

Home Health Certification and Plan of Care				Order ID: 1163/236					
1. Patient's HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
081025635		09/04/2025		From: 09/04/2025 To: 11/01/2025		396		497754	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number					
Anita Holmes 15225 Michigan Road, Woodbridge, VA 22191- 703-203-0312				Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009					
8. DOB 11/13/1960				9. Sex Female		10. Medications: Dose/Frequency/Route (N)ew (C)hanged			
11. ICD M51.379		Principal Diagnosis Other intervertebral disc degeneration lumbosacral region		Date 09/04/25		Norvasc - Amlodipine Besylate 5 mg tablet, Take 5 mg by mouth once a day Aspirin - Aspirin 325 mg ,take 325 ng tablet by mouth once a day Lipitor - Atorvastatin Calcium 80 mg ,Take 80 mg tablet by mouth once a day			
13. ICD E11.40 I12.9		Other Pertinent Diagnoses Type 2 diabetes mellitus with diabetic neuropathy unsp Hypertensive chronic kidney disease w stg 1-4/unsp chr kdney		Date 09/04/25 09/04/25		Neurontin - Gabapentin 300 mg ,Take 1 capsule by mouth three times a day Lisinopril And Hydrochlorothiazide - Hydrochlorothiazide: Lisinopril 20-12.5 mg per tablet,Take 1 tablet by mouth once a day Glucophage Xr - Metformin Hydrochloride Take 1000 mg tablet by mouth as necessary Kenalog - Triamcinolone Acetonide 0.1% cream,Apply 0.1 % topical twice a day			
E11.22 N18.9 E78.00 I69.322 I70.91 G47.33 Z79.82 Z79.84 Z91.81		Type 2 diabetes mellitus w diabetic chronic kidney disease Chronic kidney disease u Pure hypercholesterolemia unspecified Dysarthria following cerebral infarction Generalized atherosclerosis Obstructive sleep apnea (adult) (pediatric) Long term (current) use of aspirin Long term (current) use of oral hypoglycemic drugs History of falling		09/04/25 09/04/25 09/04/25 09/04/25 09/04/25 09/04/25 09/04/25 09/04/25					
14. DME and Supplies: rolling walker, bath bench, cane				15. Safety Measures: walker precautions, medication safety, fall precautions, diabetic precautions, ambulates with device, ambulates with assistance, standard precautions, cardiac precautions, bathroom safety					
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET				17. Allergies: antibiotics					
18.A. Functional Limitations Endurance, Dyspnea With Minimal Exertion, Ambulation				18.B. Activities Permitted Up As Tolerated, Cane, Walker					
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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No							
20. Prognosis:		fair							
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 Other Intervertebral Disc Degeneration In The Lumbosacral Region, Without Mention Of Lumbar Back Pain Or Lower Extremity Pain, 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: <div>The patient is a 64-year-old African American female who lives with her mother and presents following a recent hospitalization due to a fall at home. She has a complex medical history including prior CVA with residual dysarthria, degenerative lumbar/sacral disc disease, chronic kidney disease, hypertension, hyperlipidemia, obstructive sleep apnea, atherosclerosis, diabetes mellitus type II, chronic pain, multiple falls, and a history of left knee repair. During evaluation, the patient was intermittently confused, answering some questions inappropriately, losing focus, and at times speaking incoherently, requiring frequent redirection. She ambulates with a rollator and also uses a wheelchair, requiring contact guard to supervision for safety with transfers and ambulation. She is dependent on her mother's caregiver for basic ADLs including bathing, grooming, dressing, toileting, and medication management, though she is able to feed herself and take medications if meals and meds are prepared. The patient reported falling in her bedroom while attempting to push up onto the bed, remaining on the floor for approximately 10 hours before being found, which led to her hospitalization. On assessment, lungs were clear, abdomen was soft and non-tender with positive bowel sounds, skin was warm and dry, mucous membranes were pink, pedal pulses were present, and no lower extremity swelling was noted. She denies chest pain, shortness of breath, nausea, vomiting, dizziness, headache, or lightheadedness. Current pain level is 4/10 in both knees, relieved with Tylenol or Aleve. Vital signs are stable. She is a full code with her pastor, Walter Davis, designated as DPOA. The patient was educated on fall prevention, infection signs, safe use of assistive devices, transfers, energy conservation, and use of compression stockings. Recommendations were made for a bedrail, use of a step stool to assist with transfers, and consideration of a life alert system for safety. Home exercise program was initiated with seated lower extremity exercises. Patient verbalized understanding and agreement. She would benefit from skilled physical therapy services to improve strength, endurance, balance, gait, and overall safety to maximize independence and reduce fall risk.</div><div> </div><div> </div><div>Date of Order</div><div>09/04/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 08/31/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat due to Other Intervertebral Disc Degeneration In The Lumbosacral Region, Without Mention Of Lumbar Back Pain Or Lower Extremity Pain</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div></div><div>1 - SOC - SN Notes:</div><div>PT Eval Notes:</div><div>OT Eval Notes:</div><div>Physician</div><div>Burchard, Rachel</div></div>									
SN Careplans				SN Goals					
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 09/04/2025				25. Date HHA Received Signed POT					
24. Physician's Name and Address Rachel Burchard 5999 Burke Commons Rd Burke, VA 22015 PHONE: 7039862400 FAX: NPI: 1164559100				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 : 08/31/2025					
27. Attending Physician's Signature and Date Signed 09/12/2025 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. PAGE 1 of 3					

Home Health Certification and Plan of Care				Order ID: 1163/236
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
081025635	09/04/2025	From: 09/04/2025 To: 11/01/2025	396	497754
6. Patient's Name and Address Anita Holmes 15225 Michigan Road, Woodbridge, VA 22191- 703-203-0312		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		

SN WK1: 1 (09/04/25-09/06/25) ,WK2: 2 (09/07/25-09/13/25) ,WK3: 1 (09/14/25-09/20/25) ,WK4: 1 (09/21/25-09/27/25) ,WK5: 1 (09/28/25-10/04/25) ,WK6: 1 (10/05/25-10/11/25) ,WK7: 1 (10/12/25-10/18/25) 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: 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; 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:Living Will PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, Home Safety, A1250 - Lack of Necessary Transportation, Home Safety, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, D0700 - Social Isolation, abn cholesterol > 200 mg/dL, abnormal blood pressure, M1400 - Dyspnea, M1033 - Exhaustion, limited strength, limited endurance, daytime fatigue, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, itchy skin PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, monitor intake & output, home exercise program, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange repair of inadequate lighting, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange long-term socialization activities, coordinate/arrange transportation services TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, 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, * low cholesterol dietary guidelines, 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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * how to manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's transportation needs are met, patient living environment has adequate lighting, 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-STATED GOAL: I would like to feel better and not fall GOALS patient/caregiver recalls * how to promote optimized mobility with strength * balance * dexterity * range-of-motion therapeutic exercises * promotion of peripheral circulation * fluid and diet intake to promote healing * prevent constipation * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to take the patient's blood pressure * record the reading * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet * exercise * monitoring of blood pressure * blood sugar * home * recalls related medication(s) purpose, schedule remedies patient/caregiver recalls * low cholesterol dietary guidelines * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to optimize mental status with cognition therapy * home safety * optimize mobility with active and passive range of motion therapeutic exercises * diet and fluids to optimize peripheral circulation * 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/caregiver recalls * how to manage sleep disorder including changes to daytime habits and bedtime routine * maintaining a journal to track sleep patterns * 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/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 * 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
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/04/2025

Home Health Certification and Plan of Care				Order ID: 1163/236
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
081025635	09/04/2025	From: 09/04/2025 To: 11/01/2025	396	497754
6. Patient's Name and Address Anita Holmes 15225 Michigan Road, Woodbridge, VA 22191- 703-203-0312		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		

	patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule patient's transportation needs are met patient living environment has adequate lighting 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: 1 (09/07/25-09/13/25) ,WK3: 1 (09/14/25-09/20/25) ,WK4: 1 (09/21/25-09/27/25) ,WK5: 1 (09/28/25-10/04/25) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object PROCEDURES: Medication Review: Medications reviewed with patient/caregiver., home exercise program: Seated therex BLE, 2x10, daily: alt marches, SLR hip flex, LAQ, clams, hip add with pillow squeezes x3-5 sec holds; 3x10 HR/TR, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises TEACH PATIENT/CAREGIVER: Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up 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 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, Medication Review	PT Goals PATIENT-STATED GOAL: To be able to walk around home and between rooms of home with Rollator without falling GOALS Sit to Stand - 04. Supervision or touching assistance Chair to Bed to Chair - 04. Supervision or touching assistance Toilet Transfer - 05. Setup or clean-up 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 Picking Up Object - 04. Supervision or touching assistance Medication Review
---	---

OT Careplans OT WK1: 1 (09/04/25-09/06/25) ,WK2: 1 (09/07/25-09/13/25) ,WK3: 1 (09/14/25-09/20/25) ,WK4: 1 (09/21/25-09/27/25) ,WK5: 1 (09/28/25-10/04/25) 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: equipment training, work simplification/energy conservation, assist with bathing 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, 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	OT Goals PATIENT-STATED GOAL: I want to be safe with moving around and get stronger GOALS Shower/Bathe Self - 05. Setup or clean-up assistance 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 - 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	09/04/2025