Home Health Certification and Plan of Care

Order ID: 1163/636

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01087675	12/17/2025	From: 12/17/2025 To: 02/14/2026	845	497754

6. Patient's Name and Address

Romeo Campbell
8807 Oak Leaf Dr,
ALEXANDRIA, VA 22309-
703-678-6265

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 11/28/1953 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	12/17/25

13. ICD	Other Pertinent Diagnoses	Date
I50.33	Acute on chronic diastolic (congestive) heart failure	12/17/25
E11.9	Type 2 diabetes mellitus without complications	12/17/25
E78.5	Hyperlipidemia unspecified	12/17/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	12/17/25
H81.10	Benign paroxysmal vertigo unspecified ear	12/17/25
M10.9	Gout unspecified	12/17/25
E66.9	Obesity unspecified	12/17/25
Z68.34	Body mass index [BMI] 34.0-34.9 adult	12/17/25
Z98.61	Coronary angioplasty status	12/17/25
Z79.01	Long term (current) use of anticoagulants	12/17/25
Z79.82	Long term (current) use of aspirin	12/17/25

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

Allopurinol - Allopurinol 300 mg, take 1 tablet by mouth once a day
Aspirin - Aspirin 81 mg, take 1 tablet by mouth once a day
Pericolace - Docusate Sodium 8.6-50 mg per tablet,Take 1 tablet by mouth twice a day 1 in AM, 1 at bedtime
Furosemide - Furosemide 40 mg, take 1 tablet by mouth once a day intravenous, BID (twice daily)
Metoprolol Tartrate - Metoprolol Tartrate 25 mg, take 1 tablet by mouth twice a day BID (twice daily) 1 in AM, 1 at bedtime
tamsulosin 0.4 mg, take tablet by mouth at bedtime 1 tab po daily at bedtime x 360 days
Jardiance - Empagliflozin 25 Mg, 1 Tablet by mouth in the morning
Lovastatin - Lovastatin 10 mg by mouth in the evening

14. DME and Supplies:

rolling walker, walker, , bath bench, commode, grab bars, , large base quad cane, cane

15. Safety Measures:

walker precautions, bathroom safety, cardiac precautions, , , diabetic precautions, , ambulates with device

16. Nutrition:

cardiac diet!diabetic!low sodium

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, 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
patient will be responsible for managing treatment

Homebound status:

Due to diagnosis of Hypertensive Heart Disease With Heart Failure, 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 presents for physical therapy start of care with functional strength and mobility deficits in the context of significant cardiac disease, including hypertensive heart disease with heart failure and acute on chronic diastolic (congestive) heart failure, as well as hyperlipidemia. He was recently hospitalized for complaints of chest pain and referred to home health services following discharge. The patient resides in a multi-level home with his wife, children, and grandchild. His wife and daughter serve as his primary caregivers. He is alert and oriented to person, place, time, and situation (A&O x4), with no reported or observed hearing or vision impairments, and intact sensation. His past medical history is notable for hypertensive heart disease with heart failure, acute on chronic diastolic congestive heart failure, hyperlipidemia, and gout. Functionally, the patient is independent with transfers and is able to perform all basic activities of daily living, including grooming, dressing, bathing, and toileting, though he requires some physical assistance and support with management of oral medications and meal preparation, which are provided by his wife and daughter. He ambulates independently within the home using a quad cane or single-point cane and utilizes a rolling walker for outdoor ambulation to enhance safety and balance. During the evaluation, the home environment was noted to be cluttered, increasing the patient's risk for falls. Education was provided regarding fall prevention strategies, safe home setup, and mobility within the home. Gait training was completed using the quad cane and rolling walker to reinforce safe and effective use of assistive devices. Education was also provided regarding the potential need for an incentive spirometer, including proper technique and recommended frequency of use to support pulmonary function, given his cardiac history. A home exercise program was initiated with the patient and family, with the patient demonstrating seated and standing bilateral lower extremity therapeutic exercises aimed at improving strength, endurance, and functional mobility. Both the patient and family verbalized understanding of and agreement with all education and exercises provided. The patient would benefit from continued skilled physical therapy services to address deficits in strength, endurance, gait steadiness, and overall functional mobility. Skilled intervention is indicated to improve safety, reduce fall risk, enhance tolerance for ambulation and activity, and support a return to the patient's prior level of function while managing his chronic cardiac conditions within the home setting.
 Date of Order 12/17/2025 Orders Physician Face-to-Face Date: 12/14/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Hypertensive Heart Disease With Heart Failure 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 OT Eval Notes: Physician Donald, Robin

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/17/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Robin Donald
6551 Loisdale
Springfield, VA 22150
PHONE: 5716222000 FAX: NPI: 1083742621

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 : 12/14/2025

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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SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (12/17/25-12/20/25) ,WK3: 1 (12/28/25-01/03/26) ,WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26) ,WK6: 1 (01/18/26-01/24/26) ,WK7: 1 (01/25/26-01/31/26)

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: 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: 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, M2020 - Oral Med Management, M1400 - Dyspnea, limited strength, limited endurance

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver., incentive spirometer, home exercise program: Seated and/or supine therex 10-20 reps: marches, hip add pillow squeezes, HR/TR, clams, sit to stands, LAQ, standing tolerance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises

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, 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, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To walk between rooms of home on main level where he resides and where kitchen, living and bathrooms are with quad cane or SAC and out in community for errands and appointments with RW with better stability and balance

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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
* 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

Sit to Stand - 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

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

OT Careplans

OT WK1: 1 (12/17/25-12/20/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: OT evaluation only

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Signature of Physician:

Date

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

Date
12/17/2025

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Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

12/17/2025