Home Health Certification and Plan of Care

Order ID: 1163/700

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
68298939	01/13/2026	From: 01/13/2026 To: 03/13/2026	962	497754

6. Patient's Name and Address

Herman Johnson
1961 Fort Monroe Court,
Dumfries, VA 22026-
571-580-7164

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 05/06/1955 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	01/13/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	01/13/26
E11.9	Type 2 diabetes mellitus without complications	01/13/26
M54.50	Low back pain unspecified	01/13/26
G89.29	Other chronic pain	01/13/26
E78.5	Hyperlipidemia unspecified	01/13/26
M25.611	Stiffness of right shoulder not elsewhere classified	01/13/26
E87.6	Hypokalemia	01/13/26
Z98.1	Arthrodesis status	01/13/26

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

Amlodipine Besylate And Atorvastatin Calcium - Amlodipine Besylate: Atorvastatin Calcium 1tablet 80 mg by mouth once a day
Actoplus - Metformin Hydrochloride: Pioglitazone Hydrochloride 01tablet 500 mg by mouth after meal every evening;

Pt researching Berberine hcl 1,200mg as alternative to Metformin due to it not having any side effects how Metformin does; has not yet taken either
Acetaminophen - Acetaminophen 500mg, 1 twb by mouth once a day 1 tab every 4-6 hours as needed for pain
0 - Acetaminophen: Oxycodone Hydrochloride 01tablet (5 mg total) by mouth every 4 hours present in home, however patient has not had a need to take

14. DME and Supplies:

rolling walker, reacher, grab bars, diabetic supplies, commode, cane

15. Safety Measures:

no lifting, no bending, no reaching, bathroom safety, , , , diabetic precautions, ambulates with device, no twisting, no lifting > 1/2 gL milk at time of SOC

16. Nutrition:

regular

17. Allergies:

no known allergies

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: 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

Homebound status: After undergoing L3-L5 Posterior Spinal Fusion, 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 a 70-year-old male admitted to home health services for physical therapy start of care following an L3-L5 posterior spinal fusion performed on 01/06/2026. Past medical history is significant for lumbosacral intervertebral disc displacement, lumbar and sacral intervertebral disc disorder with radiculopathy, chronic low back pain, hyperlipidemia, gastroesophageal reflux disease, pre-diabetes, nicotine dependence (cigarettes), morbid obesity due to excess caloric intake, personal history of colon polyps, personal history of COVID-19, difficult intravenous access, prior cyst removal, and hemorrhoidectomy. The patient currently resides in the basement level of a multi-level townhome to facilitate ease of mobility during the postoperative recovery period. He lives with his wife and children, and there are approximately 3-4 steps required to enter the home. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented to person, place, time, and situation, with no reported visual or hearing impairments. Sensation was intact throughout. The patient reports postoperative localized soreness at the surgical incision site but no acute distress. Pain is currently managed with acetaminophen as needed, and although he has a prescription for oxycodone, he has not required its use recently. Wound care per patient report consists of no dressing or bandage, leaving the incision open to air, with sutures expected to fall out naturally; further wound <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> and management are anticipated at the postoperative follow-up appointment scheduled for 01/23/2026. Functionally, the patient presents with decreased strength, endurance, balance, and tolerance for sitting, standing, and ambulation, resulting in limitations in overall functional mobility. While he is able to ambulate independently for short household distances, he utilizes a rolling walker for longer distances within the home as a safety precaution, given that he is seven days postoperative. He requires occasional to intermittent physical assistance with basic activities of daily living, including grooming, bathing, and dressing, as well as with management of oral medications. He is currently unable to drive and requires physical assistance to reach overhead items due to physician-ordered postoperative restrictions. The patient is adhering to spinal precautions, including no lifting greater than half a gallon of milk and no bending or twisting at the spine. He requires standby to contact guard assistance for stair negotiation. These restrictions will be further reviewed and potentially modified at the upcoming surgical follow-up. Skilled physical therapy services were initiated, and education was provided to the patient and his wife regarding safe home setup, proper mobility within the home, spinal precautions, and safe performance of bed mobility and transfers, including sitting to side-lying to supine, sit-to-stand, and stand-to-sit techniques. A home exercise program was initiated, focusing on seated and standing therapeutic exercises and bilateral lower extremity balance training. The patient and his wife demonstrated understanding and agreement with the plan of care. The patient would benefit from continued skilled physical therapy services to improve strength, endurance, tolerance for sitting, standing, and ambulation, enhance functional mobility, increase safety and independence, and support a return to his prior level of function.
 Date of Order 01/13/2026 Orders Physician Face-to-Face Date: 01/08/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to L3-L5 Posterior Spinal Fusion 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 Montgomery, Vernesha

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/13/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Vernesha Montgomery
5100 Auth Way
Campsprings, MD 20746
PHONE: 301702500 FAX: NPI: 1902048234

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 : 01/08/2026

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 (01/13/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 2 (02/01/26-02/07/26) ,WK5: 2 (02/08/26-02/14/26) ,WK6: 2 (02/15/26-02/21/26)

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: 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: GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, M2020 - Oral Med Management, M1400 - Dyspnea, limited endurance, muscle weakness, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, #1 - Observable Surgical Wound - Other - Mid/Lower Lumbar post laminectomy surg wound - post op L3-L5 Posterior Spinal Fusion (PSF) sx

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Mid/Lower Lumbar post laminectomy surg wound - post op L3-L5 Posterior Spinal Fusion (PSF) sx: Wound care per pt is: no bandage, no dressing, leave it alone. Stitches will fall out in coming days. 1/23/26 post op sx follow up will likely address further., home exercise program: Perform at/holding onto bar countertop, 2x10 ea leg, 1-2x/day: 1. Standing straight leg sideways raises 2. Sit to stands (perform like practicing squatting/lowering down onto toilet) 3. Standing heel raises 4. One leg half clock taps; this is the 12 o'clock to 3 o'clock and reverse / 12 o'clock to 9 o'clock and reverse taps with one foot while standing on the other and balancing. HOLD ON TO COUNTERTOP FOR SAFETY as stated above 5. Standing marches (flex knees up toward waist, if feel back tensing or hurting, don't flex knees up as high; if that still doesn't resolve the issue, discontinue the exercise until later down the line) 6. Walking around home; practice using cane and without; as many laps as can tol daily that don't trigger or onset back pain 7. Stair training (practice going up/down at least 1 flight of stairs with rail use one hand and cane in other hand) 8. Hooklying (laying on back, knees bent) abdominals bracing, suck in abs as if drawing your belly button down to spine, 3x10 with 5 second hold of the abdominals brace (aka the suck in), perform twice a day, everyday, standing tolerance exercises, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: patient self-administers medications as prescribed, 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

PT Goals

PATIENT-STATED GOAL: To be able to walk around home and outside for errands and appointments, up/down stairs, get in/out of and drive his car, sit down/stand indep and without LBP/restriction/symptoms

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 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

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (01/13/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, 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: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

OT Goals

PATIENT-STATED GOAL: I want to have less stiffness and pain in my R shoulder

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

Signature of Physician:

Date

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

Date
01/13/2026

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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, 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, Upper Body Dressing - 06. Independent

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

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
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Electronically Signed by Messick, Charles RN	01/13/2026