Home Health Certification and Plan of Care

Order ID: 1163/558

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
331070908	11/24/2025	From: 11/24/2025 To: 01/22/2026	732	497754

6. Patient's Name and Address
Mary Harrison
12165 Penderview Terrace Apt 1005,
Fairfax, VA 22033-
703-346-1228

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 12/23/1941 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S20.212D	Contusion of left front wall of thorax subsequent encounter	11/24/25

13. ICD	Other Pertinent Diagnoses	Date
S79.912D	Unspecified injury of left hip subsequent encounter	11/24/25
S29.019D	Strain of muscle and tendon of unsp wall of thorax subs	11/24/25
R29.6	Repeated falls	11/24/25
Z79.4	Long term (current) use of insulin	11/24/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	11/24/25
Z91.81	History of falling	11/24/25

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

Metoprolol Tartrate - Metoprolol Tartrate 25 mg, Take half tablet by mouth twice a day Take half tablet
by mouth 2
times a day
Neurontin - Gabapentin 300 mg, Take 1 capsule by mouth three times a day Take 1 capsule
by mouth 3
times a day
Pletal - Cilostazol 50 mg, Take 1 tablet by mouth twice a day Take 1 tablet
by mouth 2
times a day
Cozaar - Losartan Potassium 50 mg , Take 1 tablet by mouth once a day Take 1 tablet
by mouth daily
Wellbutrin Sr - Bupropion Hydrochloride 100 mg, Take 2 tablets by mouth in the morning Take 2 tablets
by mouth every
morning
Lipitor - Atorvastatin Calcium 20 mg , Take 1 tablet by mouth once a day Take 1 tablet
by mouth daily
for cholesterol
to prevent
heart attack
and stroke
Imdur - Isosorbide Mononitrate 60 mg, Take 1 tablet by mouth once a day
Glucophage - Metformin Hydrochloride 500 mg, Take 3 tablets by mouth as necessary Take 3 tablets
by mouth every
morning and 2
tablets in the
evening with
food
Effexor Xr - Venlafaxine Hydrochloride 150 mg Oral 24hr SR Cap, Take 2 capsules by mouth once a day Take 2
capsules by
mouth daily
Insulin Glargine-yfgn (SEMGLEE) 100 unit/mL SubQ Soln 100 unit/mL, Inject 25 units subcutaneous once a day Inject 25 units
subcutaneously
daily
Nitroglycerin - Nitroglycerin 0.4 mg SL Subl Tab, Dissolve 1 tablet under the tongue by mouth as necessary Dissolve 1
tablet under the
tongue as
needed for
CHEST PAIN.
May repeat
every 5 minutes for 3
doses. CALL
911
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg (65 mg iron), Take 1 tablet by mouth every other day Take 1 tablet
by mouth every
other day
Magnesium Citrate - Magnesium Citrate 200 mg, Take 2 tablets by mouth once a day
eye health complex dietary supplement 1 softgel by mouth once a day vit c 250mg, vit e 90mg, zinc 40mg, copper 2mg
preservision softgels 1 softgel by mouth once a day

14. DME and Supplies:
grab bars, cane, walker, rolling walker

15. Safety Measures:
bathroom safety, ambulates with device

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
codeine statins

18.A. Functional Limitations
Ambulation

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/24/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Ayse Turget
201 N Washington St
Falls Church, VA 22046
PHONE: 7032274000 FAX: 17035311700 NPI: 1558408880

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 : 11/20/2025

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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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:	22.B.Discharge Plans
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.	patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Contusion Of Left Front Wall Of Thorax Subsequent Encounter , 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 83-year-old woman who presents to home health following multiple recent falls that resulted in contusions to the left thorax (ribs) and injury to the left hip; she reports three separate fall events (tripped at a curb, subsequent fall in her room, and a later fall while walking her dog). Her past medical history is notable for recurrent falls, vertigo, peripheral neuropathy, right club foot, history of an untreated deep venous clot behind the left knee managed medically, and diabetes treated with both insulin and oral hypoglycemic agents. She lives alone in a ground-level apartment and currently receives limited home health aide (HHA) support twice monthly through Fairfax County. On assessment she ambulates independently indoors and outdoors using a single-point assist cane (SAC) for balance and safety; she owns a rolling walker (RW) but chooses not to use it and prefers a rollator (which she does not have). She demonstrates decreased lower-extremity strength, endurance, and tolerance for prolonged standing and ambulation, which-combined with neuropathy and her falls history-places her at continued high risk for recurrent falls and functional decline. Wounds/injuries from the falls were documented as contusions and left hip strain; pain and swelling were reported at the affected areas at the time of injury. The patient is independent with basic ADLs, meal preparation, and medication management, but both clinician assessment and safety concerns indicate she would benefit from more frequent HHA assistance than currently authorized and from skilled physical therapy to improve strength, endurance, balance, and functional mobility. Interventions completed today included home safety education, discussion of assistive-device options (including advising contact with insurance regarding rollator coverage), demonstration and initiation of a home exercise program (seated and standing lower-extremity therapeutic exercises) and ambulatory/transfer training; safe bathing options (use of a bath chair/bench) were discussed at length. The patient verbalized understanding of the teaching but also stated she is unlikely to consistently perform the HEP as reviewed. Plan: initiate skilled PT to address strength, endurance, balance, stair and community safety, and fall-prevention strategies; request increased HHA frequency to provide additional in-home support; coordinate with primary care/insurer regarding rollator provision and review of anticoagulation/vascular status for the known clot; reinforce home safety modifications and monitor for any worsening pain, new wounds, or further falls.
 Date of Order 11/24/2025 Orders Physician Face-to-Face Date: 11/20/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Contusion Of Left Front Wall Of Thorax Subsequent Encounter 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 Physician Turget, Ayse

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 1 (11/24/25-11/29/25) ,WK2: 1 (11/30/25-12/06/25) ,WK3: 1 (12/07/25-12/13/25) ,WK4: 1 (12/14/25-12/20/25) ,WK6: 1 (12/28/25-01/03/26) 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 > 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), 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 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	PATIENT-STATED GOAL: Build a little more strength for ease of overall function day to day and prevent falling. GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent 1 - Step (curb) - 05. Setup or clean-up assistance patient/caregiver recalls * pain control * therapeutic exercises to optimize range of motion of affected area * diet and fluids to promote healing * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule Sit to Stand - 06. Independent Car Transfer - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/24/2025

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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, M1720 - Anxiety, M2020 - Oral Med Management, M1400 - Dyspnea, limited endurance, muscle weakness, poor muscle tone, limited strength, balance deficit, B0200 - Hearing Deficit

12/01/2025: GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, Pain Interference with ADLs

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver. , 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, gait training/stair training, transfers training, therapeutic exercises

12/05/2025: equipment training, work simplification/ energy conservation

TEACH PATIENT/CAREGIVER: * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, patient self-administers medications as prescribed, 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, 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 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

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

Oral Hygiene - 05. Setup or clean-up assistance

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Signature of Physician:

Date

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

Date
11/24/2025