Home Health Certification and Plan of Care

Order ID: 1163/722

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H96302224	01/20/2026	From: 01/20/2026 To: 03/20/2026	944	497754

6. Patient's Name and Address
Britta Lemley
43095 Wynridge Drive Apt 305,
Broadlands, VA 20148-
703-732-7429

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 06/29/1937 **9.Sex** Female

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
Clobetasol Propionate - Clobetasol Propionate 0.05 perc topical as necessary ointment; daily use/application

11. ICD	Principal Diagnosis	Date
M19.012	Primary osteoarthritis left shoulder	01/20/26

13. ICD	Other Pertinent Diagnoses	Date
M75.102	Unsp rotatr-cuff tear/ruptr of left shoulder not trauma	01/20/26
M65.20	Calcific tendinitis unspecified site	01/20/26
M12.812	Oth specific arthropathies NEC left shoulder	01/20/26
I10.	Essential (primary) hypertension	01/20/26
H91.90	Unspecified hearing loss unspecified ear	01/20/26
Z91.81	History of falling	01/20/26

14. DME and Supplies:
bath bench, cane

15. Safety Measures:
ambulates with device, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Hearing, 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: 1. Rarely, 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: Due to diagnosis of Primary Osteoarthritis Left Shoulder, 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:

Physical therapy start of care was completed for this 88-year-old female patient who was referred to home health services following a recent fall on January 1, 2026, which resulted in aggravation of preexisting left shoulder osteoarthritis. The patient has a history of falls with unspecified prior injury to the left shoulder and reports increased left shoulder pain and functional limitation following the most recent fall. Past medical history is significant for recurrent falls, left shoulder osteoarthritis, hypertension, pronounced hearing loss, unspecified symptoms involving the lumbar spine and right knee, unspecified left rotator cuff tear or rupture, and left shoulder calcific tendinitis. The patient resides with her daughter and son-in-law in a third-floor apartment within a 55-year-old-and-up community, which is equipped with elevator access. Functionally, the patient is independent with all basic activities of daily living, including grooming, dressing, bathing, and toileting, but requires assistance from her daughter with management of oral medications and meal preparation. She is independent with all transfers and ambulates independently within the home, using a single-axis cane for outdoor ambulation to improve safety and balance. Vital signs and current medication details were not documented at the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. During the visit, education was provided to the patient and her daughter regarding safe home setup and mobility strategies, as well as the proposed physical therapy plan of care to address balance deficits, safety with sit-to-stand transfers, and gait. A home exercise program was initiated, consisting of seated and supine therapeutic exercises targeting the left upper extremity to improve strength and function. The patient and her daughter demonstrated and verbalized understanding of the exercises and expressed agreement with the plan of care. Based on the <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> findings, the patient presents with decreased strength, impaired balance, and reduced steadiness with ambulation following her recent fall, placing her below her prior level of function. The patient would benefit from skilled physical therapy services to improve strength, functional mobility, gait stability, and overall safety, with the goal of increasing independence and returning to her prior level of function.
 Date of Order 01/20/2026 Orders Physician Face-to-Face Date: 01/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT evaluate and treat due to Primary Osteoarthritis Left Shoulder 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
 Physician Modzelesky, Stephanie

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Stephanie Modzelesky
224-D Cornwall Street Nw, Suite 204
Leesburg, VA 20176
PHONE: 5712091875 FAX: 17037773365 NPI: 1417919408

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 : 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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Britta Lemley 43095 Wynridge Drive Apt 305, Broadlands, VA 20148- 703-732-7429	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

PT WK1: 1 (01/20/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26)

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 > 7

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 strength, limited range of motion, Pain Effect on Sleep, Pain Interference with ADLs, B0200 - Hearing Deficit

PROCEDURES: home exercise program: pendulums, AA/PROM supine and seated shoulder 4ways, sit to stands, therapeutic exercises, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 06. Independent, Sit to Stand - 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, Picking Up Object - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: To no longer have L shoulder pain and to walk between rooms indep and out in community with SAC for errands and appointments with better stability and balance

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Picking Up Object - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/20/2026