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

8. DOB 05/14/1947 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I95.1	Orthostatic hypotension	10/06/25

13. ICD	Other Pertinent Diagnoses	Date
L89.154	Pressure ulcer of sacral region stage 4	10/06/25
R13.14	Dysphagia pharyngoesophageal phase	10/06/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	10/06/25
I10.	Essential (primary) hypertension	10/06/25
J44.9	Chronic obstructive pulmonary disease unspecified	10/06/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/06/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/06/25
E78.5	Hyperlipidemia unspecified	10/06/25
I25.2	Old myocardial infarction	10/06/25
E43.	Unspecified severe protein-calorie malnutrition	10/06/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	10/06/25
D64.9	Anemia unspecified	10/06/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	10/06/25
Z79.82	Long term (current) use of aspirin	10/06/25
Z87.891	Personal history of nicotine dependence	10/06/25
Z91.81	History of falling	10/06/25
Z95.1	Presence of aortocoronary bypass graft	10/06/25

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

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
Lipitor - Atorvastatin Calcium 20 mg , Take 1 tablet by mouth once a day Take 1 tablet (20 mg) by mouth daily
Glucophage - Metformin Hydrochloride 500 MG, take 2 tablets by mouth as necessary Take 2 tabs in AM and 1 tab in PM
Flonase - Fluticasone Propionate 50 MCG, nasal spray nasal once a day 2 sprays by Nasal route daily
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)
Aciphex - Rabeprazole Sodium 20 mg, Take 1 tablet by mouth twice a day Take 1 tablet (20 mg) by mouth 2 (two) times daily
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
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
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
Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take 1 tablet by mouth every 8 hours Give 1 tablet by mouth one time a day for Supplement
Acetaminophen - Acetaminophen 325 mg, Give 2 tablet by mouth every 6 hours Give 2 tablet by mouth every 06 hours as needed for Pain
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: 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
Zinc take 220mg by mouth in the morning Give 220 mg by mouth in the morning for Supplement
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
Travatan - Travoprost 0.0004% drops once a day Drops in both eyes

14. DME and Supplies:
rolling walker, diabetic supplies, bath bench, walker, cane

15. Safety Measures:
walker precautions, , diabetic precautions, ambulates with device, , cardiac precautions, bathroom safety

16. Nutrition:
regular

17. Allergies:
penicillin

18.A. Functional Limitations
Endurance, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted
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:
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.

22.B.Discharge Plans
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: 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:
Electronically Signed by Messick, Charles RN on 10/06/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Edwin Wong
555 Herndon Pkwy Ste 100
Herndon , VA 20170
PHONE: 7034811505 FAX: 17037428793 NPI: 1881763217

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 : 10/03/2025

27. Attending Physician's Signature and Date Signed **10/14/2025**: 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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is allergic to penicillin. Vital signs were stable at the time of the visit. 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. 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. 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.
 Date of Order 10/06/2025 Orders Physician Face-to-Face Date: 10/03/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Orthostatic Hypotension 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 - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Wong , Edwin

SN Careplans

SN WK1: 2 (10/06/25-10/11/25) ,WK2: 1 (10/12/25-10/18/25)

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, blood sugar < 60 > 300

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 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:No Advance Directive

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

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

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, * 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

SN Goals

PATIENT-STATED GOAL: I would like to be able to walk without this Walker

GOALS
patient/caregiver recalls
* lifestyle changes to manage hypotension including diet changes
* proper posture
* body position changes
* wearing of compression stockings
* 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
* 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
* 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

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

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* 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

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

Date
10/06/2025