

Home Health Certification and Plan of Care				Order ID: 1163/332	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
381037547		09/23/2025		From: 09/23/2025 To: 11/21/2025	
				4. Medical Record No.	
				450	
				5. Provider No.	
				497754	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Robert Rogers				Grace Home Healthcare, LLC	
11443 STone Mill Ct,				9735 Main Street Suite 200 Fairfax,	
Oakton, VA 22124-				Fairfax, VA 22031-3736	
703-336-9894				703-865-7370	
				1073904009	
8. DOB				9. Sex	
01/16/1937				Male	
11. ICD		Principal Diagnosis		Date	
I48.20		Chronic atrial fibrillation unspecified		09/23/25	
13. ICD		Other Pertinent Diagnoses		Date	
I12.9		Hypertensive chronic kidney disease w stg 1-4/unsp chr kidney		09/23/25	
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease		09/23/25	
N18.9		Chronic kidney disease u		09/23/25	
G30.9		Alzheimer's disease unspecified		09/23/25	
F02.83		Dem in other dis classd elswhr unsp sev with mood distrb		09/23/25	
F32.A		Depression unspecified		09/23/25	
M62.59		Muscle wasting and atrophy NEC multiple sites		09/23/25	
E78.5		Hyperlipidemia unspecified		09/23/25	
K21.9		Gastro-esophageal reflux disease without esophagitis		09/23/25	
Z79.01		Long term (current) use of anticoagulants		09/23/25	
Z79.84		Long term (current) use of oral hypoglycemic drugs		09/23/25	
Z85.46		Personal history of malignant neoplasm of prostate		09/23/25	
Z86.73		Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits		09/23/25	
Z91.81		History of falling		09/23/25	
14. DME and Supplies:				15. Safety Measures:	
cane, walker, bath bench, grab bars				medication safety, fall precautions, diabetic precautions, ambulates with device, walker precautions, supervision at all times, ambulates with assistance, standard precautions, bathroom safety, activity supervision	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				simvastatin	
18.A. Functional Limitations				18.B. Activities Permitted	
Endurance, Dyspnea With Minimal Exertion, Ambulation, Hearing				Exercises Prescribed, Cane, Walker, Up As Tolerated	
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: 1. In new or complex situations only, SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes					
20. Prognosis: fair					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				family/caregiver will be responsible for managing treatment	
Homebound status: Due to diagnosis of Chronic atrial fibrillation unspecified, 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 <p class="MsoNoSpacing">An 88-year-old male presents to home health services following recent hospitalization and subsequent discharge from a skilled nursing facility after an unspecified fall. The patient has a significant medical history, including Alzheimer's disease, dementia, atrial fibrillation, diabetes type 2 (not monitored), hypertension, TIA, muscle wasting and atrophy, dysphagia, GERD, hyperlipidemia, depression, anxiety, psychotic and mood disturbances, and a history of prostate cancer. He is alert and oriented to person and birthday but has difficulty maintaining focus during conversations. His wife, Mary Ellen, is his primary caregiver and holds medical power of attorney. The patient is a Full Code and has advance directives in place. Vitals are stable; skin is warm and dry with petechiae noted on both arms. Mucous membranes are pink, breath sounds are clear bilaterally, and his abdomen is soft and non-tender with active bowel sounds. No lower extremity edema is noted. Appetite is fair, and no recent falls have been reported. The patient ambulates with a rolling walker but demonstrates slow, unsteady, and unsafe gait, requiring constant supervision. Though he can transfer independently, he needs contact guard assistance (CGA) for sit-to-stand transitions and close supervision for ambulation. He performs basic ADLs (bathing, grooming, toileting, dressing) with physical assistance from his wife. Education was provided to both patient and caregiver on safety during mobility and daily activities, including the use of assistive devices, stair navigation, and pacing. A home exercise program (HEP) was initiated, focusing on lower extremity strength and safe transfers. Pain was reported in the lower right back after prolonged standing, for which the patient takes Tylenol. The patient would benefit from continued skilled physical therapy to improve strength, endurance, balance, and functional mobility, and to reduce fall risk and support return to prior level of function. The caregiver demonstrated understanding and agreement with all care recommendations.</p></p><p class="MsoNoSpacing"> </p></p><p class="MsoNoSpacing">Date of Order</p></p><p class="MsoNoSpacing">09/23/2025 Order</p></p><p class="MsoNoSpacing">Physician Face-to-Face Date: 09/06/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease mangement pt-eval & treat ot-eval & treat dx: Chronic atrial fibrillation unspecified Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</p></p><p class="MsoNoSpacing"> 1 - SOC - SN Notes: PT Eval Notes: OT Eval Notes: </p></p><p class="MsoNoSpacing">Physician: Menezes, Jonathan</p>					
SN Careplans				SN Goals	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 09/23/2025					
24. Physician's Name and Address				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.	
Jonathan Menezes				F2F date : 09/06/2025	
1890 Metro Center Dr					
Reston, VA 20190					
PHONE: 7037091500 FAX: NPI: 1023329802					
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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SN WK1: 2 (09/23/25-09/27/25) ,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) 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: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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 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: M1720 - Anxiety, M1745 - Behavioral Issues, M1700 - Cognition, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, constipation, diarrhea, heartburn/indigestion, increased urine output, urine retention, frequent urination, muscle weakness, poor muscle tone, limited strength, limited endurance, Pain Effect on Sleep, difficulty sleeping, Pain Interference with ADLs, withdrawal from conversations, daytime fatigue, balance deficit, loss of appetite, bruising/dyscoloration 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, glucose testing via monitor, home exercise program, teach/coordinate/arrange medication packaging and/or administration 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	PATIENT-STATED GOAL: Caregiver stated goal is to find a HHA to monitor while she is at work. Patient unable to state his goal 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 * how to take the patient's blood pressure * record the reading * recalls related medication(s) purpose, schedule patient/caregiver recalls * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic diet * 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 * how to keep home safe for patient with dementia * coping strategies for the caregiver * recalls related medication(s) purpose, schedule patient/caregiver recalls * depression-prevention strategies including avoidance of isolation * healthy eating * sleeping habits * identification of activities that bring pleasure * preventive care * 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 * low-fat diet * lifestyle modifications to manage esophageal condition * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting * diarrhea * appetite loss * hair loss * fatigue * insomnia * recalls related medication(s) purpose, schedule patient/caregiver recalls * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings * physical exercise plan * diet * 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
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	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 * prevention exacerbation of anxiety condition including coping patterns * improved concentration * strategies to reduce anxiety * identification of anxiety precipitants, conflicts, and threats * recalls related medication(s) purpose, schedule patient/caregiver recalls * management of mental health condition including joining a peer group * maintaining regular contact with mental health professional * avoiding known stressors * controlling impulses * recalls related medication(s) purpose, schedule 10/09/2025 goal: patient/caregiver recalls * strict compliance with physician orders for anticoagulant administration * avoiding activities that create unnecessary risk for injury * monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising * for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient is adequately supervised caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence
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PT Careplans PT WK1: 1 (09/23/25-09/27/25) ,WK2: 1 (09/28/25-10/04/25) ,WK3: 2 (10/05/25-10/11/25) ,WK4: 2 (10/12/25-10/18/25) 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. , home exercise program: Seated therex BLE, 2x10, 1-2x/daily: sit to stands (1-3 x 5 reps to start, then build), alt marches, SLR hip flex, LAQ, clams with/without band, hip add with pillow squeezes x3-5 sec holds; 3x10 HR/TR; Supine ankle pumps, 3-4x10 2x/day, 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 - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or	PT Goals PATIENT-STATED GOAL: To feel stronger in BLE to be able to tol walk around home/between rooms with RW or SAC and neg stairs to use bathrooms/shower upstairs in 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 Sit to Stand - 04. Supervision or touching assistance Car Transfer - 04. Supervision or touching assistance Walk 10 Feet - 05. Setup or clean-up assistance
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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			Toilet Transfer - 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	
OT Careplans OT WK1: 1 (09/23/25-09/27/25) ,WK3: 1 (10/05/25-10/11/25) ,WK4: 1 (10/12/25-10/18/25) ,WK5: 1 (10/19/25-10/25/25) 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			OT Goals 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	

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