Home Health Certification and Plan of Care

Order ID: 1163/651

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
10224930	12/18/2025	From: 12/18/2025 To: 02/15/2026	795	497754

6. Patient's Name and Address
Brian Plaster
8900 Center St,
MANASSAS, VA 20110-
703-973-6767

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 03/10/1976 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E10.69	Type 1 diabetes mellitus with other specified complication	12/18/25

13. ICD	Other Pertinent Diagnoses	Date
M86.9	Osteomyelitis unspecified	12/18/25
M25.512	Pain in left shoulder	12/18/25
G89.29	Other chronic pain	12/18/25
E10.40	Type 1 diabetes mellitus with diabetic neuropathy unsp	12/18/25
E10.22	Type 1 diabetes mellitus w diabetic chronic kidney disease	12/18/25
N18.9	Chronic kidney disease u	12/18/25
E03.9	Hypothyroidism unspecified	12/18/25
D64.9	Anemia unspecified	12/18/25

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

Zenpep - Pancrelipase (Amylase:Lipase:Protease) 40,000-126,000- 168,000 unit Oral CPDR SR Cap,Take 1 capsule by mouth three times a day with meals
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 tablet by mouth once a day
Loperamide Hydrochloride - Loperamide Hydrochloride 2 mg 1 tab by mouth twice a day
Vitron C 1 tab by mouth once a day Iron vitamin c supplement
Diphenoxylate Hydrochloride W/ Atropine Sulfate - Atropine Sulfate: Diphenoxylate Hydrochloride 0.025 mg;2.5 mg 1 tab by mouth twice a day
Levothyroxine - Levothyroxine Sodium 1 tab; 50mg by mouth twice a day thyroid med
Lantus Solostar - Insulin Glargine Recombinant 100 units/ml subcutaneous at bedtime inject 10 units into skin once at bedtime
Humalog Kwikpen - Insulin Lispro Recombinant 100 units/ml subcutaneous before meal inject 3 units subcut before meals for t1dm give ssi; hold if glucose < 120

14. DME and Supplies:
wheelchair, walker, rolling walker, , diabetic supplies

15. Safety Measures:
diabetic precautions, ambulates with device, , bathroom safety, cardiac precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
penicillin

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: 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
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Type 1 Diabetes Mellitus With Other Specified Complication, 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:
Physical therapy start of care was completed for a 49-year-old male admitted to home health services due to bilateral lower extremity functional strength and mobility deficits following a hospitalization and subsequent rehabilitation stay in September 2025. The patient's past medical history is significant for chronic kidney disease, type I diabetes mellitus with diabetic neuropathy and diabetic chronic kidney disease, hypothyroidism, osteomyelitis, anemia, and chronic pain. The patient is alert and oriented to person, place, time, and situation. He reports blurred vision in the left eye and a cataract in the right eye, as well as numbness and pain in the left upper extremity. The patient is scheduled to undergo a catheterization procedure on 12/26. The patient has been residing with his sister for over one month on the entry level of a single-family home, with his sister serving as his primary caregiver. He is insulin-dependent, and his sister administers his injectable insulin as part of his medication regimen. The patient is independent with transfers and ambulates both indoors and outdoors using a rolling walker for stability and safety. He is generally independent with basic grooming, dressing, bathing, and toileting activities of daily living; however, he requires some physical assistance and caregiver support for completion of these tasks, as well as for management of oral medications and meal preparation. The patient and his sister expressed interest in home health aide services to assist with bathing, particularly for hard-to-reach areas, due to concerns regarding comfort and modesty. Education was provided, and contact information for the personal care director, Emily Sun, was given to facilitate follow-up regarding potential HHA services. During the visit, education was provided regarding safe home setup, fall prevention strategies, and safe mobility within the home. Gait training was conducted with emphasis on proper and safe use of the rolling walker. Instruction was also provided regarding the potential need for an incentive spirometer, including proper technique and recommended frequency of use. A home exercise program was initiated and reviewed with both the patient and his sister, consisting of seated and standing bilateral lower extremity therapeutic exercises to address strength and functional mobility deficits. Both the patient and caregiver demonstrated and verbalized understanding of the exercises and the overall plan of care. The patient demonstrates decreased strength, endurance, and steadiness with ambulation, contributing to impaired functional mobility and increased safety concerns. He would benefit from continued skilled physical therapy services to improve lower extremity strength, tolerance for ambulation, balance, and overall functional mobility, with the goal of increasing safety and independence and facilitating a return to his prior level of function.
 Date of Order 12/18/2025 Orders Physician Face-to-Face Date: 11/12/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Type 1 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-Diabetes">Diabetes</mh> Mellitus With Other Specified Complication 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 <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/18/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Anja Frazier
8078 Crescent Park Dr Ste 201
Gainesville, VA 20155
PHONE: 7037534999 FAX: 17037535915 NPI: 1063196582

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 : 11/12/2025

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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14px;">OT Eval Notes: Physician Frazier, Anja

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (12/18/25-12/20/25) ,WK3: 1 (12/28/25-01/03/26) ,WK4: 2 (01/04/26-01/10/26) ,WK5: 2 (01/11/26-01/17/26) ,WK6: 2 (01/18/26-01/24/26) ,WK7: 2 (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 > 6

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: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, limited endurance, limited strength

PROCEDURES: therapeutic exercises, 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

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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 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 RW or indep 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 modification to manage blood condition including dietary changes
* bleeding precautions
* 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

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

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

OT Careplans

OT WK1: 1 (12/18/25-12/20/25) ,WK3: 1 (12/28/25-01/03/26) ,WK4: 2 (01/04/26-01/10/26) ,WK5: 2 (01/11/26-01/17/26) ,WK6: 2 (01/18/26-01/24/26) ,WK7: 2 (01/25/26-01/31/26)

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, cough/deep breathing exercises, incentive spirometer

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

OT Goals

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

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

Signature of Physician:

Date

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

Date
12/18/2025

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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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 05. Setup or clean-up assistance	Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/18/2025