Home Health Certification and Plan of Care

Order ID: 1163/649

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
66121925	12/19/2025	From: 12/19/2025 To: 02/16/2026	878	497754

6. Patient's Name and Address

Dao Starr
8015 Dayspring Court,
SPRINGFIELD, VA 22150-
619-540-2014

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 08/19/1939 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S49.82XD	Oth injuries of left shoulder and upper arm subs encntr	12/19/25

13. ICD	Other Pertinent Diagnoses	Date
S09.8XXD	Other specified injuries of head subsequent encounter	12/19/25
M48.02	Spinal stenosis cervical region	12/19/25
G95.9	Disease of spinal cord unspecified	12/19/25
I10.	Essential (primary) hypertension	12/19/25
I70.0	Atherosclerosis of aorta	12/19/25
E78.5	Hyperlipidemia unspecified	12/19/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/19/25
E22.2	Syndrome of inappropriate secretion of antidiuretic hormone	12/19/25
M81.0	Age-related osteoporosis w/o current pathological fracture	12/19/25
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	12/19/25
H90.5	Unspecified sensorineural hearing loss	12/19/25
Z91.81	History of falling	12/19/25

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

Tylenol - Acetaminophen 650 mg Tablet by mouth every 6 hours Tablet 650 mg 650 mg Q6H PRN
Norvasc - Amlodipine Besylate 5 mg Tab by mouth once a day Tab 5 mg Daily
Protonix - Pantoprazole Sodium 40 mg Tablet by mouth twice a day 40 mg BID
AC
turmeric oral tablet by mouth as necessary Take by mouth
docosahexaenoic acid/epa (FISH OIL ORAL Take 1,400 mg by mouth once a day Take 1,400 mg by mouth daily
Magnesium - Simethicone Take 400 mg by mouth once a day Take 400 mg by mouth daily
PEG 400-Propylene Glycol (SYSTANE GEL) 0.4-0.3 % Opht Gel Drops,1 Drop drops as necessary 1 Drop as needed
Centrum Silver - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo Oral Tab by mouth as necessary
Biotin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2,500 mcg Oral Cap,Take 5,000 mcg by mouth once a day Take 5,000 mcg by mouth
Calcium - Calcium Acetate (CALCIUM CARB 600MG W/VIT D TAB),,Take 1 tab by mouth once a day Take 1 tab po daily
Lipitor - Atorvastatin Calcium eq 10 mg base 1 tablet by mouth once a day daily for cholesterol and heart protection
Meloxicam - Meloxicam 7.5 mg 1 tablet by mouth as necessary Daily for pain

14. DME and Supplies:
cane

15. Safety Measures:
ambulates with assistance

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
demerol

18.A. Functional Limitations
Endurance, Dyspnea With Minimal Exertion

18.B. Activities Permitted
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: 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
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Other Specified Injuries Of Left Shoulder And Upper Arm, Subsequent Encounter, 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 86-year-old female admitted to home health services for skilled nursing and therapy following a recent fall involving a head strike and with a primary diagnosis of cervical spinal stenosis. At the time of assessment, the patient denied pain or discomfort. Vital signs were obtained and found to be within normal limits. Medication reconciliation was completed with no discrepancies identified, and the patient demonstrated full understanding of her medication regimen. She was temporarily staying at her aunt's home, with her aunt noted to be 90 years old, and reported plans to return to her own residence. The patient is alert and oriented and has a scheduled follow-up appointment with her physician on Monday of the following week. Her past medical history is significant for spinal stenosis (previously treated with home health services), unspecified injuries to the left shoulder and upper arm, unspecified disease of the spinal cord, hypertension, atherosclerosis of the aorta, hyperlipidemia, gastroesophageal reflux disease, and age-related osteoporosis without current pathological fracture. A comprehensive assessment revealed no acute concerns requiring immediate intervention. Physical therapy evaluation indicated that the patient is independent with all basic activities of daily living, including grooming, dressing, bathing, and toileting, as well as with management of

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/19/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Farah Saeed
6501 Loisdale Ct
Springfiedl, VA 22150
PHONE: 571-622-2000 FAX: NPI: 1134395817

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 : 12/17/2025

27. Attending Physician's Signature and Date Signed **12/29/2025**: 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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oral medications and meals. She is independent with all transfers and ambulates independently within the home without an assistive device. For outdoor ambulation, she uses a quad cane to enhance safety and balance. Stair negotiation and ambulation were assessed and found to be safe and independent. The patient receives occasional informal support from her niece, who <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> one to two times per month to assist with household tasks such as laundry. The patient does not utilize a formal home health aide and reports no perceived need for additional assistance. Education was provided regarding safe home setup, fall prevention, and mobility strategies within the home. Gait training was completed both without an assistive device and with the quad cane. A home exercise program was reviewed and initiated, including seated and standing bilateral lower extremity therapeutic exercises. The patient demonstrated and verbalized understanding of all exercises and education provided. She reported that she continues to perform exercises previously prescribed during a prior episode of home health care for the same diagnosis and stated that she maintains these exercises daily as part of her routine. Given the patient's high level of independence, functional mobility, and adherence to her home exercise program, she declined ongoing physical therapy services at this time. The visit was completed as an evaluation-only visit, with the patient verbalizing understanding of and agreement with the plan of care. Continued follow-up with her primary care provider is planned, and the patient was advised to seek re-referral to home health services if her functional status or symptoms change.
 Date of Order 12/19/2025 Orders Physician Face-to-Face Date: 12/17/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Other Specified Injuries Of Left Shoulder And Upper Arm, Subsequent Encounter 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 PT Eval Notes: OT Eval Notes: Physician Saeed, Farah

SN Careplans

SN WK1: 1 (12/19/25-12/20/25) ,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 > 100.5, 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: 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: M2020 - Oral Med Management, Home Safety, meal preparation, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, limited range of motion, poor muscle tone, limited strength, limited endurance, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange resources for vision-impaired

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, * 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 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, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, 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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, 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 go back to my home safely"

GOALS
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
* 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
* 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
* 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
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* 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
* strategies to minimize fatigue and exhaustion including work simplification

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/19/2025

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

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

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 Goals
PT WK2: 1 (12/21/25-12/27/25) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, 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	PATIENT-STATED GOAL: NA, NOT ADMITTING Pt

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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