Home Health Certification and Plan of Care

Order ID: 1163/669

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
991592564	12/24/2025	From: 12/24/2025 To: 02/21/2026	894	497754

6. Patient's Name and Address

Raynold Cheronis
13032 Taylorstown Rd,
Lovettsville, VA 20180-
540-822-5535

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 05/20/1932 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	12/24/25

13. ICD	Other Pertinent Diagnoses	Date
I50.42	Chronic combined systolic and diastolic hrt fail	12/24/25
N18.31	Chronic kidney disease stage 3a	12/24/25
D63.1	Anemia in chronic kidney disease	12/24/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/24/25
L89.150	Pressure ulcer of sacral region unstageable	12/24/25
L89.620	Pressure ulcer of left heel unstageable	12/24/25
L89.610	Pressure ulcer of right heel unstageable	12/24/25
M48.00	Spinal stenosis site unspecified	12/24/25
D50.9	Iron deficiency anemia unspecified	12/24/25
E87.6	Hypokalemia	12/24/25
J98.11	Atelectasis	12/24/25
M19.042	Primary osteoarthritis left hand	12/24/25
G51.0	Bell's palsy	12/24/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	12/24/25
N39.498	Other specified urinary incontinence	12/24/25
M54.50	Low back pain unspecified	12/24/25
E46.	Unspecified protein-calorie malnutrition	12/24/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/24/25
G47.00	Insomnia unspecified	12/24/25
R29.6	Repeated falls	12/24/25
R13.12	Dysphagia oropharyngeal phase	12/24/25
Z79.82	Long term (current) use of aspirin	12/24/25
Z87.440	Personal history of urinary (tract) infections	12/24/25
Z91.81	History of falling	12/24/25

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

Amlodipine - Amlodipine Besylate 10mg oral tablet,Take 1 tablet by mouth once a day
Aspirin - Aspirin 81mg Take 1 tablet by mouth once a day for CAD
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 tablet,Take 1 tablet by mouth once a day for anemia
Folic Acid - Folic Acid Take 1 tablet by mouth once a day for supplement
Furosemide - Furosemide Take 1 tablet,Take 20 mg tablet by mouth once a day for edema
Lidocaine - Lidocaine 4% patch topical once a day apply to affected area topically one time a day for pain and remove per schedule
Magnesium Oxide - Simethicone 400 mg oral tablet,Take 1 tablet by mouth twice a day for supplement
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17 gm Take 1 packet by mouth every 12 hours as needed for constipation
Pantoprazole Sodium - Pantoprazole Sodium 40mg oral tablet,Take 1 tablet by mouth once a day for gerd
Potassium Chloride - Potassium Chloride 20meq Take 2 tablet by mouth twice a day for low potassium level
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg Take 1 capsule by mouth at bedtime for BPH
iron- vltamin c Take 65-125 mg ,Take 1 tablet by mouth twice a day for supplement
Vitamin B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 units, 1 tablet by mouth once a day supplement
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 1 tablet by mouth as necessary every 6 hours as needed for pain
Alprazolam - Alprazolam 0.25 mg 1 tablet by mouth as necessary every eight hours as needed for anxiety
Keflex - Cephalexin eq 500 mg base 1 tablet by mouth once a day for 7 days, starting on 12/22/2025 and ending on 12/29/2025
Crestor - Rosuvastatin Calcium 10 mg 1 tablet by mouth once a day for cholesterol

14. DME and Supplies:

bath bench, rolling walker, wheelchair, walker, commode, hospital bed, cane

15. Safety Measures:

bleeding precautions, fall precautions, walker precautions, transfer with assist, supervision at all times, bedrails up while in bed, wheelchair precautions, standard precautions, anticoagulant precautions

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Dyspnea With Minimal Exertion, Ambulation

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: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, 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 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease, 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

Troy Mohler
20 Town Square, Suite 180
Lovettsville , MD 20180
PHONE: 5405790500 FAX: 17034438643 NPI: 1003009119

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 : 12/15/2025

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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Raynold Cheronis 13032 Taylorstown Rd, Lovettsville, VA 20180- 540-822-5535	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Clinical Condition Requiring Homecare:

The patient is a 93-year-old male admitted to home health services for skilled nursing and therapy due to adult failure to thrive. His past medical history is significant for CKD stage 3A, dementia, repeated falls, iron deficiency, anxiety, GERD, BPH, muscle weakness, and muscle wasting. He is alert and oriented but has significant cognitive deficits. The patient resides on the ground level of a single-family home with his wife, who is his primary caregiver, and receives 24-hour personal care services through Bright Star. A head-to-toe nursing assessment revealed skin that is clean, dry, and intact, with the patient denying pain or discomfort. Medication reconciliation was completed with all medications present in the home, and the wife demonstrated understanding of the medication regimen. The patient sleeps in a hospital bed and requires maximum assistance of one to two persons for all mobility, transfers, and ADLs, relying on a manual wheelchair for all indoor and outdoor mobility. He is incontinent and uses diapers and bed pads for toileting. During the physical therapy evaluation, the patient presented with significantly decreased strength, poor seated trunk and postural control, and severely limited functional mobility; however, he refused to participate in transfer and weight-bearing assessments. Per caregiver report, he requires maximum physical assistance for bed mobility, sitting balance, standing, pivoting, and all transfers. Skilled physical therapy was recommended to address strength and functional mobility deficits to prevent further decline, with plans to reattempt treatment at a follow-up visit. The patient has a scheduled PCP appointment on 12/30/2025 at 1400. Durable medical equipment recommendations include a bedside commode and a shower transfer bench.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/24/2025<o:p></o:p> Physician Face-to-Face Date: 12/15/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - SN Notes:<o:p></o:p> PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician: Mohler, Troy

SN Careplans

SN WK1: 1 (12/24/25-12/27/25) ,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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, Home Safety, Home Safety, M1033 - Exhaustion, M1400 - Dyspnea, weak pulses in feet, heartburn/indigestion, M1610 - Urinary Incontinence, muscle weakness, poor muscle tone, limited strength, limited endurance, balance deficit, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, 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 medicatio, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promo, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: "I want to be able to walk again"

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
* 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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low-fat diet
* lifestyle modifications to manage esophageal condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promo

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/24/2025

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* recalls related medicatio

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s

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

patient/caregiver recalls
* 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

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)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170A1 - Roll left & Right - 06. Independent, GG0170S1 - Wheel 150 feet - 01. Dependent, GG0170R1 - Wheel 50 ft w 2 Turns - 01. Dependent, GG0170G1 - Car Transfer - 06. Independent, GG0170E1 - Chair to Bed to Chair - 06. Independent, GG0170D1 - Sit to Stand - 06. Independent, GG0170C1 - Lying to sitting/bed - 06. Independent, GG0170B1 - Sit to Lying - 06. Independent, GG0170I1 - Walk 10 Feet - 02. Substantial/maximal assistance, GG0170F1 - Toilet Transfer - 01. Dependent, GG0170P1 - Picking Up Object - 02. Substantial/maximal assistance, GG0170O1 - 12 Steps - 02. Substantial/maximal assistance, GG0170N1 - 4 Steps - 02. Substantial/maximal assistance, GG0170M1 - 1 - Step (curb) - 02. Substantial/maximal assistance, GG0170L1 - Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, GG0170K1 - Walk 150 Feet - 02. Substantial/maximal assistance, GG0170J1 - Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

PROCEDURES: home exercise program: Seated or supine therex w/ caregiver vc/tc and demo, 20 reps BLE: LAQ, marches, heel slides/AROM knee flex, ankle pumps, HR/TR, clams, hip add pillow squeezes, strengthening exercises, transfers training

TEACH PATIENT/CAREGIVER: Roll left & Right - 06. Independent, Sit to Lying - 06. Independent, Lying to sitting/bed - 06. Independent

PT Goals

PATIENT-STATED GOAL: Via word of wife on behalf on nonverbal pt: To see if pt can gain any strength or general improvement given his current physical and functional status due to his extensive med history

GOALS
Roll left & Right - 06. Independent

Sit to Lying - 06. Independent

Lying to sitting/bed - 06. Independent

OT Careplans

OT 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) ,WK6: 1 (01/25/26-01/31/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130F1 - Upper Body Dressing - 01. Dependent, GG0130G1 - Lower Body Dressing - 01. Dependent, GG0130H1 - Don/Doff Footwear - 01. Dependent, GG0130E1 - Shower/Bathe Self - 01. Dependent, GG0130C1 - Toileting Hygiene - 01. Dependent, 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, 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: Improve BUE strength, bed mobility and tub transfers

GOALS
Shower/Bathe Self - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Toileting Hygiene - 01. Dependent

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Eating - 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 medicatio

Signature of Physician:

Date

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

Date
12/24/2025