Home Health Certification and Plan of Care

Order ID: 1163/597

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1F91FV2PT11	12/05/2025	From: 12/05/2025 To: 02/02/2026	790	497754

6. Patient's Name and Address
John Hemley
3426 Mansfield Road,
Falls Church, VA 22041-
703-402-0085

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 11/08/1926 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	12/05/25

13. ICD	Other Pertinent Diagnoses	Date
E87.21	Acute metabolic acidosis	12/05/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	12/05/25
N18.4	Chronic kidney disease stage 4 (severe)	12/05/25
I48.91	Unspecified atrial fibrillation	12/05/25
E78.5	Hyperlipidemia unspecified	12/05/25
E03.9	Hypothyroidism unspecified	12/05/25
F32.A	Depression unspecified	12/05/25
H10.89	Other conjunctivitis	12/05/25
M16.11	Unilateral primary osteoarthritis right hip	12/05/25
M19.012	Primary osteoarthritis left shoulder	12/05/25
M40.293	Other kyphosis cervicothoracic region	12/05/25
H34.8312	Tributary (branch) retinal vein occlusion right eye stable	12/05/25
H35.3230	Exudative age-rel mclr degn bilateral stage unspecified	12/05/25
H91.93	Unspecified hearing loss bilateral	12/05/25
Z79.01	Long term (current) use of anticoagulants	12/05/25
Z86.718	Personal history of other venous thrombosis and embolism	12/05/25

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

Eliquis - Apixaban 2.5 Mg Tablet by mouth twice a day
Lipitor - Atorvastatin Calcium 40 Mg, Tablet by mouth once a day
Cosopt - Dorzolamide Hydrochloride: Timolol Maleate 22.3-6.8 Mg/Ml, 1 drop drops twice a day
Synthroid - Levothyroxine Sodium 25 Mcg Tablet by mouth once a day
Tylenol Es 500 Mg - Acetaminophen 1 tablet by mouth as necessary Every 6 hours as needed for pain or elevated temperature.
Miralax - Polyethylene Glycol 3350 17gm/scoopful 1 scoopful by mouth as necessary daily for constipation
Bactrim - Sulfamethoxazole: Trimethoprim 400 mg;80 mg 1 tablet by mouth once a day for infection cause by UTI for 5 days. Started on 12/02/2025
Ciprodex - Ciprofloxacin: Dexamethasone 0.3 perc;0.1 perc 1 drop right eye four times a day for eye infection for 5 days

14. DME and Supplies:
bath bench, grab bars, hospital bed, cane

15. Safety Measures:
fall precautions, bleeding precautions, supervision at all times, bedrails up while in bed, ambulates with assistance, standard precautions, cardiac precautions, activity supervision, ambulates with device, anticoagulant precautions

16. Nutrition:
cardiac diet, pureed

17. Allergies:
no known allergies

18.A. Functional Limitations
Legally Blind, Dyspnea With Minimal Exertion, Endurance, Bowel/Bladder Incontinence, , Ambulation, Hearing

18.B. Activities Permitted
Walker, Cane, Up As Tolerated, Bedrest BRP

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

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

Homebound status:
Due to diagnosis of Urinary tract infection site not specified, 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:
A 99-year-old male is admitted to home health for nursing and therapy following dehydration and recent hospitalization. He lives at home with family and paid caregivers and is currently non-ambulatory due to weakness. He presents with a stage I sacral pressure ulcer, hearing loss, and blindness in the right eye. Vital signs show a low-grade fever (100.3F); the MD was notified by his daughter via the Kaiser portal, with no new orders at this time. He is on antibiotics for a UTI, and his daughter administered Tylenol for fever, with instruction from the nurse on appropriate use given his CKD. The home environment includes pets (dogs and cats). PT Evaluation was completed. Prior to hospitalization, he was ambulatory with a rolling walker and supervision as needed for distances around 10 feet; currently, he is bedbound and requires maximum assistance from one to two people for all mobility and activities of daily living (ADLs). His cognitive and hearing deficits are significant, and he requires manual wheelchair use indoors and outdoors for all mobility and ADLs. He requires maximum physical assistance for transfers, maintaining seated posture at end of bed, standing, pivoting, and all transfers, as well as for grooming, bathing, toileting (diapers), feeding, and other ADLs. He has three home health aides, with one rotating on weekends; one has been with the family for over a decade. The patient is alert and oriented to self only, with macular degeneration and wearing hearing aids. The care team reports he cannot effectively participate in skilled physical therapy and is unlikely to progress functionally due to the severity of medical history and functional deficits. The caregiver daughter and other present caregiver have verbalized understanding and compliance with the plan. <o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/05/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 11/24/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat HHA DX Urinary tract infection site not specified
 Homebound Status per Certifying Physician: patient requires another

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/05/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jonas Wiltz
201 N Washington St
Falls Church, VA 22046
PHONE: 7032374000 FAX: NPI: 1245499698

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 : 11/24/2025

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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person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - SN Notes: <o:p></o:p> PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician: Wiltz, Jonas

SN Careplans

SN WK1: 1 (12/05/25-12/06/25) ,WK2: 1 (12/07/25-12/13/25) ,WK3: 1 (12/14/25-12/20/25)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 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, 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: M1745 - Behavioral Issues, M1700 - Cognition, D0160 - Depression, meal preparation, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, swelling in the arms/legs, weak pulses in feet, dependent edema, M1400 - Dyspnea, M1033 - Exhaustion, constipation, M1600 - UTI, decreased urine output, limited endurance, limited strength, poor muscle tone, limited range of motion, muscle weakness, B0200 - Hearing Deficit, B1000 - Vision Deficit, red/tender pressure points, bruising/discoloration, discolored patches of skin, #1 - 1 - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. - Other - sacral -

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care: Stage 1 on Sacrum open to air apply barrier cream instruct family to turn patient every two hours encourage patient to sit up in chair, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, 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, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: "I want to be able to walk with a cane not a walker"

GOALS
patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

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/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* 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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/05/2025

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* enhancing lighting
* using mechanical aids

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising
* for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables

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 keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (12/05/25-12/06/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170A1 - Roll left & Right, GG0170B1 - Sit to Lying, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PT Goals

PATIENT-STATED GOAL: NA, NOT ADMITTING Pt

OT Careplans

OT WK1: 1 (12/05/25-12/06/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, 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, Oral Hygiene - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Toileting Hygiene - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: OT evaluation only

GOALS
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

Oral Hygiene - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Toileting Hygiene - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
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