Home Health Certification and Plan of Care

Order ID: 1163/376

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H71902417	10/09/2025	From: 10/09/2025 To: 12/07/2025	522	497754

6. Patient's Name and Address
Shirley Odum
11100 Beamer Way Apt 102,
MANASSAS, VA 20109-
703-283-0395

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 07/29/1938 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G89.29	Other chronic pain	10/09/25

13. ICD	Other Pertinent Diagnoses	Date
M54.50	Low back pain unspecified	10/09/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	10/09/25
N18.31	Chronic kidney disease stage 3a	10/09/25
F03.A3	Unspecified dementia mild with mood disturbance	10/09/25
F32.89	Other specified depressive episodes	10/09/25
J84.10	Pulmonary fibrosis unspecified	10/09/25
J45.909	Unspecified asthma uncomplicated	10/09/25
B37.9	Candidiasis unspecified	10/09/25
H35.30	Unspecified macular degeneration	10/09/25
E55.9	Vitamin D deficiency unspecified	10/09/25
G47.9	Sleep disorder unspecified	10/09/25
E78.2	Mixed hyperlipidemia	10/09/25
R53.83	Other fatigue	10/09/25
H54.7	Unspecified visual loss	10/09/25
R21.	Rash and other nonspecific skin eruption	10/09/25
L85.3	Xerosis cutis	10/09/25
R32.	Unspecified urinary incontinence	10/09/25

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

Celecoxib - Celecoxib take 100 mg, tablet by mouth twice a day Take 100 mg twice daily for back pain
Formoterol Fumarate - Formoterol Fumarate 20 mcg/2 ml inhalant once a day inhale 1 vial via nebulizer once/day
Albuterol Sulfate - Albuterol Sulfate 1-2 puffs inhalant every 4 hours inhale 1-2 puffs by mouth every 4 hours as needed for asthma
Loratadine - Loratadine 10 mg 1 tab by mouth once a day as needed; antihistamine
Trazodone - Trazodone Hydrochloride 50 mg tablet by mouth at bedtime Take 2 tabs nightly for sleep
Sertraline - Sertraline Hydrochloride take 50 mg, tablet by mouth once a day Take 1 tab daily for anxiety/depression
Zestril - Lisinopril 5 mg, take 1 tablet by mouth once a day Take 1 tablet (5 mg) by mouth once daily Dispense: 90 tablet; Refill: 3; NOT YET IN HOME BECAUSE Pt CAREGIVER AWAITING PHARM CONFIRMING PICKUP LATER TODAY
Nystatin - Nystatin Apply topically, powder topical twice a day Apply topically 2 (two) times daily Over the crease in the low abdomen area Dispense: 30 g; Refill: 2; NOT YET IN HOME BECAUSE Pt CAREGIVER AWAITING PHARM CONFIRMING PICKUP LATER TODAY

14. DME and Supplies:
nebulizer, 4 wheeled walker, walker, , bath bench, grab bars, commode, cane

15. Safety Measures:
medical alert/lifeline, , emergency phone number prominently displayed, , supervision at all times, , , , activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
aspirin penicillin

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
Up As Tolerated, Exercises Prescribed

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: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, 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: good

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 Other Chronic Pain , 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 87-year-old female who presents to the agency following a recent primary care visit for establishment of care and assistance with activities of daily living (ADLs) and functional activities. Her past medical history is significant for hypertensive chronic kidney disease (CKD), dementia, depression, pulmonary fibrosis, asthma, macular degeneration, xerosis cutis, and chronic back pain. She resides alone in a two-bedroom ground-level apartment within the same complex as her caregiver, Kim, a close family friend who assists with medication management, meal preparation, and basic care needs. The patient was relocated to this complex specifically to be closer to Kim for daily support. However, given Kim's limited availability, the patient requires additional formal home health aide (HHA) services to ensure adequate supervision and assistance with ADLs and instrumental activities of daily living (IADLs), particularly due to her cognitive decline and safety concerns. Her son, who initially planned to reside with her, works full-time from 8 a.m. to 8 p.m. and is unable to provide consistent daily care. The patient is alert and oriented 3, cooperative, and able to follow simple commands but displays notable short-term memory deficits secondary to dementia. She reports chronic low back pain rated at 5/10, managed with Celebrex or acetaminophen as needed. She ambulates independently indoors and outdoors using a single-arm cane (SAC) for balance and safety but possesses a rollator walker that she does not consistently use. Education was provided to both the patient and caregiver regarding the appropriate use of the rollator, particularly for community outings and medical appointments, to reduce fall risk. The patient demonstrates independent transfers and mobility but occasionally forgets to initiate ADLs or safety measures without prompting. She requires a mechanical lift recliner chair to assist with standing from low surfaces and uses adaptive equipment including a bath chair/bench and a rolling walker positioned near the toilet to serve as a grab bar substitute. Education was provided to the patient and caregiver regarding safe home setup, fall prevention strategies, and implementation of a home exercise program (HEP) consisting of seated and standing bilateral lower extremity exercises, transfer training, and gait reinforcement. Both verbalized understanding and agreement. The patient exhibits decreased strength, endurance, and standing tolerance, with reduced functional mobility and increased risk for decline if left without appropriate supervision and support. Skilled physical therapy is recommended to improve balance, strength, and endurance, enhance safety during ambulation, and promote greater independence with functional mobility. Additionally, daily private

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
Thuy Vo
8100 Ashton Ave Ste 101
Manassas, VA 20109
PHONE: 703-257-8090 FAX: 703-257-7822 NPI: 1003266552

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 **10/16/2025** 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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caregiver assistance is strongly advised to support medication management, nebulizer treatments, and completion of ADLs and IADLs to ensure safety and prevent functional regression.
 Date of Order 10/09/2025 Orders Physician Face-to-Face Date: 10/03/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Other Chronic Pain 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 Vo, Thuy

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (10/09/2025 - 10/11/2025), WK2: 1 (10/12/2025 - 10/18/2025), WK3: 1 (10/19/2025 - 10/25/2025), WK4: 1 (10/26/2025 - 11/01/2025), WK5: 1 (11/02/2025 - 11/08/2025)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 60 > 110, respiratory rate < 8 > 24, blood pressure systolic < 100 > 150, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 1. Non-agency caregiver(s) currently 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, 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:Durable power of attorney for health care/Medical power of attorney

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, M1700 - Cognition, M1745 - Behavioral Issues, D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence

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 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, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, 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,

PT Goals

PATIENT-STATED GOAL: To obtain HHA services to assist her with performance of her ADLs and personal care needs due to her dementia dx. Build a little more strength for ease of overall function day to day.

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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
* 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 help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* 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

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 clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/09/2025

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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 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

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 WK2: 1 (10/12/25-10/18/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: cough/deep breathing exercises, 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 - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to get stronger so I can push up from the chair easier

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 - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/09/2025