Home Health Certification and Plan of Care

Order ID: 1163/659

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4X00Y94TG04	12/24/2025	From: 12/24/2025 To: 02/21/2026	892	497754

6. Patient's Name and Address

Donnie Hill
3447 22nd St S,
Arlington, VA 22204-
703-309-3998

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 10/30/1935 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I26.99	Other pulmonary embolism without acute cor pulmonale	12/24/25

13. ICD	Other Pertinent Diagnoses	Date
N39.0	Urinary tract infection site not specified	12/24/25
B96.89	Oth bacterial agents as the cause of diseases classd elswhr	12/24/25
M19.90	Unspecified osteoarthritis unspecified site	12/24/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	12/24/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	12/24/25
N18.30	Chronic kidney disease stage 3 unspecified	12/24/25
E11.69	Type 2 diabetes mellitus with other specified complication	12/24/25
E78.5	Hyperlipidemia unspecified	12/24/25
I95.1	Orthostatic hypotension	12/24/25
K59.09	Other constipation	12/24/25
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	12/24/25
H40.1130	Primary open-angle glaucoma bilateral stage unspecified	12/24/25
H91.93	Unspecified hearing loss bilateral	12/24/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/24/25
E55.9	Vitamin D deficiency unspecified	12/24/25
R32.	Unspecified urinary incontinence	12/24/25
Z79.01	Long term (current) use of anticoagulants	12/24/25
Z86.718	Personal history of other venous thrombosis and embolism	12/24/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	12/24/25

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

Amiloride Hydrochloride - Amiloride Hydrochloride 5 mg tablet, Take 1 tablet (5 mg total) by mouth twice a day aMILoride 5 mg tablet
Wait to take this until your doctor or other care provider tells you to start again. Take 1 tablet (5 mg total) by mouth in the morning and 1 tablet (5 mg total) before bedtime. Patient will hold evening dose if BP is normal or low.
Acetaminophen - Acetaminophen 325 mg tablet, Take 2 tablets (650 mg total) by mouth every 6 hours Take 2 tablets (650 mg total) by mouth every 6 (six) hours if needed for moderate pain for up to 10 days
Dabigatran Etexilate - Dabigatran Etexilate 150 mg capsule, Take 1 capsule (150 mg total) by mouth twice a day Take 1 capsule (150 mg total) by mouth in the morning and 1 capsule (150 mg total) before bedtime. Do not open capsule.
Nitrofurantoin - Nitrofurantoin, Macrocrystalline 100 mg capsule, Take 1 capsule (100 mg total) by mouth every 12 hours Take 1 capsule (100 mg total) by mouth every 12 (twelve) hours for 7 doses
Sennosides - Senna 8.6-50 mg per tablet, Take 1 tablet by mouth twice a day Take 1 tablet by mouth in the morning and 1 tablet before bedtime.
Brimonidine Tartrate - Brimonidine Tartrate 0.2% ophthalmic solution, Administer 1 drop into both eyes both eyes twice a day Administer 1 drop into both eyes in the morning and 1 drop before bedtime.
Dorzolamide Hydrochloride - Dorzolamide Hydrochloride 22.3-6.8 mg/mL, Administer 1 drop into both eyes both eyes twice a day Administer 1 drop into both eyes in the morning and 1 drop before bedtime.
Latanoprost - Latanoprost 0.005% ophthalmic solution, Administer 1 drop both eyes at bedtime Administer 1 drop into both eyes every night.
Myrbetriq - Mirabegron 25 mg tablet, Take 2 tablet by mouth once a day Take 2 tablets (50 mg total) by mouth 1 (one) time each day.
Amlodipine Besylate - Amlodipine Besylate eq 2.5 mg base 1 tablet by mouth twice a day
Peri-Colace - Docusate Sodium 100 mg, 1 tablet by mouth as necessary twice a day for constipation

14. DME and Supplies:

hand held shower, commode, cane, bath bench, rolling walker, walker

15. Safety Measures:

ambulates with device, diabetic precautions, , infectious material management, walker precautions, transfer with assist, supervision at all times, emergency phone # clearly displayed, ambulates with assistance, , wheelchair precautions, , hand rails, bathroom safety, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

penicillin ace inhibitors

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

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

Homebound status: Due to diagnosis of Other Pulmonary Embolism Without Acute Cor Pulmonale, 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.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/24/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Susan Deren
201 N Washington St
Falls Church, VA 22046
PHONE: 703-536-1584 FAX: 17035361346 NPI: 1588713192

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 : 12/19/2025

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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Clinical Condition Requiring Homecare:

The patient is a 90-year-old female admitted to home health services for skilled nursing and physical therapy following a recent hospitalization and subsequent rehabilitation discharge related to acute right-sided pulmonary emboli. The patient resides in a detached home with multiple family members and requires navigation of two sets of stairs to enter the home from street level. She is alert and oriented 4, though reports blurred vision and is hard of hearing. She ambulates with a forward-flexed posture at the hips and utilizes a front-wheeled walker (FWW) within the home and a rollator for outdoor ambulation. The patient reports a pain level of 6/10, managed with acetaminophen arthritis strength 650 mg, two tablets as needed. A head-to-toe nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed an open area noted to the sacral region without current wound care orders. The family was instructed to keep the area clean and dry and to relieve pressure through frequent repositioning and turning. The medication regimen was reconciled during the visit; however, the family requires further education and instruction regarding medication management. Past medical history is significant for hypertension, type II diabetes mellitus (diet controlled), hyperlipidemia, recurrent urinary tract infections, chronic constipation, deep vein thrombosis, transient ischemic attack, glaucoma, gastroesophageal reflux disease, osteoarthritis, orthostatic hypotension, gait abnormalities, history of falls, and chronic abdominal pain. Physical therapy evaluation identified decreased strength, endurance, balance, tolerance for standing and ambulation, and overall functional mobility. The patient requires physical assistance for basic activities of daily living including grooming, dressing, bathing, toileting, as well as assistance with oral medication management and meal preparation. Education was provided to the patient and family regarding safe home setup, fall prevention, and safe mobility within the home. Transfer training and gait training with both the front-wheeled walker and rollator were initiated. A home exercise program was established during the session, consisting of seated and standing bilateral lower extremity therapeutic exercises, with demonstration and return demonstration completed by both patient and family. The patient and family verbalized understanding and agreement with the plan of care. The patient will benefit from continued skilled nursing services for monitoring of skin integrity, medication education, and disease management, as well as skilled physical therapy to improve strength, endurance, balance, tolerance for standing and ambulation, and overall functional mobility to enhance safety, increase independence, and support return toward prior level of function.
 Date of Order 12/24/2025 Orders Physician Face-to-Face Date: 12/19/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management PT eval and treat OT eval and treat due to Other Pulmonary Embolism Without Acute Cor Pulmonale 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 Eval Notes: PT Eval Notes:
 Physician Deren, Susan

SN Careplans

SN WK1: 1 (12/24/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26) ,WK3: 1 (01/04/26-01/10/26) ,WK4: 1 (01/11/26-01/17/26)

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: 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; 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: meal preparation, M2020 - Oral Med Management, M1400 - Dyspnea, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, frequent urination, M1600 - UTI, limited endurance, muscle weakness, limited range of motion, limited strength, weak hand grips, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, skin breakdown r/t incontinence, #1 - 3 - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles not exposed. - Other - Left inner buttock - No wound Care ordered

PROCEDURES: physician-ordered wound care: #1 - 3 - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles not exposed. - Other - Left inner buttock - No wound Care ordered, cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Nurse/family to do wound care daily and PRN soiled, cleanse sacral wound area with soap and water, apply a protective skin barrier cream to area, keep patient turned at least every two hours. Nurse to instruct family when cleansing the area to remove the skin protective to please use an oil emollient like baby oil, or Vaseline, plain soap and water will not remove this.

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 medicatio, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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 relaxatio, * 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, sch, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medic, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: "I want to be able to walk with my walker without falling"

GOALS
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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medic

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, sch

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/24/2025

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diet
* 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 medicatio

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 relaxatio

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

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

meal preparation is available to patient for all meals

PT Careplans

PT WK2: 1 (12/28/25-01/03/26) ,WK3: 1 (01/04/26-01/10/26) ,WK4: 2 (01/11/26-01/17/26) ,WK5: 2 (01/18/26-01/24/26) ,WK6: 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, GG0170F1 - Toilet Transfer - 05. Setup or clean-up assistance, GG0170D1 - Sit to Stand - 02. Substantial/maximal assistance, GG0170E1 - Chair to Bed to Chair - 02. Substantial/maximal assistance, GG0170G1 - Car Transfer - 02. Substantial/maximal assistance, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal assistance, GG0170J1 - Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, GG0170K1 - Walk 150 Feet - 02. Substantial/maximal assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, GG0170M1 - 1 - Step (curb) - 02. Substantial/maximal assistance, GG0170N1 - 4 Steps - 02. Substantial/maximal assistance, GG0170O1 - 12 Steps - 02. Substantial/maximal assistance, GG0170P1 - Picking Up Object - 02. Substantial/maximal assistance

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver., home exercise program: Seated/Standing therex BLE, 1-2x10, 1-2x/daily: sit to stands, marches, LAQ, clams, hip add with pillow squeezes x3-5 sec holds, HR/TR, therapeutic exercises, standing tolerance exercises, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: To feel stronger in BLE to be able to sit/stand with ease and to tol walk around home/between rooms with improved strength, endurance and tolerance for standing and walking.

GOALS
Toilet Transfer - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

Chair to Bed to Chair - 02. Substantial/maximal assistance

Sit to Stand - 02. Substantial/maximal assistance

OT Careplans

OT WK1: 1 (12/24/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26) ,WK3: 1 (01/04/26-01/10/26) ,WK4: 1 (01/11/26-01/17/26) ,WK5: 1 (01/18/26-01/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene - 03. Partial/moderate assistance, GG0130F1 - Upper Body Dressing - 03. Partial/moderate assistance, GG0130G1 - Lower Body Dressing - 03. Partial/moderate assistance, GG0130H1 - Don/Doff Footwear - 03. Partial/moderate assistance, GG0130E1 - Shower/Bathe Self - 03. Partial/moderate assistance, GG0130C1 - Toileting Hygiene - 03. Partial/moderate assistance, GG0130A1 - Eating - 05. Setup or clean-up assistance

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 medicatio, * 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 relaxatio, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: I want to get stronger and get in/out of the bed easier

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 medicatio

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 relaxatio

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 01. Dependent

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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Don/Doff Footwear - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate 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

12/24/2025