Home Health Certification and Plan of Care

Order ID: 1163/604

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2NT7PX2YG78	12/11/2025	From: 12/11/2025 To: 02/08/2026	819	497754

6. Patient's Name and Address

Mario Rios
200 Yoakum Parkway #409,
Alexandria, VA 22304-
973-460-0710

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 02/25/1953 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	12/11/25

13. ICD	Other Pertinent Diagnoses	Date
N18.31	Chronic kidney disease stage 3a	12/11/25
D63.1	Anemia in chronic kidney disease	12/11/25
S72.001D	Fx unsp part of nk of r femr subs for clos fx w routn heal	12/11/25
I48.91	Unspecified atrial fibrillation	12/11/25
I11.0	Hypertensive heart disease with heart failure	12/11/25
I50.32	Chronic diastolic (congestive) heart failure	12/11/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	12/11/25
E03.9	Hypothyroidism unspecified	12/11/25
I69.351	Hemiplga following cerebral infrc aff right dominant side	12/11/25
E78.5	Hyperlipidemia unspecified	12/11/25
R13.10	Dysphagia unspecified	12/11/25
M62.50	Muscle wasting and atrophy NEC unsp site	12/11/25
Z79.01	Long term (current) use of anticoagulants	12/11/25
Z79.4	Long term (current) use of insulin	12/11/25
Z96.641	Presence of right artificial hip joint	12/11/25

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

Amiodarone - Amiodarone Hydrochloride 200 mg, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day related to UNSPECIFIED ATRIAL FIBRILLATION (I48.91)
Eliquis - Apixaban 5 mg, Give 1 tablet by mouth every 12 hours Give 1 tablet by mouth every 12 hours related to UNSPECIFIED ATRIAL FIBRILLATION (I48.91)
Atorvastatin - Atorvastatin Calcium 80 mg, Give 1 tablet by mouth at bedtime Give 1 tablet by mouth at bedtime related to HYPERLIPIDEMIA, UNSPECIFIED (E78.5)
Levothyroxine - Levothyroxine Sodium 50 mcg, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day related to HYPOTHYROIDISM, UNSPECIFIED (E03.9)
Losartan Potassium - Losartan Potassium 50 mg, Give 0.5 tablet by mouth once a day Give 0.5 tablet by mouth one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION (I10) 25mg
Metformin - Metformin Hydrochloride 500 mg, Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS (E11.9) WITH MEALS

14. DME and Supplies:

wheelchair, bath bench, walker, hospital bed, cane

15. Safety Measures:

cardiac precautions, , wheelchair precautions, no bp right arm, , diabetic precautions, , ambulates with device, ambulates with assistance,

16. Nutrition:

diabetic,

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted

Wheelchair, Cane, Walker, Up As Tolerated

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:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Type 2 Diabetes Mellitus With Diabetic Chronic Kidney Disease, 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 72-year-old male who is alert and oriented 4 and was admitted to home health services for skilled nursing and therapy following discharge from the hospital/rehabilitation facility after treatment for an unspecified right femoral neck fracture. The patient is postoperative and wears a brace on the right lower extremity. He ambulates indoors with a rolling walker and is independent with transfers but requires intermittent supervision to ensure safety; for longer distances, he utilizes a wheelchair and requires assistance from at least one person at all times. His past medical history is significant for a prior cerebrovascular accident with residual right-sided hemiplegia affecting his dominant side, hypertension, hypertensive heart disease with chronic diastolic congestive heart failure, atrial fibrillation, type II diabetes mellitus with diabetic chronic kidney disease and diabetic polyneuropathy, hyperlipidemia, hypothyroidism, anemia, long-term current use of insulin, bilateral lower extremity neuropathy, and a history of bilateral glaucoma. The patient wears glasses and reports no hearing impairment. He reports occasional pain and stiffness in both knees during ambulation, with pain rated at 5/10. The patient resides in an apartment with elevator access and lives with his brother/relative. He currently sleeps in a hospital bed positioned in the living room area of the home. He requires physical assistance to standby assistance for all basic activities of daily living, including grooming, dressing, bathing, toileting, and assistance with meal preparation and management of oral medications. He reports urinary urgency and frequency with occasional inability to reach the bathroom in time; he states the skilled nurse is aware, but his physician has not yet been notified. The patient was educated on the importance of updating his physician regarding this concern and verbalized understanding and agreement. Vital signs obtained during this visit were stable and within patient-specific parameters. A head-to-toe <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed skin that is clean, dry, and intact with no noted breakdown. Admission paperwork was reviewed, explained, and signed. The patient receives caregiver support through Apex Personal Care. A physical therapy evaluation was completed, identifying deficits in strength, endurance, balance, and gait related to his recent fracture and prior CVA. Education was provided regarding safe home setup, fall prevention, proper use of assistive devices, transfer techniques, and mobility within the home. Instruction was also given on right lower extremity ankle-foot orthosis use for management of foot drop associated with his prior CVA. A home exercise program was initiated, including seated and standing bilateral lower extremity therapeutic exercises, which the patient was able to demonstrate with verbalization of understanding. The plan of care includes continued skilled nursing and physical therapy services to monitor medical status, manage chronic conditions, reinforce education, improve strength, balance, gait, endurance, and safety with functional mobility, and maximize independence in order to facilitate a return toward the patient's prior level of function.
 Date of Order 12/11/2025 Orders Physician Face-to-Face Date: 12/05/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Type 2 Diabetes Mellitus With Diabetic Chronic Kidney Disease 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 - SN Notes: soc OT

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/11/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Luis Dominguez
5971 Kingstowne Village Pkwy Ste 300
Alexandria, VA 22315
PHONE: 7037127379 FAX: 17037177378 NPI: 1083080535

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 : 12/05/2025

27. Attending Physician's Signature and Date Signed **12/18/2025**: 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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Eval Notes: PT Eval Notes:
 Physician Dominguez, Luis

SN Careplans

SN WK1: 1 (12/11/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 1 (12/28/25-01/03/26)

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: 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: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, weak pulses in feet, dependent edema, abnormal BS < 70/140 > mg/dL, abnormal thyroid <> 0.40 - 4.50 mIU/mL, constipation, foul-smelling urine, M1610 - Urinary Incontinence, cloudy urine, dark-colored urine, limited endurance, limited strength, poor muscle tone, limited range of motion, muscle weakness, extremity burn/tingle/numb, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, monitor intake & output, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, monitor dialysis schedule

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, 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 modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, 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, 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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

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/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
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prescribed dietary modifications
* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/11/2025

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* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* 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

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (12/11/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 1 (12/28/25-01/03/26) ,WK5: 1 (01/04/26-01/10/26) ,WK6: 1 (01/11/26-01/17/26) ,WK7: 1 (01/18/26-01/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver., home exercise program: Seated and/or supine therex 10-20 reps: marches, hip add pillow squeezes, hip AROM, HR/TR, ankle pumps, iso quad sets, iso glute max squeezes, heel slides, clams, sit to stands, LAQ, standing tolerance exercises, gait training/stair training, transfers training, therapeutic exercises

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, Toilet Transfer - 05. Setup or clean-up 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

PT Goals

PATIENT-STATED GOAL: To be able to return to walking between rooms and be able to step into tub shower to bathe in his bathroom

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

Toilet Transfer - 05. Setup or clean-up 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

OT Careplans

OT WK1: 1 (12/11/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 1 (12/28/25-01/03/26) ,WK6: 1 (01/11/26-01/17/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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: 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, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: I want to be safer with getting in/out of the tub and be able to do more for myself

GOALS
Shower/Bathe Self - 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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting 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

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

Eating - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

Date
12/11/2025