Home Health Certification and Plan of Care

Order ID: 1163/708

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
95114269	01/16/2026	From: 01/16/2026 To: 03/16/2026	853	497754

6. Patient's Name and Address

Thurmond Roberts
21122 Adirondack Terrace,
ASHBURN, VA 20147-
703-687-7096

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 11/11/1949 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	01/16/26

13. ICD	Other Pertinent Diagnoses	Date
N18.4	Chronic kidney disease stage 4 (severe)	01/16/26
D63.1	Anemia in chronic kidney disease	01/16/26
G30.9	Alzheimer's disease unspecified	01/16/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	01/16/26
E78.00	Pure hypercholesterolemia unspecified	01/16/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/16/26
E21.3	Hyperparathyroidism unspecified	01/16/26
Z86.0100	Personal history of colonic polyps	01/16/26

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

Namenda - Memantine Hydrochloride 10 mg Oral Tab,take 1 tablet by mouth twice a day Take 1 tablet
by mouth 2
times a day
Sensipar - Cinacalcet Hydrochloride 30 mg Oral Tab,Take 1 tablet by mouth every other day Take 1 tablet
by mouth
every other
day
Zyloprim - Allopurinol 100 mg Oral Tab,Take 1 tablet by mouth once a day Take 1 tablet
by mouth daily
Pravachol - Pravastatin Sodium 40 mg Oral Tab,Take 1 tablet by mouth once a day Take 1 tablet
by mouth daily
for cholesterol
Protonix - Pantoprazole Sodium 20 mg Oral TBEC DR Tab,Take 1 tablet by mouth twice a day a day 30
to 60 minutes
prior to meals
Hytrin - Terazosin Hydrochloride 1 mg Oral Cap,Take 1 capsule by mouth at bedtime Take 1 capsule
by mouth daily
at bedtime
Sodium Bicarbonate - Sodium Bicarbonate 650 mg Oral Tab,Take 1 tablet by mouth four times a day Take 1 tablet
by mouth 4
times a day
Lasix - Furosemide 5 Mg, Take 1 tablet by mouth once a day Med in home, but pt not taking according to pt/wife--- referring MD is aware
Aspirin - Aspirin 81 mg Oral,Take 1 tablet by mouth once a day
Aricept - Donepezil Hydrochloride 1 tab by mouth once a day Dodsage not yet known; Rx has not yet been picked up from pharm; new rx as of 1/12/26

14. DME and Supplies:

grab bars, rolling walker, walker, cane, raised toilet seat

15. Safety Measures:

supervision at all times, , , , ambulates with device, bathroom safety, activity supervision, walker precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Up As Tolerated, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, 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: 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 Chronic Kidney Disease With 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 01/16/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Banti Chand
43480 Yukon Dr
Ashburn, VA 20147
PHONE: 571-252-6000 FAX: NPI: 1073670006

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 : 12/17/2025

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.

Home Health Certification and Plan of Care

Order ID: 1163/708

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
95114269	01/16/2026	From: 01/16/2026 To: 03/16/2026	853	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Thurmond Roberts 21122 Adirondack Terrace, ASHBURN, VA 20147- 703-687-7096	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Clinical Condition Requiring Homecare:

PT start of care was completed for a 76-year-old male patient referred to the agency with a primary diagnosis of dementia and Alzheimer's disease, with a significant prior medical history including chronic kidney disease (CKD stage 3B), hypertension, hyperlipidemia, gastroesophageal reflux disease, anemia, hypercholesterolemia, hyperparathyroidism, gout, and a history of colon polyps. The patient initially presented to the hospital in December 2025 with bilateral lower extremity swelling and gait impairment; venous Doppler studies of the bilateral lower extremities were negative, and the patient was subsequently discharged home with a planned skilled nursing start of care through the agency. At that time, the patient was not admitted due to requiring total assistance of two to three persons for all activities of daily living and functional mobility, with rehabilitation recommended prior to home health services. According to the patient's wife, the patient did not receive rehabilitation services due to lack of placement availability and subsequently contracted influenza shortly after discharge, which she reports significantly contributed to his functional decline. Since that time, the patient has demonstrated notable improvement in overall function. Currently, the patient is independent with transfers and ambulates independently within the home using a rolling walker, and utilizes a rolling walker outdoors for balance and safety. He requires supervision secondary to cognitive impairment related to dementia and Alzheimer's disease. The patient is independent with basic grooming, dressing, bathing, and toileting tasks, with the exception of shaving, and requires some physical assistance for safe completion of these activities as well as for management of oral medications and meal preparation, which are provided by his wife. For safety reasons, the wife reports that the patient is not permitted to use the stove or oven. Education was provided to the patient and wife regarding safe home setup, fall prevention strategies, and safe mobility within the home, including proper use of the rolling walker, ambulation techniques, and use of a shower chair to improve safety and independence during bathing. A home exercise program was initiated during this visit, consisting of seated and standing bilateral lower extremity therapeutic exercises, which were demonstrated and reviewed with both the patient and wife; both verbalized and demonstrated understanding and agreement. The patient presents with decreased strength, reduced activity tolerance, and impaired balance and safety awareness, placing him at increased risk for functional decline and falls. He would benefit from skilled physical therapy services to improve lower extremity strength, endurance, gait steadiness, and overall functional mobility, with the goal of maximizing safety and independence and facilitating a return to prior level of function.
 Date of Order 01/16/2026 Orders Physician Face-to-Face Date: 12/17/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat due to Hypertensive Chronic Kidney Disease With 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
 1 - SOC - PT Notes:
 Physician Chand, Banti

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (01/16/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 60 > 100, respiratory rate < 8 > 24, blood pressure systolic < 100 > 150, blood pressure diastolic < 60 > 90, O2 saturation < 90 > 100, pain < 0 > 5

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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, 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:No Advance Directive

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, M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness

PROCEDURES: home exercise program: Seated and/or supine therex 10-20 reps: marches, hip add pillow squeezes, HR/TR, clams, sit to stands, LAQ, therapeutic exercises, standing tolerance exercises, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, 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, 1 -

PT Goals

PATIENT-STATED GOAL: To walk between rooms of home and out in community for errands and appointments with RW with better strength, stability and balance

GOALS
patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

Car Transfer - 06. Independent

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

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

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/16/2026

Home Health Certification and Plan of Care

Order ID: 1163/708

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
95114269	01/16/2026	From: 01/16/2026 To: 03/16/2026	853	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Thurmond Roberts 21122 Adirondack Terrace, ASHBURN, VA 20147- 703-687-7096	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Car Transfer - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/16/2026