankle/LE to be able to tol walk around home/between rooms with RW and boot with improved strength, endurance and tolerance for standing and walking. As well as negotiate stairs in home with support of lofstrand crutches use to use bathroom

GOALS
patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* 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 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient has access to necessary medical care considering inability to pay

patient has access to medicine/medical supplies considering inability to pay

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 04. Supervision or touching assistance

Car Transfer - 04. Supervision or touching 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

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

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

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

08/27/2025

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OT WK1: 1 (08/27/25-08/30/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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: equipment training, work simplification/energy conservation

TEACH PATIENT/CAREGIVER: * 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

PATIENT-STATED GOAL:
GOALS
Shower/Bathe Self - 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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/27/2025