Home Health Certification and Plan of Care

Order ID: 1163/311

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
651033074	09/26/2025	From: 09/26/2025 To: 11/24/2025	479	497754

6. Patient's Name and Address
Ronner Maldonaldo
1714 N. Glebe Road,
ARLINGTON, VA 22207-
571-214-0938

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 05/03/1982 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S72.492D	Oth fx lower end of l femur subs for clos fx w routn heal	09/26/25

13. ICD	Other Pertinent Diagnoses	Date
M85.80	Oth disrd of bone density and structure unspecified site	09/26/25
M25.462	Effusion left knee	09/26/25
D64.9	Anemia unspecified	09/26/25
F10.239	Alcohol dependence with withdrawal unspecified	09/26/25
Z79.01	Long term (current) use of anticoagulants	09/26/25
Z79.891	Long term (current) use of opiate analgesic	09/26/25
Z91.81	History of falling	09/26/25

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

Roxicodone - Oxycodone Hydrochloride 5 mg, Take 1 tablet by mouth every 4 hours Take 1 tablet by mouth every 4 hours if needed for severe pain for up to 7 days
Iron,Carbonyl-Vitamin C (VITRON-C) 65 mg vit c/125mg iron, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Lovenox - Enoxaparin Sodium 40 mg/0.4 ml subcutaneous syringe subcutaneous once a day Inject 0.4 ml (40 mg total) under skin one time ea day at same time for 20 days; start taking 9.25.25

14. DME and Supplies:
crutches

15. Safety Measures:
ambulates with device, , , , , bathroom safety

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Up As Tolerated, Exercises Prescribed, Crutches, WBAT LLE

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 Other Fracture Of Lower End Of Left Femur, 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 43-year-old male referred to home health services following surgical repair of a left distal femoral metaphysis fracture sustained on 9/19/25 after slipping on a puddle of melted ice/water at work. He underwent surgical intervention with rods and screws placed on 9/22/25 and was discharged from the hospital on 9/25/25. His past medical history is significant for a left patellar fracture with two prior surgical repairs, anemia, and long-term opioid analgesic use. The patient currently resides on the second floor of a walk-up style rehabilitative home requiring him to climb 10-12 stairs. He reports no family or friends available for daily assistance, although he maintains regular communication with his brother and sister. He has been provided with contact information for Emily Sun, agency director of personal care at Grace Home Health, to discuss potential private home health aide or caregiver services. On evaluation, the patient presents with decreased strength, endurance, and functional mobility tolerance. He transfers and ambulates independently with bilateral axillary crutches, is weight-bearing as tolerated, and demonstrates independence with basic grooming, dressing, and oral medication management. Surgical adhesive bandages remain intact over incision sites at the anterior superior and inferior left femur. He is unable to drive at this time. Follow-up appointments include his primary care provider on 9/30/25 and his orthopedic surgeon on 10/15/25 for reassessment and activity protocol updates. Patient education was provided regarding safe home setup, mobility within the home, and proper techniques for transfers, including sit-to-stand, stand-to-sit, and bed mobility (sitting to side-lying to supine). A home exercise program was initiated, focusing on seated and standing therapeutic exercises, stair negotiation, and bilateral lower extremity ambulation training. The patient demonstrated understanding and active participation. Skilled physical therapy services are recommended to address deficits in strength, endurance, mobility, and safety awareness to maximize independence and support return to prior level of function. The plan of care will emphasize progressive mobility training, therapeutic exercise, safety education, and coordination with supportive services as needed.
 Date of Order 09/26/2025 Orders Physician Face-to-Face Date: 09/24/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Other Fracture Of Lower End Of Left Femur, 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: soc Physician Shitaye, Amanuel

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 09/26/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Amanuel Shitaye
6551 Loisdale Ct
Springfiedl, VA 22150
PHONE: 8007777904 FAX: NPI: 1578188199

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 : 09/24/2025

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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PT Careplans

PT WK1: 1 (09/26/25-09/27/25) ,WK2: 1 (09/28/25-10/04/25) ,WK3: 2 (10/05/25-10/11/25) ,WK4: 2 (10/12/25-10/18/25) ,WK5: 2 (10/19/25-10/25/25) ,WK6: 2 (10/26/25-11/01/25) ,WK7: 2 (11/02/25-11/08/25)

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

HOSPITALIZATION RISKS: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M1400 - Dyspnea, limited endurance, limited strength, swelling of affected area, Pain Effect on Sleep, #1 - Non-Observable Surgical Wound - Anterior Left Thigh - Surgical wound post op repair of L distal femoral metaphysis fx

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver., physician-ordered wound care: patient f/u with surgeon on 10.15.25, where he will discuss detailed post op wound care, but was advised that he would go into the office for bandage removals and dressings. case manager that dropped him off last night is supposed to provide all this information for patient; information pending. permitted to shower however he is physically unable to get into his bathtub style bathtub style shower at this time so he baths via wash up at the sink., home exercise program: Seated therex, BLE, 2x10 1-2x/day: clams (seated and/or S/L), LAQ, SLR hip flex (supine or long-sitting), hip add pillow squeezes, marches, AROM and AAROM knee flex (seated and/or supine), quad sets x 2-3 sec holds (long-sitting w/ towel roll under distal thigh) Standing therex, LLE only for now, 2x10 1-2x/day: SLR hip abd, equipment training, standing tolerance exercises, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises, 10/02/2025: work simplification/energy conservation

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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, * how to optimize joint mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety pain control, 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, caregiver administers and/or packages medications appropriately, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance,

PT Goals

PATIENT-STATED GOAL: To be able to walk around home, up/down stairs, get on/off public bus transportation and in/out of of a car should he need/have to, sit down/stand indep and without L thigh/LE pain/symptoms

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize joint mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* pain control
* 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
* 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 achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

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

caregiver administers and/or packages medications appropriately

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
09/26/2025

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Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

10/02/2025

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/26/2025