Home Health Certification and Plan of Care

Order ID: 1163/366

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
23176204	10/09/2025	From: 10/09/2025 To: 12/06/2025	518	497754

6. Patient's Name and Address
Miriam Machado Rivera
2548 Mountain View Rd,
Stafford, VA 22256-
571-580-9679

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 06/12/1952 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
J18.9	Pneumonia unspecified organism	10/09/25

13. ICD	Other Pertinent Diagnoses	Date
I48.91	Unspecified atrial fibrillation	10/09/25
I70.211	Athscl native arteries of extrm w intrmt claud right leg	10/09/25
M17.0	Bilateral primary osteoarthritis of knee	10/09/25
I10.	Essential (primary) hypertension	10/09/25
J45.909	Unspecified asthma uncomplicated	10/09/25
E78.00	Pure hypercholesterolemia unspecified	10/09/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/09/25
F32.2	Major depressv disord single epsd sev w/o psych features	10/09/25
M81.0	Age-related osteoporosis w/o current pathological fracture	10/09/25
Z79.2	Long term (current) use of antibiotics	10/09/25
Z79.01	Long term (current) use of anticoagulants	10/09/25

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

Lopressor - Metoprolol Tartrate 25 mg, Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day
Doxycycline Hyclate (LYMEPAK) 100 mg, Take 1 tablet by mouth every 12 hours Take 1 tablet by mouth every 12 hours
Pradaxa - Dabigatran Etexilate Mesylate 150 mg, Take 1 capsule by mouth every 12 hours Take 1 capsule by mouth every 12 hours for 30 days
Proventil-Hfa - Albuterol Sulfate 90 mcg, Inhale 1-2 Puffs inhalant every 4 hours Inhale 1-2 Puffs by mouth every 4 hours as needed (rescue inhaler)
Fosamax - Alendronate Sodium 70 mg, Take 1 tablet by mouth in the morning Take 1 tablet by mouth every week . Take in the morning with 8 ounces of water at least 30 minutes before the first food, drink or other medication of the day. Do not lie down for at least 30 minutes after swallowing this medication
Topicort - Desoximetasone 0.25 % Top Oint, Apply to affected area topical twice a day Apply to affected area(s) 2 times a day
Lipitor - Atorvastatin Calcium 40 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for cholesterol and heart protection
Protopic - Tacrolimus 0.1% top oint, apply to affected area by mouth twice a day Apply to affected area(s) 2 times a day
Protonix - Pantoprazole Sodium 20 mg, take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day 30 to 60 minutes

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/09/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Marissa Moultrie
125 Hospital Center Blvd Ste 110
Stafford, VA 22554
PHONE: 5406026500 FAX: NPI: 1235591769

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 : 10/04/2025

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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before
breakfast
and dinner
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 mcg, take 1tablet by mouth once a day Take 1 tablet
by mouth
daily
Voltaren - Diclofenac Sodium 1 % Top Gel, Apply 2 g to affected area topical four times a day Apply 2 g to
affected
area(s) 4
times a day
(OTC
Product)
Topamax - Topiramate 25 mg, take 1 tablet by mouth twice a day Take 1 tablet
by mouth 2
times a day
Norvasc - Amlodipine Besylate 5 mg, Take 1 tablet by mouth once a day Take 1 tablet
by mouth
daily
Cetrizine 1 tab' 10 mg by mouth once a day Antihistamine; 1/day as needed

14. DME and Supplies:	15. Safety Measures:
bath bench, rolling walker, small base cane, walker, grab bars, commode, cane	bathroom safety, cardiac precautions, , , , activity supervision
16. Nutrition:	**17. Allergies:**
Z. NO PHYSICIAN-ORDERED DIET	shellfish
18.A. Functional Limitations	**18.B. Activities Permitted**
Endurance, Ambulation	Up As Tolerated, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

22. A Rehabilitation Potential:	22.B.Discharge Plans
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.	family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Pneumonia Unspecified Organism, 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 73-year-old female who presented to the agency following hospitalization for pneumonia, during which she was newly diagnosed with atrial fibrillation. A language translation line was utilized during the visit. The patient and her primary caregiver, her grandson, confirmed that she is currently on newly prescribed medications for atrial fibrillation management. Her past medical history is significant for pneumonia, atrial fibrillation, atherosclerosis of native arteries of the extremities with intermittent claudication, bilateral knee osteoarthritis, hypertension, hypercholesterolemia, gastroesophageal reflux disease (GERD), depression, and age-related osteoporosis without current pathological fracture. The patient resides in a ranch-style home located on farmland with her family, who assist in caregiving-primarily her grandson. The home has several steps at both the front and rear entrances. On evaluation, the patient exhibited decreased lower extremity strength, endurance, standing tolerance, and overall functional mobility. She ambulates independently indoors and outdoors using a single-arm cane (SAC) for balance and safety, though a standard walker (SW) is available in the home but reportedly underutilized. Education was provided to the patient and her grandson on modifying the walker by attaching pre-cut tennis balls to the rear legs to convert it into a rolling walker (RW) for improved mobility and ease of use within the home. Both the patient and grandson verbalized understanding and agreement. Functionally, the patient requires occasional to intermittent physical assistance for basic activities of daily living (ADLs) including grooming, dressing, and bathing, as well as for medication and meal management. She demonstrates mild shortness of breath with moderate exertion, such as ambulating more than 20-30 feet indoors. During the session, education was provided regarding safe home setup, fall prevention, and proper mobility techniques within the household. A home exercise program (HEP) was initiated and demonstrated, focusing on seated and standing bilateral lower extremity strengthening, lung exercises, and respiratory capacity training using an incentive spirometer. Both the patient and family received education on incentive spirometer use and verbalized full understanding. On examination, the patient was alert and oriented to person, place, time, and situation. She reported blurred vision in the left eye and numbness in the right foot. The patient would benefit from continued skilled physical therapy services to improve strength, endurance, standing tolerance, ambulation, and overall functional mobility, with the goal of enhancing safety and independence in daily activities and facilitating return to her prior level of function (PLOF).
 Date of Order 10/09/2025 Orders Physician Face-to-Face Date: 10/04/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Pneumonia Unspecified Organism 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 OT Eval Notes:
 Physician Moultrie, Marissa

SN Careplans	SN Goals

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	**Date**
Electronically Signed by Messick, Charles RN	10/09/2025

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PT Careplans

PT WK1: 1 (10/09/25-10/11/25) ,WK2: 1 (10/12/25-10/18/25) ,WK3: 1 (10/19/25-10/25/25) ,WK4: 1 (10/26/25-11/01/25) ,WK5: 1 (11/02/25-11/08/25) ,WK6: 1 (11/09/25-11/15/25) ,WK7: 1 (11/16/25-11/22/25) ,WK8: 1 (11/23/25-11/29/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 60 > 100, respiratory rate < 8 > 22, blood pressure systolic < 100 > 150, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 6

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

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 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, D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, swelling of affected area, limited endurance, Pain Interference with ADLs

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver. , incentive spirometer, home exercise program: Seated therex BLE, 2x10, 1-2x/daily, with theraband resist where applicable: sit to stands (1-3 x 5 reps to start, then build), alt marches, SLR hip flex, LAQ, clams, hip add with pillow squeezes x3-5 sec holds; 2-3x10 HR/TR; Supine and/or seated w/ LE's elevated on stool ankle pumps, 3-4x10 2-3x/day, standing tolerance exercises, static standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, 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 clean-up assistance, 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, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

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

GOALS
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
* 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
* 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 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

Sit to Stand - 04. Supervision or touching 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 clean-up assistance

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

4 Steps - 05. Setup or clean-up assistance

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

OT Careplans

OT WK1: 1 (10/09/25-10/11/25) ,WK2: 1 (10/12/25-10/18/25) ,WK3: 1 (10/19/25-10/25/25) ,WK4: 1 (10/26/25-11/01/25)

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

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: I want to get stronger and get back to feeling like myself

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

10/14/2025 goal:

Signature of Physician:

Date

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

Date
10/09/2025

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Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
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