

Home Health Certification and Plan of Care				Order ID: 1163/360	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
8KA6K22WY70		10/06/2025		From: 10/06/2025 To: 12/04/2025	
				4. Medical Record No.	
				508	
				5. Provider No.	
				497754	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
James Hereford			Grace Home Healthcare, LLC		
1003 E Holly Ave,			9735 Main Street Suite 200 Fairfax,		
STERLING, VA 20164-			Fairfax, VA 22031-3736		
703-217-6200			703-865-7370		
			1073904009		
8. DOB			9. Sex		
05/14/1947			Male		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
195.1			Proventil-Hfa - Albuterol Sulfate 108 (90 Base) MCG, inhale 2 puff inhalant every 4 hours Inhale 2 puffs into the lungs every 4 (four) hours as needed for Wheezing or Shortness of Breath		
13. ICD			Lipitor - Atorvastatin Calcium 20 mg , Take 1 tablet by mouth once a day		
L89.154			Take 1 tablet (20 mg) by mouth daily		
R13.14			Glucophage - Metformin Hydrochloride 500 MG, take 2 tablets by mouth as necessary Take 2 tabs in AM and 1 tab in PM		
E11.42			Flonase - Fluticasone Propionate 50 MCG, nasal spray nasal once a day 2 sprays by Nasal route daily		
I10.			Proamatine - Midodrine Hydrochloride 5 mg, Take 1 tablet by mouth twice a day Take 1 tablet (5 mg) by mouth 2 (two) times daily as needed (for SBP< 100)		
J44.9			Aciphex - Rabeprazole Sodium 20 mg, Take 1 tablet by mouth twice a day Take 1 tablet (20 mg) by mouth 2 (two) times daily		
I25.10			Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG, take 1 capsule by mouth in the evening Give 1 capsule by mouth in the evening for BPH		
K21.9			Loperamide Hydrochloride - Loperamide Hydrochloride 2mg, take 1 capsule by mouth every 4 hours Give 1 capsule by mouth every 4 hours as needed for diarrhea		
E78.5			Midodrine Hydrochloride - Midodrine Hydrochloride 5 mg, take tablet by mouth every 8 hours Give 5 mg by mouth every 8 hours as needed for Hypotension		
I25.2			Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Supplement		
E43.			Acetaminophen - Acetaminophen 325 mg, Give 2 tablet by mouth every 6 hours Give 2 tablet by mouth every 06 hours as needed for Pain		
N40.0			Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpantenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for wound healing		
D64.9			Zinc take 220mg by mouth in the morning Give 220 mg by mouth in the morning for Supplement		
Z79.84			Ondansetron Hydrochloride - Ondansetron Hydrochloride 4 MG, take 1 tablet by mouth every 6 hours Give 1 tablet by mouth every 6 hours as needed for Nausea and vomiting		
Z79.82			Travatan - Travoprost 0.0004% drops once a day Drops in both eyes		
Z87.891					
Z91.81					
Z95.1					
Principal Diagnosis			Date		
Orthostatic hypotension			10/06/25		
Other Pertinent Diagnoses			Date		
Pressure ulcer of sacral region stage 4			10/06/25		
Dysphagia pharyngoesophageal phase			10/06/25		
Type 2 diabetes mellitus with diabetic polyneuropathy			10/06/25		
Essential (primary) hypertension			10/06/25		
Chronic obstructive pulmonary disease unspecified			10/06/25		
Athscl heart disease of native coronary artery w/o ang pctrs			10/06/25		
Gastro-esophageal reflux disease without esophagitis			10/06/25		
Hyperlipidemia unspecified			10/06/25		
Old myocardial infarction			10/06/25		
Unspecified severe protein-calorie malnutrition			10/06/25		
Benign prostatic hyperplasia without lower urinry tract symp			10/06/25		
Anemia unspecified			10/06/25		
Long term (current) use of oral hypoglycemic drugs			10/06/25		
Long term (current) use of aspirin			10/06/25		
Personal history of nicotine dependence			10/06/25		
History of falling			10/06/25		
Presence of aortocoronary bypass graft			10/06/25		
14. DME and Supplies:			15. Safety Measures:		
rolling walker, diabetic supplies, bath bench, walker, cane			walker precautions, , diabetic precautions, ambulates with device, , cardiac precautions, bathroom safety		
16. Nutrition:			17. Allergies:		
regular			penicillin		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Dyspnea With Minimal Exertion, Ambulation			Walker, Cane, 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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No		
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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.			family/caregiver will be responsible for managing treatment		
Homebound status:			Due to diagnosis of Orthostatic Hypotension, 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 78-year-old Caucasian male residing in a single-family home with his wife, Dorothy, who serves as his primary caregiver. The patient does not have advance directives or a designated durable power of attorney. He is alert and oriented to person, place, and time, though hard of hearing (HOH). Admission booklet and consents were reviewed and signed with both the patient and his wife. His past medical history is significant for type 2 diabetes mellitus (current blood sugar: 91 mg/dL), hypertension, postural hypotension, chronic obstructive pulmonary disease (COPD), gastroesophageal reflux disease (GERD), hyperlipidemia, benign prostatic hyperplasia (BPH), dysphagia, muscle weakness, severe protein malnutrition, and a sacral pressure ulcer. A photograph of the sacral ulcer was obtained for documentation. Physical <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed warm, dry skin with pink mucous membranes, clear bilateral breath sounds, and a soft, non-tender abdomen with active bowel sounds in all quadrants. Bilateral ankle and foot edema were noted at +2 pitting. The patient's gait was observed to be unsteady and unbalanced; he ambulates with the assistance of a walker and is considered a high fall risk. Medication reconciliation was completed and reviewed with the patient and his wife. He		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 10/06/2025					
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.		
Edwin Wong			F2F date : 10/03/2025		
555 Herndon Pkwy Ste 100					
Herndon , VA 20170					
PHONE: 7034811505 FAX: 17037428793 NPI: 1881763217					
27. Attending Physician's Signature and Date Signed			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.		
Date of physician last face-to-face			PAGE 1 of 3		

Home Health Certification and Plan of Care				Order ID: 1163/360
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8KA6K22WY70	10/06/2025	From: 10/06/2025 To: 12/04/2025	508	497754
6. Patient's Name and Address James Hereford 1003 E Holly Ave, STERLING, VA 20164- 703-217-6200		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		
is allergic to penicillin. Vital signs were stable at the time of the visit.&nbsp; The patient was recently admitted to Inova Loudoun Hospital for constipation and presents to the agency with a diagnosis of syncope. Additional medical history includes dementia, which affects his memory and judgment but not his orientation during <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. Prior to hospitalization, he was reportedly independent in activities of daily living (ADLs), transfers, and mobility. Currently, he requires supervision for ambulation, stair negotiation, and transfers. The patient can navigate stairs as needed to access different rooms in the home, including the bathroom, kitchen, and laundry area. He primarily sleeps in a recliner in the living room due to chronic breathing and congestion issues. Although he wears adult diapers as a precaution, he remains continent of both bowel and bladder.&nbsp; Adaptive equipment in the home includes a bedside commode, rollator, rolling walker, cane, and raised toilet seat, all conveniently placed within his living area. The patient and his wife report that he prefers to perform bathing and hygiene routines in the living room using disposable washcloths for convenience. He remains independent with feeding and medication intake; however, his wife prepares and organizes his meals and medications due to his cognitive impairment. The patient reported chronic numbness in his right foot from an injury sustained approximately 50 years ago.&nbsp; During the visit, the patient was educated on safe ambulation and step sequencing techniques using the rollator to promote stability and prevent falls. Despite education on the potential benefits of skilled physical therapy, both the patient and his wife declined ongoing PT services, requesting an evaluation-only visit. They verbalized understanding and agreement with the current plan of care.</div><div>
</div><div> </div><div>Date of Order</div><div>10/06/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 10/03/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval &amp; treat ot-eval &amp; treat due to Orthostatic Hypotension</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><div>1 - SOC - SN Notes: soc</div><div>PT Eval Notes:</div><div>OT Eval Notes:</div><div>
</div><div>Physician</div><div>Wong , Edwin</div>				
SN Careplans		SN Goals		
SN WK1: 2 (10/06/25-10/11/25) ,WK2: 1 (10/12/25-10/18/25)		PATIENT-STATED GOAL: I would like to be able to walk without this Walker		
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, blood sugar < 60 > 300		GOALS		
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance		patient/caregiver recalls		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion		* lifestyle changes to manage hypotension including diet changes		
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		* proper posture		
Advance Directive:No Advance Directive		* body position changes		
PROBLEMS IDENTIFIED ON ASSESSMENT: Home Safety, Home Safety, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, swelling in the arms/legs, M1033 - Exhaustion, dizziness/syncope, dependent edema, weak pulses in feet, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, regurgitation of food, heartburn/indigestion, frequent urination, limited strength, limited endurance, muscle weakness, balance deficit, difficulty sleeping, Pain Interference with ADLs, Pain Effect on Sleep, bruising/discoloration		* wearing of compression stockings		
PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange repair of inadequate lighting, coordinate/arrange for maintenance of clean/uncluttered living area		* recalls related medication(s) purpose, schedule		
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		patient/caregiver recalls		
bleeding precautions, related medication(s) purpose, schedule, * lifestyle changes to manage hypotension including diet changes proper posture body position changes wearing of compression stockings, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, 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, patient living environment has adequate lighting, patient's living environment is clean/uncluttered, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence		* diabetic foot care		
		* exercise		
		* diabetic diet		
		* 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		
		* low-fat diet		
		* lifestyle modifications to manage esophageal condition		
		* recalls related medication(s) purpose, schedule		
		patient/caregiver recalls		
		* dietary guidelines for managing nutritional deficit		
		* 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 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		
		* 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		
Signature of Physician:		Date		
		PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		10/06/2025		

Home Health Certification and Plan of Care				Order ID: 1163/360
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8KA6K22WY70	10/06/2025	From: 10/06/2025 To: 12/04/2025	508	497754
6. Patient's Name and Address James Hereford 1003 E Holly Ave, STERLING, VA 20164- 703-217-6200		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		

	* recalls related medication(s) purpose, schedule - patient living environment has adequate lighting - patient's living environment is clean/uncluttered - patient is adequately supervised - caregiver administers and/or packages medications appropriately - caregiver performs medical/rehabilitation treatments with adequate competence
--	---

PT Careplans PT WK1: 1 (10/06/25-10/11/25) PROBLEMS IDENTIFIED ON ASSESSMENT: 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: cough/deep breathing exercises, incentive spirometer, gait training on uneven surfaces, gait training/stair training, transfers training 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, 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	PT Goals PATIENT-STATED GOAL: I want to be able to walk better GOALS 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 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
---	--

OT Careplans OT WK1: 1 (10/06/25-10/11/25) 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 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	OT Goals PATIENT-STATED GOAL: No pt stated goal necessary as pt has declined PT services; NOT ADMITTING Pt GOALS 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
--	--

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/06/2025