

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					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD		Principal Diagnosis			Date		Norvasc - Amlodipine Besylate 5 mg , take 5 mg tablet by mouth once a day		
M54.41		Lumbago with sciatica right side			08/28/25		5 mg, oral, Daily		
13. ICD		Other Pertinent Diagnoses			Date		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.		
C88.40		Extrnod mrgnl B-cell lymph			08/28/25		Ultram - Tramadol Hydrochloride 50 mg , take 1 tablet by mouth twice a day 1 tablet, oral, 2 times daily PRN		
K52.9		Noninfective gastroenteritis and colitis unspecified			08/28/25		Pantoprazole - Pantoprazole Sodium 40 mg 1 tab by mouth twice a day 30 to 60 min before breakfast and dinner		
K31.A0		Gastric intestinal metaplasia unspecified			08/28/25		Singulair - Montelukast Sodium eq 10 mg base 1 tab by mouth in the evening		
I10.		Essential (primary) hypertension			08/28/25		Vitamin D2 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin:		
J45.909		Unspecified asthma uncomplicated			08/28/25		Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide:		
M16.12		Unilateral primary osteoarthritis left hip			08/28/25		Pyridox 1 tab, 1,250mcg by mouth once a day for 7 days		
G47.33		Obstructive sleep apnea (adult) (pediatric)			08/28/25		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		
R00.1		Bradycardia unspecified			08/28/25		Vitron C 1 tab by mouth once a day 65mg elemental iron + 125mg vitamin c		
D72.829		Elevated white blood cell count unspecified			08/28/25		albuterol HFA (PROVENTIL HFA) 90 mcg/actuation , inhale 1 puff inhalant every 4 hours inhaler		
I77.819		Aortic ectasia unspecified site			08/28/25		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:					<div>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.</div><div>pre; font-size: 14px; white-space: normal;"> </div><div>Date of Order</div><div>08/28/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 08/23/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Lumbargia With Sciatica Right Side</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>pre; font-size: 14px; white-space: normal;"> </div><div>1 - SOC - PT Notes:</div><div>F2F date : 08/23/2025</div></div>				
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 09/09/2025 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: 1163/219	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
47206415		08/28/2025		From: 08/28/2025 To: 10/26/2025	
4. Medical Record No.		5. Provider No.		363	
497754					
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Stewart Miller			Grace Home Healthcare, LLC		
1414 Patrick Henry Drive,			9735 Main Street Suite 200 Fairfax,		
ARLINGTON, VA 22205-			Fairfax, VA 22031-3736		
571-645-1856			703-865-7370		
			1073904009		
style="font-size: 14px;">OT Eval Notes:</div><div>Physician</div><div>Gomez Castillo , Blanca</div>					
SN Careplans			SN Goals		
PT Careplans			PT Goals		
PT WK1: 1 (08/28/25-08/30/25) ,WK2: 1 (08/31/25-09/06/25)			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.		
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			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			Chair to Bed to Chair - 06. Independent		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8			Toilet Transfer - 06. Independent		
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			Medication Review		
Advance Directive:No Advance Directive			patient/caregiver recalls		
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			* 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		
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 relaxation skills and diversional activities		
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 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			* 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 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		

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