Home Health Certification and Plan of Care

Order ID: 1163/443

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6GH2KR9DE80	10/21/2025	From: 10/21/2025 To: 12/18/2025	566	497754

6. Patient's Name and Address

John Harnois
154 S. Fox Road,
STERLING, VA 20164-
703-568-1672

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 10/23/1945 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	10/21/25

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	10/21/25
I50.33	Acute on chronic diastolic (congestive) heart failure	10/21/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	10/21/25
N18.30	Chronic kidney disease stage 3 unspecified	10/21/25
J96.21	Acute and chronic respiratory failure with hypoxia	10/21/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	10/21/25
I27.20	Pulmonary hypertension unspecified	10/21/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	10/21/25
I48.91	Unspecified atrial fibrillation	10/21/25
I48.92	Unspecified atrial flutter	10/21/25
I08.3	Comb rheumatic disord of mitral aortic and tricuspid valves	10/21/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	10/21/25
R33.8	Other retention of urine	10/21/25
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	10/21/25
I35.0	Nonrheumatic aortic (valve) stenosis	10/21/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/21/25
E78.5	Hyperlipidemia unspecified	10/21/25
Z79.4	Long term (current) use of insulin	10/21/25
Z79.82	Long term (current) use of aspirin	10/21/25
Z79.01	Long term (current) use of anticoagulants	10/21/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	10/21/25
Z99.81	Dependence on supplemental oxygen	10/21/25
Z87.440	Personal history of urinary (tract) infections	10/21/25

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

Lasix - Furosemide 20 mg Oral Tab,Take 2 tablets (40 mg total) by mouth once a day 1 (one) time each day
Flomax - Tamsulosin Hydrochloride 0.4 mg Oral Cap,Take 2 capsules by mouth at bedtime
Efudex - Fluorouracil 5 % Top Cream topical at bedtime Apply thin coating to affected areas, red, scaly spots on top of scalp and back of scalp, once daily at bedtime for 3 weeks May cause redness and irritation
Jardiance - Empagliflozin 10 mg Oral Tab,Take 1 tablet by mouth in the morning
Magnesium Oxide 400 mg (241.3 mg Oral Tab,Take 2 tablets by mouth once a day
Namenda - Memantine Hydrochloride 5 mg Oral Tab,Take half tablet by mouth twice a day
Cyanocobalamin (VITAMIN B-12) 1,000 mcg Oral Tab,Take 1 tablet by mouth once a day
insulin glargineyfgn (SEMGLEE) 100 unit/mL SubQ Soln,Inject 25 Units intravenous once a day
Pepcid - Famotidine 20 mg Oral Tab,Take 1 tablet by mouth once a day
Warfarin - Warfarin Sodium 1 mg Oral Tab,Take 2 tablets by mouth once a day as directed by ACC
Zoloft - Sertraline Hydrochloride 100 mg Oral Tab,Take 1 tablet by mouth once a day
Stiolto Respimat - Olodaterol Hydrochloride: Tiotropium Bromide 2.5- 2.5 mcg/Inhale 2 Puff inhalant once a day 2.5-2.5 mcg/actuation Inhl Mist (controller inhaler)
Calcium 1200mg 1 tab by mouth once a day Supplement; + 25mcg (1,000 IU) Vit D3
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Vitamin D3 50 mcg (2,000 IU) by mouth twice a day with meals
Vitron C 1 tab by mouth once a day 65 mg elemental iron + 125 mg vit c
Proventil - Albuterol 2.5 mg /3 mL (0.083 %) Inhl,Use 1 vial via nebulizer inhalant every 6 hours if needed for wheezing or shortness of breath
Amiodarone - Amiodarone Hydrochloride 200mg tab by mouth once a day
Aspirin - Aspirin 81 mg Oral,Take 1 tablet by mouth once a day TBEC delayed release tab
Aldactone - Spironolactone 25 mg Oral Tab,Take half tab by mouth once a day
Lopressor - Metoprolol Tartrate 25 mg Oral Tab,Take half tab by mouth twice a day a day Prn
Atorvastatin - Atorvastatin Calcium 1 tab, 80 mg by mouth at bedtime

14. DME and Supplies:

cane, , diabetic supplies, bath bench, oxygen supplies, urinary/catheter supplies, wheelchair, walker,

15. Safety Measures:

diabetic precautions, , ambulates with device, , , , , walker precautions, , , cardiac precautions, bathroom safety, activity supervision

16. Nutrition:

2gm sodium!diabetic!fluid restriction!low sodium

17. Allergies:

pradaxa

18.A. Functional Limitations

18.B. Activities Permitted

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/21/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Farah Abdulsalam
1890 Metro Center Dr
Reston, VA 20190
PHONE: 7037091500 FAX: NPI: 1417952367

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 : 10/15/2025

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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John Harnois 154 S. Fox Road, STERLING, VA 20164- 703-568-1672	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Endurance, Ambulation, Hearing, Bowel/Bladder Incontinence	Up As Tolerated, Walker, Cane, 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: 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: No

20. Prognosis: good

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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.	family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic Obstructive Pulmonary Disease With Exacerbation, 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: A 79-year-old male patient was admitted to home health services following hospitalization for progressive shortness of breath (SOB) and acute hypoxia, which resulted in a diagnosis of hypoxic respiratory failure secondary to congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD). During his hospital stay, the patient experienced atrial fibrillation with rapid ventricular response (A-fib RVR), underwent diuresis, and was later transferred to VHC for continued management before being discharged home on October 16, 2025. The patient is alert and oriented 4 but requires increased time and verbal cues to respond appropriately. He utilizes bilateral hearing aids due to hearing impairment and wears reading glasses. Continuous oxygen therapy is required at 5 liters per minute (LPM) via nasal cannula during the day and 5-6 LPM at night or during sleep. At baseline, the patient experiences shortness of breath with moderate exertion such as performing instrumental activities of daily living (IADLs) or walking approximately 20 feet; however, no significant SOB was noted during this <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, likely due to consistent oxygen use. He reports a sensation of coldness in the feet. Past medical history is significant for COPD, CHF, type II diabetes mellitus with diabetic chronic kidney disease (CKD) and peripheral angiopathy without gangrene, CKD stage 3 (unspecified), acute and chronic respiratory failure with hypoxia, pulmonary hypertension, unspecified atrial flutter, combined rheumatic disorders of the mitral, aortic, and tricuspid valves, non-rheumatic aortic stenosis, benign prostatic hyperplasia (BPH) with lower urinary tract symptoms, urinary retention, dementia, gastroesophageal reflux disease (GERD), hyperlipidemia (HLD), and long-term use of both insulin and oral hypoglycemic medications. The patient requires intermittent urinary catheterization twice daily, performed independently per caregiver report. The patient resides in a multi-level home with two full flights of stairs (8-12 steps each) alongside his wife and daughter, who provide support. He ambulates independently indoors but utilizes a tripod cane for stability and safety both indoors and outdoors. Functional <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed decreased strength, endurance, standing and ambulation tolerance, balance, and overall mobility. He requires occasional to intermittent assistance with grooming, dressing, bathing, toileting, oral medication management, and meal preparation. The Tinetti Balance and Gait <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">Assessment</mh> yielded a score of 16, indicating a low fall risk. Education was provided to the patient and family regarding safe home setup, transfer techniques, and ambulation strategies using a single assistive cane (SAC). A home exercise program (HEP) was initiated, focusing on seated and standing bilateral lower extremity (BLE) strengthening, lung expansion exercises, and respiratory endurance training utilizing an incentive spirometer. Comprehensive education on proper use of the incentive spirometer was also provided, with both patient and family verbalizing understanding and agreement. The patient would benefit from ongoing skilled physical therapy services aimed at improving strength, endurance, standing and ambulation tolerance, balance, and overall functional mobility. Continued therapy will also focus on enhancing safety and independence to facilitate return to his prior level of function (PLOF).
 Date of Order 10/21/2025 Orders Physician Face-to-Face Date: 10/15/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat due to Chronic Obstructive Pulmonary Disease With Exacerbation 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 Abdulsalam, Farah

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 1 (10/21/25-10/25/25) ,WK2: 1 (10/26/25-11/01/25) ,WK3: 1 (11/02/25-11/08/25) ,WK4: 2 (11/09/25-11/15/25) ,WK5: 2 (11/16/25-11/22/25) ,WK6: 1 (11/23/25-11/29/25) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 60 > 110, 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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 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, 9. Other risk(s) not listed in 1- 8	PATIENT-STATED GOAL: To feel stronger and better balanced in BLE to be able to sit/stand with ease, to tol walk around home/between rooms, neg stairs of the multi levels of home, with improved strength, endurance and tolerance for standing and walking. GOALS Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent patient/caregiver recalls * lifestyle modifications to manage respiratory condition including

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/21/2025

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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, M1745 - Behavioral Issues, M2020 - Oral Med Management, M1400 - Dyspnea, M1600 - UTI, M1610 - Urinary Catheter, urine retention, muscle weakness, limited endurance, B0200 - Hearing Deficit

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver. , incentive spirometer, home exercise program: Seated therex BLE, 1-2x10, 1-2x/daily, with theraband where applicable: sit to stands, marches, SLR hip flex, LAQ, clams, hip add with pillow squeezes x3-5 sec holds; HR/TR, 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 keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

* 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 keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

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

12 Steps - 05. Setup or clean-up assistance

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

OT Careplans

OT WK1: 1 (10/21/25-10/25/25) ,WK2: 1 (10/26/25-11/01/25) ,WK3: 1 (11/02/25-11/08/25) ,WK4: 1 (11/09/25-11/15/25)

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, incentive spirometer, 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 - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to increase my overall activity tolerance to improve my safety with bathing

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

Shower/Bathe Self - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/21/2025