Home Health Certification and Plan of Care

Order ID: 1163/568

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3WC9RD7AK28	09/25/2025	From: 11/23/2025 To: 01/21/2026	95	497754

6. Patient's Name and Address

Catherine Spriggs Johnson
10951 Wild Ginger Circle Apt 104,
MANASSAS, VA 20120-
703-789-1129

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 08/24/1950 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M80.08XD	Age-rel osteopor w crnt path fx verteb 7thD	09/25/25

13. ICD	Other Pertinent Diagnoses	Date
M80.0AXD	Age-rel osteopor with current path fx other site 7thD	09/25/25
M80.031D	Age-rel osteopor w crnt path fx r forearm 7thD	09/25/25
I11.9	Hypertensive heart disease without heart failure	09/25/25
D50.9	Iron deficiency anemia unspecified	09/25/25
M10.9	Gout unspecified	09/25/25
F39.	Unspecified mood [affective] disorder	09/25/25
K74.60	Unspecified cirrhosis of liver	09/25/25
F41.9	Anxiety disorder unspecified	09/25/25
G47.00	Insomnia unspecified	09/25/25
E78.5	Hyperlipidemia unspecified	09/25/25
K64.8	Other hemorrhoids	09/25/25
H26.9	Unspecified cataract	09/25/25
F32.5	Major depressive disorder single episode in full remission	09/25/25
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	09/25/25
Z79.01	Long term (current) use of anticoagulants	09/25/25
Z86.718	Personal history of other venous thrombosis and embolism	09/25/25
Z91.81	History of falling	09/25/25
Z98.1	Arthrodesis status	09/25/25
Z96.659	Presence of unspecified artificial knee joint	09/25/25

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

Acetaminophen - Acetaminophen 325 MG ,Tablet by mouth every 6 hours Give 2 tablet by mouth every 6 hours as needed for Pain
Alendronate Sodium - Alendronate Sodium 70 MG ,Tablet by mouth once a week Give 1 tablet by mouth one time a day every Monday for Osteoporosis
Calcium Carbonate-Vitamin D 500-5 MGMCG by mouth twice a day Give 1 tablet by mouth two times a day for Supplement for 30 Days
Eliquis - Apixaban 5 MG by mouth twice a day Give 1 tablet by mouth two times a day for DVT Prevention
Gabapentin - Gabapentin 300 MG,Capsule by mouth three times a day Give 1 capsule by mouth three times a day for Neuropathy pain
Metoprolol Succinate - Metoprolol Succinate 100 MG,tablet by mouth once a day Give 1 tablet by mouth one time a day for Hypertension Hold if SBP is less than 110 and HR less than 60
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg, tablet by mouth every 4 hours Give 2.5 mg by mouth every 4 hours as needed for Pain scale 4-6
Tolterodine Tartrate - Tolterodine Tartrate 2 MG,Tablet by mouth twice a day Give 1 tablet by mouth two times a day for Bladder control
Vitron-C (Iron-Vitamin C) 65-125 MG,Tablet by mouth - Give 1 tablet by mouth every 48 hours for iron def anemia
Mirtazapine - Mirtazapine 30 mg 1 by mouth at bedtime

14. DME and Supplies:

hospital bed, grab bars, walker, wheelchair, bath bench, commode, 4 wheeled walker,

15. Safety Measures:

bathroom safety, , non-slip surface in tub, walker precautions, , ambulates with device, supervision at all times, activity supervision

16. Nutrition:

regular,

17. Allergies:

percocet

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WFL, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Age-Related Osteoporosis With Current Pathological Fracture, 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:

The patient is a 75-year-old African-American female who presents to the agency as a returning patient following recent hospitalization and skilled nursing facility (SNF) discharge after a fall, which was associated with ongoing weakness, right greater than left knee pain, and progressive mobility and strength deficits. The patient has a history of multiple admissions due to recurrent falls. She currently resides with her daughter, Victoria, in a ground-level multi-room apartment, where her daughter provides daily supervision and physical assistance. The patient expressed her wishes to remain Full Code. She has no advance directives or durable power of attorney on file. Past medical history is extensive and includes multiple vertebral compression fractures: acute compression fractures at T3 and T5; chronic compression fractures at T6 through T8 and L1; marrow edema at T6 and T7; and minimally displaced type II odontoid fracture. Additional history includes prior cervical spine anterior cervical discectomy and fusion (ACDF), nondisplaced fractures of the right clavicle and manubrium, and a proximal right ulna/olecranon fracture (cast recently removed). Other diagnoses include abnormal gait and mobility, severe protein-calorie malnutrition with muscle wasting and atrophy, osteoporosis with pathological fracture of vertebrae with routine healing, bilateral knee osteoarthritis status post bilateral TKA, Raynaud's Syndrome without gangrene, iron deficiency anemia, liver cirrhosis, venous thrombosis and embolism (currently on Eliquis), hypertension, hyperlipidemia, anxiety, mood disorder/major depressive disorder, gout, and chronic pain. MRI findings have also been concerning for possible metastatic disease or multiple myeloma. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient is alert and oriented to person, place, and time. Vital signs are stable. She is wheelchair-bound for most mobility; however, she is able to use a rollator indoors and a rolling walker outdoors with constant supervision and physical assistance. Significant deficits are noted in strength, endurance, posture, and balance, with impaired gait mechanics and decreased functional mobility. Transfers and ambulation require constant supervision and hands-on assistance to reduce fall risk. She demonstrates significant bilateral lower extremity weakness, as well as limited function in her dominant right upper extremity following recent cast removal, which impacts grip strength and fine motor control. The patient is currently practicing performance of ADLs with her left hand to compensate. The patient requires physical assistance with bathing, grooming, dressing, and preparation of meals. She is able to feed herself and take oral medications if food and medications are pre-arranged; however, during the evaluation, her daughter was observed feeding her medications, likely due to persistent weakness and impaired right-hand function. Skin was warm and dry, mucous membranes pink, and no peripheral edema was noted. Lung sounds were clear to auscultation bilaterally. Medications were reviewed and reconciled with the patient and her daughter. Education was provided regarding safe home setup, mobility strategies within the home, and proper use of assistive devices. Instruction and demonstration included transfers, pivoting, gait mechanics with both rollator and rolling walker, safe

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/20/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Seung Chae
10701 Rosemary Dr
Manassas, VA 20109
PHONE: 7032573000 FAX: NPI: 1780744193

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 : 09/02/2025

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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sit-to-stand techniques, and gluteal strengthening exercises using wheelchair hand grips. A home exercise program (HEP) was initiated and demonstrated with the patient and her daughter, focusing on seated bilateral lower extremity therapeutic exercises and posture training. Education was also provided on selection and safe use of appropriate assistive devices. Victoria expressed interest in arranging for a personal care aide/home health aide to provide monitoring and physical assistance while she is at work, as well as for future support when the patient transitions back to her own senior living residence. The patient would benefit from continued skilled physical therapy services to address deficits in strength, endurance, balance, and mobility, with the goal of improving safety, independence, and functional capacity, and ultimately supporting return to prior level of function (PLOF) to the greatest extent possible.
 Date of Order 11/20/2025 Orders Physician Face-to-Face Date: 09/02/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Age-Related Osteoporosis With Current Pathological Fracture, 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
 4 - Recertification Notes: Patient is being recertified due to patient would benefit from skilled PT services to increase strength, improve tolerance for and steadiness of standing, gait and balance, and increase safety and indep in functional mobility in order to return to PLOF.
 Physician Chae, Seung

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (11/23/25-11/29/25) ,WK2: 2 (11/30/25-12/06/25) ,WK3: 2 (12/07/25-12/13/25) ,WK4: 2 (12/14/25-12/20/25) ,WK5: 1 (12/21/25-12/27/25)

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: WFL

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: swelling of affected area

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver., incentive spirometer, home exercise program: Seated therex BLE, 2x10, 1-2x/daily: sit to stands, clams, marches, add with pillow squeezes x3-5 sec holds, LAQ, HR/TR, supine ankle pumps 3-4x10 2x/day, standing tolerance exercises, static standing balance exercises, 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 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, Sit to Stand - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 03. Partial/moderate assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To feel stronger in BLE to be able to tol walk around home/between rooms with RW or Rollator, with improved strength, endurance and tolerance for standing and walking.

GOALS
patient/caregiver recalls
* 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
* recalls related medication(s) purpose, schedule

Sit to Stand - 03. Partial/moderate assistance

Chair to Bed to Chair - 03. Partial/moderate assistance

Car Transfer - 03. Partial/moderate assistance

Walk 10 Feet - 04. Supervision or touching assistance

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

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching 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

Toilet Transfer - 05. Setup or clean-up assistance

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

11/20/2025

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OT WK1: 1 (11/23/25-11/29/25) ,WK2: 1 (11/30/25-12/06/25) ,WK3: 1 (12/07/25-12/13/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, 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, * 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, 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, Shower/Bathe Self - 04. Supervision or touching assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: I want to be more Independent so I can get back to my apartment.

GOALS
Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Eating - 05. Setup or clean-up assistance

Oral Hygiene - 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

patient/caregiver recalls
* 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
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/20/2025