Home Health Certification and Plan of Care

Order ID: 1163/624

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1AN4JQ1MM80	12/16/2025	From: 12/16/2025 To: 02/13/2026	831	497754

6. Patient's Name and Address

Ping Tao
13175 Autumn Willow Dr Apt 110,
Fairfax, VA 22030-
240-899-2206

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 03/16/1943 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G89.29	Other chronic pain	12/16/25

13. ICD	Other Pertinent Diagnoses	Date
M25.511	Pain in right shoulder	12/16/25
M25.512	Pain in left shoulder	12/16/25
E78.2	Mixed hyperlipidemia	12/16/25
F51.01	Primary insomnia	12/16/25
H40.20X0	Unsp primary angle-closure glaucoma stage unspecified	12/16/25
Q80.9	Congenital ichthyosis unspecified	12/16/25
L30.9	Dermatitis unspecified	12/16/25
J39.2	Other diseases of pharynx	12/16/25
L29.9	Pruritus unspecified	12/16/25
K13.0	Diseases of lips	12/16/25
M19.90	Unspecified osteoarthritis unspecified site	12/16/25
R73.03	Prediabetes	12/16/25
N39.3	Stress incontinence (female) (male)	12/16/25

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

B-Complex - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo Take 1 tablet by mouth once a day
Allegra - Fexofenadine Hydrochloride 180mg tablet, Take 1 tablet by mouth once a day
Kenalog - Triamcinolone Acetonide 0.1% cream apply topically topical twice a day
Alphagan - Brimonidine Tartrate 0.1% solution place 1 droup both eyes twice a day
Vascepa - Icosapent Ethyl 1g capsule Take 1 capsule by mouth twice a day
Magnesium - Simethicone 250mg cap,zTake 1 capsule by mouth once a day

14. DME and Supplies:

grab bars, bath bench, cane, large base quad cane

15. Safety Measures:

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

Exercises Prescribed, 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: 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 Other Chronic Pain, 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 an 82-year-old female who presents for physical therapy start of care with functional strength and mobility deficits following a fall approximately five months ago, during which she fell onto her right side. No fractures were sustained as a result of the fall; however, she continues to experience residual balance, strength, and mobility limitations. The patient is alert and oriented to person, place, time, and situation (A&O x4). She is a Mandarin speaker and requires use of a language interpretation service, which was utilized throughout the evaluation to ensure accurate communication and comprehension. The patient resides alone in an elder living apartment complex, with her daughter serving as her primary caregiver and holding power of attorney. The patient's past medical history is significant for congenital ichthyosis, dermatitis, pruritus, xeroderma, eczema, other diseases of the pharynx, glaucoma, macular degeneration of the left eye, pre-diabetes, mixed hyperlipidemia, insomnia, and chronic arthritis-related pain affecting the right shoulder. She reports ongoing right shoulder pain and pain in the left middle finger and states that she does not take pain medication for symptom management. She also reports experiencing dry mouth and frequent nighttime awakenings to use the bathroom. Despite these conditions, the patient remains independent with all basic activities of daily living, including grooming, dressing, bathing, toileting, and management of oral medications and meals. Functionally, the patient is independent with all transfers and ambulates independently indoors without an assistive device. She uses a quad cane for outdoor ambulation to improve balance and safety. During the visit, education was provided regarding safe home setup and mobility strategies within the home, as well as proper ambulation techniques with the quad cane. A home exercise program was initiated, with the patient demonstrating both seated and standing bilateral lower extremity therapeutic exercises designed to improve strength and stability. The patient verbalized understanding of and demonstrated agreement with the prescribed exercises and education provided. The patient would benefit from continued skilled physical therapy services to address deficits in strength, gait steadiness, and overall functional mobility. Skilled intervention is indicated to enhance safety, reduce fall risk, and support a return to her prior level of function while promoting independence within her living environment.
 Date of Order 12/16/2025 Orders Physician Face-to-Face Date: 12/08/2025 Clinical Condition Requiring Home Care per Certifying Physician: PTeval and treat OT eval and treat due to Other Chronic Pain 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 Hauptmann, Maria

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/16/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Maria Hauptmann
2700 Prosperity Ave Ste 270
Fairfax, VA 22031
PHONE: 7036982431 FAX: 15716656878 NPI: 1205014479

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 : 12/08/2025

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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PT Careplans

PT WK1: 1 (12/16/25-12/20/25) ,WK3: 1 (12/28/25-01/03/26) ,WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

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:Durable power of attorney for health care/Medical power of attorney

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, Pain Effect on Sleep, Pain Interference with ADLs

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver., home exercise program: Seated and standing therex 10-20 reps: marches, hip add pillow squeezes, HR/TR, clams, sit to stands, LAQ, SLR hip abd and marches, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Sit to Stand - 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, 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 indep and out in community with quad cane for errands and appointments with better stability and balance

GOALS
Toilet Transfer - 06. Independent

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

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

patient self-administers medications as prescribed
* 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 (12/16/25-12/20/25) ,WK2: 1 (12/21/25-12/27/25) ,WK3: 1 (12/28/25-01/03/26) ,WK4: 1 (01/04/26-01/10/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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: 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 - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to be able to move my R arm better with less pain

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

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 - 06. Independent

Toileting Hygiene - 06. Independent

Signature of Physician:

Date

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

Date
12/16/2025

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Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/16/2025