Home Health Certification and Plan of Care

Order ID: 1163/485

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H75070180	10/06/2025	From: 10/06/2025 To: 12/03/2025	510	497754

6. Patient's Name and Address
Robert Schultz
8510 Tall Trees Ct Apt T4,
SPRINGFIELD, VA 22152-
571-378-1023

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 07/24/1955 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S22.089D	Unsp fracture of T11-T12 vertebra subs for fx w routn heal	10/06/25

13. ICD	Other Pertinent Diagnoses	Date
R26.89	Other abnormalities of gait and mobility	10/06/25
I10.	Essential (primary) hypertension	10/06/25
I89.0	Lymphedema not elsewhere classified	10/06/25
I77.819	Aortic ectasia unspecified site	10/06/25
M51.9	Unsp thoracic thoracolum and lumbosacr intvrt disc disorder	10/06/25
M19.079	Primary osteoarthritis unspecified ankle and foot	10/06/25

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

Folic Acid - Folic Acid 1 mg, TAKE 1 TABLET by mouth once a day TAKE 1 TABLET BY MOUTH EVERY DAY
Tums - Simethicone take 1 tablet by mouth as necessary
Tylenol - Acetaminophen 500mg, take two tablets by mouth as necessary take two tablets as needed, following directions on bottle
Furosemide - Furosemide 20 mg, TAKE 1 TABLET by mouth four times a day TAKE 1 TABLET BY MOUTH M-W-F-Sa (4 times a week)
Melatonin - Melatonin 5mg by mouth at bedtime Gummy; 5mg; chew one before bedtime; do not exceed 2 daily
calcium magnesium zinc with d3 1 tab; vit d3 5mcg, calc 333mg, magn 133mg, zinc 5mg by mouth three times a day take 1 tab up to 3 times/daily with water and a meal

14. DME and Supplies:
walker, cane

15. Safety Measures:
standard precautions, medication safety, fall precautions,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
None of the above

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

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: good

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

Homebound status: Due to diagnosis of Unspecified fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing, 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: Physical Therapy Start of Care (SOC) evaluation was completed today for a 70-year-old male referred to the agency for assessment. His past medical history is significant for congestive heart failure (CHF), chronic kidney disease (CKD), atherosclerotic disease of the bilateral lower extremities with intermittent claudication, depression, other psychiatric disorder, non-rheumatic mitral valve insufficiency, dyspnea, asthma, vascular dementia (unspecified severity), and presence of a prosthetic heart valve. The patient lives alone in a ground-level apartment, requiring navigation of 6-8 steps from street level to the front door. During assessment, the patient denied shortness of breath during ambulation both inside and outside the home, as well as with stair negotiation. No signs of dyspnea were observed during or after activity. The patient demonstrated good strength, endurance, standing tolerance, gait, balance, and overall functional mobility. His Tinetti score was 18, indicating a low to moderate fall risk. No non-agency caregiver is currently involved, and none is deemed necessary. The patient's sisters, who live nearby, assist with transportation to appointments. He is independent in leaving the home, vehicle transfers, and performance of all transfers, ambulation, grooming, bathing, toileting, medication management, meal preparation, and other basic ADLs and functional activities. Skilled physical therapy services are not indicated at this time, and the patient verbalized understanding and agreement with this plan.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 10/06/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 09/18/2025
 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat due to Unspecified fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - PT Notes: <o:p></o:p> Physician: Carreiro Powe, Luisa

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (10/06/25-10/11/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 60 > 100, respiratory rate < 8 > 22, blood pressure systolic < 90 > 150, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 7

CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area

PT Goals

PATIENT-STATED GOAL: No pt stated goal necessary as pt is indep in all ADLs and funct activities; NA, NOT ADMITTING Pt

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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
Luisa Carreiro Powe
5631 Burke Centre Parkway Suite A
Burke, VA 22015
PHONE: 703-250-5171 FAX: 17032505170 NPI: 1316157159

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 : 09/18/2025

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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HOSPITALIZATION RISKS: 10. None of the above

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:Do not resuscitate (DNR) orders

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, 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, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, M2020 - Oral Med Management, M1400 - Dyspnea

TEACH PATIENT/CAREGIVER: 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

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

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

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:
Electronically Signed by Messick, Charles RN

Date
10/06/2025