Home Health Certification and Plan of Care

Order ID: 1163/403

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
13128088	10/22/2025	From: 10/22/2025 To: 12/20/2025	574	497754

6. Patient's Name and Address

Cassie Harris
4260 South 16th Street Apt 1,
Arlington, VA 22204-
703-675-3299

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 08/11/1959 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E87.5	Hyperkalemia	10/22/25

13. ICD	Other Pertinent Diagnoses	Date
I13.11	Hyp hrt and chr kdny dis w/o hrt fail w stg 5 chr kdny/ESRD	10/22/25
N18.6	End stage renal disease	10/22/25
D63.1	Anemia in chronic kidney disease	10/22/25
N25.81	Secondary hyperparathyroidism of renal origin	10/22/25
D25.9	Leiomyoma of uterus unspecified	10/22/25
N83.291	Other ovarian cyst right side	10/22/25
I35.1	Nonrheumatic aortic (valve) insufficiency	10/22/25
I82.C21	Chronic embolism and thrombosis of r int jugular vein	10/22/25
N04.1	Nephrotic syndrome w focal and segmental glomerular lesions	10/22/25
M50.30	Other cervical disc degeneration unsp cervical region	10/22/25
E78.5	Hyperlipidemia unspecified	10/22/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/22/25
I70.0	Atherosclerosis of aorta	10/22/25
H35.3130	Nexdtve age-related mclr degn bilateral stage unspecified	10/22/25
M81.0	Age-related osteoporosis w/o current pathological fracture	10/22/25
Z99.2	Dependence on renal dialysis	10/22/25
Z79.01	Long term (current) use of anticoagulants	10/22/25
Z86.19	Personal history of other infectious and parasitic diseases	10/22/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	10/22/25
Z86.0100	Personal history of colonic polyps	10/22/25
Z87.891	Personal history of nicotine dependence	10/22/25

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

Catapres - Chlorthalidone: Clonidine Hydrochloride 0.2 mg by mouth three times a day 0.2 mg oral 3 times daily
Sevelamer Carbonate - Sevelamer Carbonate 800 mg by mouth three times a day 800 mg oral 3 times daily with meals
Norvasc - Amlodipine Besylate 10 mg by mouth at bedtime 10 mg oral tablet nightly. hold if sbp <110
Eliquis - Apixaban 2.5mg by mouth twice a day 2 times daily (1 morning and 1 before bedtime)
Pantoprazole - Pantoprazole Sodium 40 mg 1 tab by mouth once a day
Lopressor - Metoprolol Tartrate 25 mg by mouth twice a day 25 mg oral 2 times daily (morning and bedtime)
Neurontin - Gabapentin 100 mg 100mg by mouth once a day
Trazodone - Trazodone Hydrochloride 50mg, 1 tab by mouth at bedtime as needed for sleep

14. DME and Supplies:

wheelchair, walker, bath bench, 4 wheeled walker

15. Safety Measures:

, , , ambulates with device, activity supervision

16. Nutrition:

renal diet

17. Allergies:

Lisinopril Hydralizine

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Exercises Prescribed, 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: 0. Never, 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 Hyperkalemia, 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 66-year-old female referred to the agency following hospitalization for shortness of breath and generalized weakness associated with hyperkalemia, volume overload, and hypoxic respiratory failure. These conditions were attributed to a missed dialysis session, as the patient is on a regular hemodialysis schedule every Tuesday, Thursday, and Saturday. She reported improvement in respiratory symptoms following the resumption of dialysis. Her past medical history is significant for hypertensive heart disease, chronic kidney disease (CKD), end-stage renal disease (ESRD), anemia secondary to chronic kidney disease, chronic embolism and thrombosis of the right internal jugular vein, cervical spine disc degeneration, atherosclerosis of the aorta, age-related osteoporosis without current pathological fracture, transient ischemic attack (TIA), and prior cerebral infarction without residual deficits. The patient resides with her daughter and grandson in an apartment that requires navigating a short flight of stairs to access the entrance. Her daughter assists daily with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), including meal preparation and medication management. The patient remains cognitively intact, alert, and oriented to person, place, time, and situation. She reports blurred vision bilaterally but denies hearing loss. On evaluation, the patient demonstrated decreased overall strength, endurance, and tolerance for prolonged standing and ambulation, contributing to limitations in functional mobility. She ambulates independently indoors without an assistive device and uses a front-wheeled walker (FWW) outdoors for safety and balance. Transfers and basic ADLs are performed independently; however, the patient experiences generalized fatigue and weakness associated with ESRD and CKD. She utilizes a bath bench in her tub-style shower for safety. Education was provided regarding home safety, energy conservation, and proper mobility techniques. A home exercise program (HEP) was initiated and demonstrated, focusing on seated and standing bilateral lower extremity therapeutic exercises, transfer training, and ambulation practice. The patient verbalized understanding and agreement with the plan of care. The patient would benefit from continued skilled physical therapy services to improve lower

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/22/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jonas Wiltz
201 N Washington St
Falls Church, VA 22046
PHONE: 7032374000 FAX: NPI: 1245499698

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 : 10/17/2025

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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extremity strength, activity tolerance, endurance, and overall functional mobility. Therapy will also aim to enhance safety, reduce fall risk, and promote greater independence in ambulation and daily activities to prevent further physical decline and maintain her current level of function.
 Date of Order 10/22/2025 Orders Physician Face-to-Face Date: 10/17/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Hyperkalemia 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 Wiltz, Jonas

SN Careplans

SN Goals

PT Careplans

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

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 60 > 100, respiratory rate < 10 > 24, blood pressure systolic < 100 > 150, blood pressure diastolic < 60 > 90, O2 saturation < 90 > 100, pain < 0 > 6

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

HOSPITALIZATION RISKS: 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: 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, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver. , home exercise program: Seated therex BLE, 1-2x10, with theraband resist where applicable: sit to stands, alt marches, SLR hip flex, LAQ, clams, hip add with pillow squeezes, HR/TR, supine ankle pumps, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, 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: Notes Added by Action To feel stronger in BLE to be able to tol walk around home/between rooms with RW or rollator with improved strength, endurance and tolerance for standing and walking.

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
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Sit to Stand - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

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 Goals

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/22/2025

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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

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, 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 - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: I want to be able to pick up things easier and not drop them out of my left hand

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

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 - 06. Independent

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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