Home Health Certification and Plan of Care

Order ID: 1163/321

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32138018	09/24/2025	From: 09/24/2025 To: 11/21/2025	445	497754

6. Patient's Name and Address

Charles Updike
5910 Wilson Blvd,
ARLINGTON, VA 22205-
703-536-1060

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 09/14/1942 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/24/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	09/24/25
E78.5	Hyperlipidemia unspecified	09/24/25
J45.909	Unspecified asthma uncomplicated	09/24/25
M47.9	Spondylosis unspecified	09/24/25
M48.56XD	Collapsed vert NEC lumbar region subs for fx w routn heal	09/24/25
K59.00	Constipation unspecified	09/24/25
Z79.01	Long term (current) use of anticoagulants	09/24/25
Z95.2	Presence of prosthetic heart valve	09/24/25

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

Polyethylene Glycol 3350 (HEALTHYLAX) take 17 gram powder by mouth once a day Take 17 g by mouth Once daily as needed (Constipation) for up to 3 days
Senna - Senna 8.6 mg , Take 1 tablet by mouth twice a day Take 1 tablet (8.6 mg total) by mouth in the morning and 1 tablet (8.6 mg total) before bedtime
Cozaar - Losartan Potassium 100 mg , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Tylenol - Acetaminophen take 500 mg capsule by mouth every 6 hours Take 500 mg by mouth every 6 hours as needed for pain or headache
Lasix - Furosemide 20 mg , Take 1 tablet by mouth in the morning Take 1 tablet by mouth every morning for 15 days
Pravachol - Pravastatin Sodium 80 mg , Take 1 tablet by mouth at bedtime Take 1 tablet by mouth daily at bedtime
Magnesium Oxide - Simethicone 400 mg , take one tablet by mouth once a day take one tablet every day while taking lasix (Patient not taking: Reported on 4/1/2025)
Zyrtec - Cetirizine Hydrochloride 10 mg , Take 1 tablet by mouth once a day 1 TAB QD PRN FOR ALLERGIES
Flonase Allergy Relief - Fluticasone Propionate 50 mcg/actuation, Use 2 sprays in each nostril nasal once a day Use 2 sprays in each nostril daily as needed for allergies
Amoxicillin - Amoxicillin 500 mg 500 mg , Take 4 capsules by mouth as necessary Take 4 capsules (2000mg) by mouth 1 hour prior to dental appointment

14. DME and Supplies:

hospital bed, walker, cane

15. Safety Measures:

walker precautions, fall precautions, ambulates with device, transfer with assist, wheelchair precautions, standard precautions, cardiac precautions, bathroom safety, activity supervision

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 09/24/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Robin Donald
6551 Loisdale
Springfield, VA 22150
PHONE: 5716222000 FAX: NPI: 1083742621

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 : 09/16/2025

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.

Home Health Certification and Plan of Care

Order ID: 1163/321

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32138018	09/24/2025	From: 09/24/2025 To: 11/21/2025	445	497754

6. Patient's Name and Address
Charles Updike
5910 Wilson Blvd,
ARLINGTON, VA 22205-
703-536-1060

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

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

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

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: fair

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Atherosclerotic heart disease of a native coronary artery without the presence of angina pectoris, 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 an 83-year-old Caucasian male currently residing temporarily at an assisted living facility following a recent fall at home, which resulted in L1-L2 vertebral fractures and a decline in functional mobility. He is alert and oriented to person, place, time, and situation. His medical history is significant for chronic low back pain, spondylosis, muscle weakness, hypertension, coronary artery disease, aortic valve replacement, and long-term anticoagulant use. He reports 7/10 lower back and bilateral lower extremity pain with prolonged standing. The patient also experiences numbness in his hands and feet, has cataracts in both eyes, and two longstanding cysts on his scalp. His skin is warm and dry, breath sounds are clear bilaterally, and no swelling is noted in the lower extremities. Medications were reviewed and reconciled during the assessment, and no drug allergies (NKDA) were reported. Vital signs are stable (VSS), and the patient has advance directives in place. He is currently a full code, with his wife, Carol, serving as his durable power of attorney (DPOA). The patient uses a wheelchair for mobility and is dependent on staff for most activities of daily living (ADLs), including bathing, grooming, dressing, and toileting. He is able to feed himself and manage oral medications if they are prepared and set up for him. Prior to the fall, he was independent in all ADLs while living at home with his wife. He expressed fear of falling again, which has impacted his confidence in transferring to bed or ambulating. Physical therapy was initiated during this session, including seated lower extremity exercises, sit-to-stand transfers, and hip/glute strengthening using wheelchair hand grips. Education was provided regarding the use of a rolling walker (RW) and wheelchair for transfers, safe body mechanics, and ambulation techniques. The patient is awaiting the delivery of a walker, which his wife plans to provide before the start of skilled PT next week. He would benefit from continued skilled physical therapy services to improve strength, endurance, joint mobility, balance, and functional mobility, with the goal of safely returning to his prior level of function (PLOF).<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 09/24/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 09/16/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx Atherosclerotic heart disease of a native coronary artery without the presence of angina pectoris
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - SN Notes:
 PT Eval Notes:
 OT Eval Notes: <o:p></o:p> Physician: Donald, Robin

SN Careplans

SN WK1: 1 (09/24/25-09/27/25) ,WK2: 1 (09/28/25-10/04/25) ,WK3: 1 (10/05/25-10/11/25) ,WK4: 1 (10/12/25-10/18/25) ,WK5: 1 (10/19/25-10/25/25) ,WK6: 1 (10/26/25-11/01/25) ,WK7: 1 (11/02/25-11/08/25) ,WK8: 1 (11/09/25-11/15/25)

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, poor muscle tone, limited range of motion, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, difficulty sleeping, balance deficit, loss of appetite, rough/scaly/cracked skin, bruising/discoloration

PROCEDURES: Medication review: Review medications, new, changed, or discontinued medications, cough/deep breathing exercises, incentive spirometer

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, * 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,

SN Goals

PATIENT-STATED GOAL: To be able to walk without falling

GOALS
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
* 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 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
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* 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

Signature of Physician:

Date

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

Date
09/24/2025

Home Health Certification and Plan of Care

Order ID: 1163/321

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32138018	09/24/2025	From: 09/24/2025 To: 11/21/2025	445	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Charles Updike 5910 Wilson Blvd, ARLINGTON, VA 22205- 703-536-1060	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

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 complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * strategies to increase caloric intake, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule, * 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

* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase caloric intake
* 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

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

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

PT Careplans

PT WK1: 1 (09/24/25-09/27/25) ,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)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 Dyspnea, 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., incentive spirometer, home exercise program: Seated therex BLE, 2x10, 1-2x/daily: sit to stands, clams, marches, add with pillow squeezes x3-5 sec holds, LAQ, clams, HR/TR, supine ankle pumps 3-4x10 2x/day, S/L clams, hooklying (H/L) SLR hip flex when in bed, 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, Sit to Stand - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 03. Partial/moderate assistance, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 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, Medication Review

PT Goals

PATIENT-STATED GOAL: To feel stronger in BLE to be able to tol walk around home/between rooms with RW, Rollator or SAC and neg stairs to use bathrooms/shower upstairs in home, with improved strength, endurance and tolerance for standing and walking.;To feel stronger in BLE to be able to tol walk around home/between rooms with RW, Rollator or SAC and neg stairs to access other areas of home, with improved strength, endurance and tolerance for standing and walking.

GOALS
1 - Step (curb) - 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

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

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 03. Partial/moderate assistance

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

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

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Medication Review

Sit to Stand - 03. Partial/moderate assistance

Chair to Bed to Chair - 03. Partial/moderate assistance

OT Careplans

OT Goals

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/24/2025

Home Health Certification and Plan of Care

Order ID: 1163/321

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
32138018	09/24/2025	From: 09/24/2025 To: 11/21/2025	445	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Charles Updike 5910 Wilson Blvd, ARLINGTON, VA 22205- 703-536-1060	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

OT WK1: 1 (09/24/25-09/27/25) ,WK3: 1 (10/05/25-10/11/25) ,WK4: 1 (10/12/25-10/18/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, 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

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, Oral Hygiene - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: I want to get stronger and get back to feeling like myself

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

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 - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/24/2025