Home Health Certification and Plan of Care

Order ID: 1163/698

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8X76HP7CV52	01/12/2026	From: 01/12/2026 To: 03/12/2026	966	497754

6. Patient's Name and Address
Paul Edwards
8725 Parry Lane,
Fairfax, VA 22308-
703-399-5568

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 08/09/1936 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	01/12/26

13. ICD	Other Pertinent Diagnoses	Date
I50.33	Acute on chronic diastolic (congestive) heart failure	01/12/26
J96.01	Acute respiratory failure with hypoxia	01/12/26
C67.9	Malignant neoplasm of bladder unspecified	01/12/26
C61.	Malignant neoplasm of prostate	01/12/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/12/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	01/12/26
E78.5	Hyperlipidemia unspecified	01/12/26
I44.7	Left bundle-branch block unspecified	01/12/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	01/12/26
N13.8	Other obstructive and reflux uropathy	01/12/26
F41.1	Generalized anxiety disorder	01/12/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/12/26
E43.	Unspecified severe protein-calorie malnutrition	01/12/26
Z46.6	Encounter for fitting and adjustment of urinary device	01/12/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	01/12/26
Z95.1	Presence of aortocoronary bypass graft	01/12/26
Z95.2	Presence of prosthetic heart valve	01/12/26
Z99.89	Dependence on other enabling machines and devices	01/12/26
Z96.653	Presence of artificial knee joint bilateral	01/12/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	01/12/26
Z85.828	Personal history of other malignant neoplasm of skin	01/12/26
Z86.16	Personal history of COVID-19	01/12/26

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

Amilodipine - Amlodipine Besylate 2.5MG tablet by mouth once a day
Celexa - Citalopram Hydrobromide 20MG tablet by mouth once a day
Pantoprazole - Pantoprazole Sodium 20MG tablet by mouth in the morning
Ditropan - Oxybutynin Chloride 5 mg 2 tables by mouth once a day Overactive bladder
Aricept - Donepezil Hydrochloride 10MG tablet by mouth at bedtime
B 12 - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 1000 mcg 1 tab by mouth once a day Supplement
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 mcg 1 tab by mouth once a day Supplement
Asa Ec - Aspirin 81 mg 1 tab by mouth in the evening Prophylactic
Lipitor - Atorvastatin Calcium eq 40 mg base 1 tab by mouth at bedtime HLD
Desyrel - Trazodone Hydrochloride 50 mg **federal register determination that product was not discontinued or withdrawn for safety or efficacy reason** 0.5 tab by mouth at bedtime Insomnia
Decadron - Dexamethasone 6 mg 1 tab by mouth twice a day Cancer
Zofran - Ondansetron Hydrochloride eq 8 mg base 1 tab by mouth once a day Nausea and vomiting PRN
Colace - Docusate Sodium 100 mg take 1 tab by mouth once a day Constipation PRN
Lasix - Furosemide 40 mg 1 tab by mouth once a day HTN PRN
Pyridium - Phenazopyridine Hydrochloride: Sulfamethoxazole: Trimethoprim 100 mg 1 tab by mouth once a day Bladder pain PRN
Tylenol (Caplet) - Acetaminophen 325MG tablet take 1 tab by mouth every 4 hours Mild pain PRN
Centrum Silver - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo 01 tab by mouth once a day Supplement

14. DME and Supplies:
cane, urinary/catheter supplies, rolling walker, hand held shower, grab bars

15. Safety Measures:
walker precautions, supervision at all times, , smoke detectors , , infectious material management, hand rails, , bedrails up while in bed, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, 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: 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 Disease With Heart Failure , 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 89-year-old White male who recently presented to the hospital due to Foley catheter dysfunction and subsequently underwent insertion of a new 18 French Foley catheter with a 10 cc balloon. The patient's daughter reported that the urologist will be sending agency orders for routine Foley catheter flushing. The patient has a history of incomplete bladder emptying managed with a chronic indwelling Foley catheter. At the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and awake, oriented to person, place, and time, though noted to have forgetfulness; he was easily redirected. Neurological <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed positive facial symmetry, equal and strong bilateral hand grasps, and pupils equal and reactive to light. Respiratory <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> demonstrated clear posterior lung fields to auscultation without use of accessory muscles. Cardiovascular and peripheral vascular <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> noted bilateral lower extremity edema with faint pulses; the patient was encouraged to elevate his legs. The abdomen was soft and non-tender with positive bowel sounds in all four quadrants. The patient is continent of bowel. He reported bladder pain, which was relieved with prescribed pain medication. Gait was unsteady with ambulation, and the patient utilizes a walker for mobility. The patient resides with his wife in a single-family, multi-level home, occupying the lower level, which requires ascending and descending approximately 5-6 steps from the main entry level. Both the patient and his wife have a private aide, and their daughters are available to assist as needed. Past medical history is significant for hypertension, heart disease, acute on chronic diastolic congestive heart failure, atherosclerotic heart disease

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Inez Alamo
8109 Tis Well Drive Ste 511
Alexandria , VA 22306
PHONE: 7037994000 FAX: 15714323140 NPI: 1194085365

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 : 01/02/2026

27. Attending Physician's Signature and Date Signed **01/21/2026** 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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of the native coronary artery without angina, hyperlipidemia, left bundle branch block, generalized anxiety disorder, gastroesophageal reflux disease, unspecified severe protein-calorie malnutrition, long-term use of antithrombotic/antiplatelet therapy, presence of an aortocoronary bypass graft, presence of a prosthetic heart valve, and history of transient ischemic attack and cerebral infarction without residual deficits. Immunization history includes influenza vaccination received in October 2025, and pneumococcal vaccination is current. A physical therapy evaluation was completed following the recent hospitalization. The patient presents with decreased strength, endurance, balance, tolerance for standing and ambulation, and overall functional mobility. He requires some assistance with basic activities of daily living, including grooming, dressing, bathing, and toileting, as well as with management of oral medications and meals. Education was provided to the patient and family/caregivers regarding safe home setup, mobility within the home, and transfer techniques. Gait training was initiated using a straight cane and rolling walker, and a home exercise program was started, focusing on seated and standing therapeutic exercises for bilateral lower extremities. The patient and caregivers verbalized understanding and demonstrated proper technique and agreement with the plan of care. The patient would benefit from continued skilled physical therapy services to improve strength, endurance, standing and ambulation tolerance, functional mobility, safety, and independence, with the goal of returning to his prior level of function.
 Date of Order 01/12/2026 Orders Physician Face-to-Face Date: 01/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive Heart Disease With Heart Failure 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:
 Physician Alamo, Inez

SN Careplans

SN WK1: 2 (01/12/26-01/17/26) ,WK2: 2 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26) ,WK6: 1 (02/15/26-02/21/26) ,WK7: 1 (02/22/26-02/28/26)

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, 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: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1600 - UTI, M1610 - Urinary Catheter, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs

PROCEDURES: cough/deep breathing exercises, incentive spirometer, catheter change, care & irrigation: Skilled nurse to instruct on signs/symptoms of infection. and instruct caregiver to Flush Foley catheter daily with 60cc of sterile saline or sterile water, coordinate/arrange preparation of missing meals

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, * 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 minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, sched, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, sch, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, 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: Patient said that doesn't want to return to the hospital

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
* 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 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
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, sch

patient/caregiver recalls
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* recalls related medication(s) purpose, sched

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 incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/12/2026

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meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (01/12/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (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

PROCEDURES: home exercise program: Seated/Standing therex BLE, 1-2x10, 1-2x/daily: sit to stands, marches, LAQ, clams, hip add with pillow squeezes, HR/TR

PT Goals

PATIENT-STATED GOAL: To regain BLE strength for improved indep with walking between rooms of and around home, stairs in home, and outdoors with RW to appointments

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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