# Home Health Certification and Plan of Care

**Order ID: 1163/555**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 5A15DF7XX40 | 11/24/2025 | From: 11/24/2025 To: 01/22/2026 | 696 | 497754 |

**6. Patient's Name and Address**

Craig Schmidt
22 Fendall Ave,
ALEXANDRIA, VA 22304-
305-775-8595

**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** 07/08/1948 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| Z47.1 | Aftercare following joint replacement surgery | 11/24/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| Z96.652 | Presence of left artificial knee joint | 11/24/25 |
| M17.11 | Unilateral primary osteoarthritis right knee | 11/24/25 |
| E11.65 | Type 2 diabetes mellitus with hyperglycemia | 11/24/25 |
| I11.0 | Hypertensive heart disease with heart failure | 11/24/25 |
| I50.9 | Heart failure unspecified | 11/24/25 |
| E78.5 | Hyperlipidemia unspecified | 11/24/25 |
| I48.91 | Unspecified atrial fibrillation | 11/24/25 |
| M10.9 | Gout unspecified | 11/24/25 |
| I71.43 | Infrarenal abdominal aortic aneurysm without rupture | 11/24/25 |
| K22.70 | Barrett's esophagus without dysplasia | 11/24/25 |
| K80.12 | Calculus of GB w acute and chronic cholecyst w/o obstruction | 11/24/25 |
| K83.09 | Other cholangitis | 11/24/25 |
| K83.1 | Obstruction of bile duct | 11/24/25 |
| N42.9 | Disorder of prostate unspecified | 11/24/25 |
| K21.9 | Gastro-esophageal reflux disease without esophagitis | 11/24/25 |
| H40.9 | Unspecified glaucoma | 11/24/25 |
| H91.90 | Unspecified hearing loss unspecified ear | 11/24/25 |
| R91.1 | Solitary pulmonary nodule | 11/24/25 |
| Z79.82 | Long term (current) use of aspirin | 11/24/25 |
| Z79.84 | Long term (current) use of oral hypoglycemic drugs | 11/24/25 |
| Z87.891 | Personal history of nicotine dependence | 11/24/25 |
| Z96.89 | Presence of other specified functional implants | 11/24/25 |
| Z86.0100 | Personal history of colonic polyps | 11/24/25 |

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

Mobic - Meloxicam Take 15 MG tablet by mouth as necessary
Flomax - Tamsulosin Hydrochloride 0.4 MG capsule, Take 5 MG tablet by mouth as necessary
Norvasc - Amlodipine Besylate Take 5mg tablet by mouth as necessary
Neurontin - Gabapentin 300 MG capsule by mouth once a day by oral route as needed
Microzide - Hydrochlorothiazide 12.5 MG capsule, Take 1 tablet by mouth once a day
Cozaar - Losartan Potassium 100 MG tablet , Take 1 tablet by mouth once a day
Lopressor - Metoprolol Tartrate 25 MG tablet, Take 1 tablet by mouth twice a day
Protonix - Pantoprazole Sodium 40 MG EC tablet, Take 1 tablet by mouth once a day
Crestor - Rosuvastatin Calcium 5 MG table Take 1 tablet by mouth once a day
Jardiance - Empagliflozin 25 MG tablet by mouth as necessary Was increased from 10 mg
Creon - Pancrelipase (Amylase:Lipase:Protease) 120,000usp units;24,000usp units;76,000usp units 24000-120000 units capsule by mouth as necessary 2, 1, 2, 1 tablets 3x/daily
Aspirin - Aspirin 1 tab by mouth twice a day .81 mg prior to sx; PRESENT POST OP RX = 325 mg 1 TAB TWICE/DAY
Vitamin D - Ergocalciferol 1.25 MG (50000 UT) capsule by mouth as necessary
risaquad probiotic dietary supplement 1 caps by mouth once a day
Humalog Kwikpen - Insulin Lispro Recombinant injection subcutaneous three times a day as needed
Lantus Solostar - Insulin Glargine Recombinant injection subcutaneous twice a day 3ml; 20 units AM, 18 units PM
Cefadroxil - Cefadroxil/Cefadroxil Hemihydrate eq 500 mg base 1 caps by mouth twice a day x 7 days (breakfast and dinner)
Omeprazole - Omeprazole 20 mg 1 caps by mouth once a day
Donepezil Hydrochloride - Donepezil Hydrochloride 5 mg 1 tab by mouth once a day
centrum men silver 1 tab by mouth once a day

**14. DME and Supplies:**

walker, bath bench, diabetic supplies, rolling walker, grab bars, cane

**15. Safety Measures:**

restricted ROM, walker precautions, , , knee precautions, cardiac precautions, , diabetic precautions, bathroom safety, , ambulates with device

**16. Nutrition:**

Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Ambulation

**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**

family/caregiver will be responsible for managing treatment

**Homebound status:**

After undergoing Left Total Knee Arthroplasty, 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 77-year-old male who presents to home health for post-operative care following a left total knee arthroplasty on 11/20/2025 complicated by postoperative pneumonia and a pneumothorax that required an extended hospital stay; he was recently discharged home and has an orthopedic follow-up appointment on 12/03/2025. His past medical history is significant for right knee osteoarthritis (impending TKA 2026), type 2 diabetes mellitus, hypertensive heart disease with heart failure, atrial fibrillation, an infrarenal abdominal aortic aneurysm without rupture, Barrett's esophagus, benign prostatic condition, gastroesophageal reflux disease, and long-term oral hypoglycemic use. He resides with his wife on the top level of a multi-level home and requires caregiver assistance for all basic grooming, bathing, dressing, transfers, stair negotiation, medication management, and meal assistance.  On physical exam today he was alert and participatory; left lower-extremity exam demonstrates decreased strength and range of motion related to postoperative pain, inflammation, and swelling. Manual muscle testing revealed L knee MMT 3/5 and L hip MMT 3/5-3+/5. Active range of motion included approximately 30-45 left straight-leg raise (hip flexion) with minimal extensor lag, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-5 CE-FMS-%E2%88%92"></mh>5

**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**

Thomas Martinelli
6355 Walker Lane Ste 202
Alexandria, VA 22310
PHONE: 7038105210 FAX: 17038105418 NPI: 1194748129

**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 : 11/11/2025

**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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active left knee extension, and 30-35 active right knee flexion. Passive range of motion achieved 0 left knee extension and ~55 left knee flexion with overpressure. Ambulation and transfers require supervision for safety and use of a rolling walker (RW) or single-point assist cane (SAC) on the right upper extremity as needed. The patient is able to toilet and step in/out of the tub with physical assistance from his wife; both report that a bath chair/bench does not fit their tub and is cumbersome, and they currently perform bathing with a combination of standing and sitting at the tub edge.  Interventions provided today included initiation of a home exercise program with A/AAROM and therapeutic exercises targeting left knee flexion/extension and left hip musculature (demonstrated and practiced in session), instruction on LLE elevation, icing, compression to manage swelling/inflammation, gait and transfer training with RW/SAC, and safe home setup recommendations including consideration of elevated toilet seat and suction grab bars. Education was provided to both patient and caregiver regarding incision care per discharge instructions (remove surgical adhesive bandage 11/26/25), activity restrictions, precautions, edema control, and progressive mobility; both verbalized understanding and demonstrated compliance with teaching. The patient would benefit from continued skilled physical therapy to increase joint mobility, lower extremity strength, gait and balance training, and progressive functional independence to return toward prior level of function; skilled nursing coordination is also recommended to monitor wound status, pain control, cardiopulmonary status following recent pneumonia/pneumothorax, medication management, and to assist with DME procurement and safety planning. <br> Date of Order 11/24/2025 Orders Physician Face-to-Face Date: 11/11/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Left Total Knee Arthroplasty Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - PT Notes: soc Physician Martinelli , Thomas

| SN Careplans | SN Goals |
|---|---|
| | |

| PT Careplans | PT Goals |
|---|---|
| PT WK1: 2 (11/24/25-11/29/25) ,WK2: 2 (11/30/25-12/06/25) ,WK3: 1 (12/07/25-12/13/25)<br><br>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<br><br>CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance<br><br>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, 9. Other risk(s) not listed in 1- 8<br><br>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<br>Advance Directive:Durable power of attorney for health care/Medical power of attorney<br><br>PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130G1 - Lower Body Dressing, 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, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, M2020 - Oral Med Management, M1400 - Dyspnea, limited endurance, limited strength, swelling of affected area, muscle weakness, limited range of motion, Pain Interference with ADLs, Pain Effect on Sleep, #1 - Non-Observable Surgical Wound - Anterior Left Knee - Post op L TKA<br><br>PROCEDURES: Medication Review: Medications reviewed with patient/caregiver. , incentive spirometer, physician-ordered wound care: Pt has a post op f/u on 12.3.25. He has not been given any specific wound care instructions aside from remove the sx adhesive bandage on 11.26.5 on his own at home., home exercise program: 2x10 reps LLE: supine and seated heel slides, standing knee flex AAROM/quads stretch at bottom step of staircase w/ rail and quad cane use (5 sec holds ea), quad sets w/ towel roll under distal thigh (30x3-5" 2-3x/day), seated SLR hip flex. w/ VMO bracing, seated HR/TR, LAQSs, seated AAROM knee flex. and ext; Reviewed RLE elevation and ice machine use (set up, freq, dur), standing tolerance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises | PATIENT-STATED GOAL: To be able to walk around between rooms, toilet and bathe in tub shower indep, walk up/down stairs with SAC without sup, and ambul outside with RW to/into car to get to/from appointments<br><br>GOALS<br>Toilet Transfer - 06. Independent<br><br>patient/caregiver recalls<br>* how to manage inflammatory process<br>* optimize mobility with active and passive range of motion exercises<br>* fluid and diet intake to promote healing<br>* prevent constipation<br>* home safety<br>* recalls related medication(s) purpose, schedule<br><br>patient/caregiver recalls<br>* how to manage gout flare-ups including non-medical pain relief<br>* dietary modifications<br>* recalls related medication(s) purpose, schedule<br><br>patient/caregiver recalls<br>* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain<br>* teach relaxation skills and diversional activities<br>* recalls related medication(s) purpose, schedule<br><br>patient self-administers medications as prescribed<br>* recalls related medication(s) purpose, schedule<br><br>Oral Hygiene - 05. Setup or clean-up assistance<br><br>Upper Body Dressing - 05. Setup or clean-up assistance<br><br>Walk 10 ft on Uneven Surface - 04. Supervision or touching<br><br>1 - Step (curb) - 04. Supervision or touching assistance<br><br>Lower Body Dressing - 05. Setup or clean-up assistance<br><br>Sit to Stand - 04. Supervision or touching assistance<br><br>Car Transfer - 04. Supervision or touching assistance |

| Signature of Physician: | Date |
|---|---|
| | |



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

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TEACH PATIENT/CAREGIVER: * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * how to manage gout flare-ups including non-medical pain relief dietary modifications, 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, patient self-administers medications as prescribed, 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, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

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

Walk 150 Feet - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
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