Home Health Certification and Plan of Care

Order ID: 1163/452

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3MF1KH3AF07	10/10/2025	From: 10/10/2025 To: 12/08/2025	523	497754

6. Patient's Name and Address
Carolyn Dovel
3211 Allen St Apt 103,
Falls church, VA 22042-
703-629-9106

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 11/24/1946 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I26.99	Other pulmonary embolism without acute cor pulmonale	10/10/25

13. ICD	Other Pertinent Diagnoses	Date
I82.402	Acute embolism and thombos unsp deep veins of l low extrem	10/10/25
I24.89	Other forms of acute ischemic heart disease	10/10/25
I11.9	Hypertensive heart disease without heart failure	10/10/25
E78.5	Hyperlipidemia unspecified	10/10/25
M17.0	Bilateral primary osteoarthritis of knee	10/10/25
J45.909	Unspecified asthma uncomplicated	10/10/25
E66.813	Other obesity	10/10/25
Z68.39	Body mass index [BMI] 39.0-39.9 adult	10/10/25
Z79.01	Long term (current) use of anticoagulants	10/10/25

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

Albuterol Sulfate - Albuterol Sulfate 108 (90 BASE) mcg/act , 2 puffs, Inhalation inhalant every 6 hours 2 puff inhale
orally every 6 hours as needed for WHEEZING rinse
mouth after use don not swallow
Amlodipine Besylate - Amlodipine Besylate 5 mg, Take 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN
Eliquis - Apixaban 5mg, take 1 tablet by mouth every 12 hours Give 1 tablet by mouth every 12 hours for PE maintenance dose

starting 10/1 with the 8 pm dose
Atorvastatin Calcium - Atorvastatin Calcium 20mg, take 1 tablet by mouth in the evening Give 1 tablet by mouth in the evening HLD
Triamterene And Hydrochlorothiazide - Hydrochlorothiazide: Triamterene 75-50 mg, give 1 tablet by mouth once a day give 1 tablet by mouth one time a day for HTN
Benzonatate - Benzonatate take 100 mg, capsule by mouth every 8 hours 100 mg every 8 hours as needed for 7 days until 10/2

14. DME and Supplies:
None of the above

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

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
shellfish fish penicillin

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

18.B. Activities Permitted
Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, 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: 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.

22.B.Discharge Plans
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Other Pulmonary Embolism Without Acute Cor Pulmonale, 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 female currently residing temporarily with her daughter in a ground-level apartment during her rehabilitation period. She was recently discharged from the hospital following a significant episode of shortness of breath on exertion, which led to hospitalization and EKOS-directed thrombolysis after transfer to Virginia Hospital Center from Fairfax Hospital Emergency Department. Her past medical history is notable for pulmonary embolism without acute cor pulmonale, acute deep vein thrombosis, acute ischemic heart disease, hypertension, bilateral knee osteoarthritis, asthma, cardiomegaly, myocardial infarction, dysphagia, abnormal gait and mobility, generalized muscle weakness, and obesity. The patient reports an allergy to all fish and shellfish, penicillin, and iodine. She does not have a designated Durable Power of Attorney (DPOA) or Advance Directives. Admission booklet was reviewed, and consent was obtained. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented to person, place, and time. Skin was warm and dry, mucous membranes were pink, and bilateral breath sounds were clear on auscultation. The abdomen was soft, non-tender, with active bowel sounds in all quadrants. No edema was noted in the lower extremities. The patient is obese, weighing 226 pounds, and remains in denial regarding her listed diagnoses. Appetite is fair. Vital signs are stable. Functionally, the patient presents with decreased strength, endurance, balance, standing tolerance, and overall gait stability. She ambulates independently indoors with the assistance of a single-arm cane (SAC) and utilizes a rolling walker (RW) for outdoor ambulation and activities of daily living (ADLs). She can perform transfers independently and is capable of negotiating stairs using a step-to pattern with the support of a handrail and cane but requires supervision for safety during ambulation. The patient is independent with basic bathing, grooming, dressing, toileting, and hygiene, though she needs setup assistance and occasional supervision. She can self-feed and manage medications if they are prepared in advance but requires assistance with complex meal preparation and medication organization. Her daughter currently assists with cooking and household tasks and is helping the patient transition to preparing simple, no-cook meals independently. Education was provided regarding home safety, energy conservation, and safe use of assistive devices for mobility, transfers, and stair navigation. A home exercise program (HEP) focusing on seated and standing bilateral lower extremity strengthening was initiated, and the patient demonstrated good understanding and compliance with instructions. Medications were reviewed and reconciled with both the patient and her daughter. The patient would benefit from continued skilled physical therapy services to improve strength, endurance, balance, and gait, enhance safety and independence in functional mobility, and support return to her prior level of function. Ongoing coordination with her daughter for support and education is recommended as part of the plan of care.
 Date of Order 10/21/2025 Orders Physician Face-to-Face Date: 10/01/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Other Pulmonary Embolism Without Acute Cor Pulmonale 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:
 Physician Longstreet , Nicholas

SN Careplans

SN Goals

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
Nicholas Longstreet
6551 Loisdale Ct
Springfield, VA 22150
PHONE: 571-622-2000 FAX: NPI: 1245593623

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 : 10/01/2025

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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Carolyn Dovel 3211 Allen St Apt 103, Falls church, VA 22042- 703-629-9106	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

SN WK1: 1 (10/10/25-10/11/25) ,WK2: 1 (10/12/25-10/18/25) ,WK3: 1 (10/19/25-10/25/25)

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

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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: M2020 - Oral Med Management, Home Safety, M2102f - Patient Supervision, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, limited strength, limited endurance, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, coordinate/arrange for adequate patient supervision, 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, * how to take the patient's blood pressure record the reading, 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 modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, 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's living environment is clean/uncluttered, patient is adequately supervised

PATIENT-STATED GOAL: I would Like To Walk Without Falling

GOALS
patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

patient is adequately supervised

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 peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

PT Careplans

PT 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)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170I1 - Walk 10 Feet, GG0130A1 - Eating, 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, GG0130B1 - Oral Hygiene, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver. , incentive spirometer, home exercise program: Seated therex BLE, 1-2x10, 1-2x/daily, with theraband or ankle wts resist where applicable: sit to stands, alt marches, SLR hip flex, LAQ, clams, hip add with pillow squeezes x3-5 sec holds; HR/TR; Standing therex BLE, 1-2x10, 1-2x/daily, with theraband or ankle wts resist where applicable: SLR hip abd, marches, HR, HS curls, equipment training, 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, Lower Body Dressing - 06. Independent, Sit to Stand - 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

PT Goals

PATIENT-STATED GOAL: To feel stronger in BLE to be able to tol walk around home/between rooms and neg stairs to exit/enter building staircase of her temporary apartment home and also the multi level home she owns, with improved strength, endurance and tolerance for standing and walking.

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

Walk 10 ft on Uneven Surface - 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

Lower Body Dressing - 06. Independent

Sit to Stand - 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

Signature of Physician:	Date

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

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clean-up assistance, Picking Up Object - 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

Signature of Physician:	Date

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