Home Health Certification and Plan of Care

Order ID: 1163/767

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
791288981	01/23/2026	From: 01/23/2026 To: 03/23/2026	1023	497754

6. Patient's Name and Address

Angelica Hernandez De
1207 Autumn Pl,
HERNDON, VA 20170-
703-731-8026

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 06/27/1948 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M80.052D	Age-rel osteopor w crnt path fx l femr 7thD	01/23/26

13. ICD	Other Pertinent Diagnoses	Date
K74.5	Biliary cirrhosis unspecified	01/23/26
K76.6	Portal hypertension	01/23/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	01/23/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	01/23/26
N18.31	Chronic kidney disease stage 3a	01/23/26
D63.1	Anemia in chronic kidney disease	01/23/26
E06.3	Autoimmune thyroiditis	01/23/26
D50.9	Iron deficiency anemia unspecified	01/23/26
E87.1	Hypo-osmolality and hyponatremia	01/23/26
C22.0	Liver cell carcinoma	01/23/26
D63.0	Anemia in neoplastic disease	01/23/26
E11.69	Type 2 diabetes mellitus with other specified complication	01/23/26
E78.49	Other hyperlipidemia	01/23/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/23/26
D69.6	Thrombocytopenia unspecified	01/23/26
E11.3313	Type 2 diab with moderate nonp rtnop with macular edema bi	01/23/26
E11.36	Type 2 diabetes mellitus with diabetic cataract	01/23/26
H25.9	Unspecified age-related cataract	01/23/26
I85.00	Esophageal varices without bleeding	01/23/26
I70.0	Atherosclerosis of aorta	01/23/26
E66.9	Obesity unspecified	01/23/26
Z79.01	Long term (current) use of anticoagulants	01/23/26
Z79.4	Long term (current) use of insulin	01/23/26
Z79.890	Hormone replacement therapy	01/23/26
Z79.891	Long term (current) use of opiate analgesic	01/23/26
Z86.0101	Personal history of adeno	01/23/26
Z91.81	History of falling	01/23/26

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

Lasix - Furosemide 40 mg 40 mg1 Tablet by mouth in the morning HTN
Synthroid - Levothyroxine Sodium 0.05 mg **see current annual edition, 1.8 description of special situations, levothyroxine sodium 1 Tablet by mouth in the morning Hypothyroidism
Aldactone - Spironolactone 50 mg 2 tablet by mouth once a day HTN
Norvasc - Amlodipine Besylate eq 5 mg base 1 Tablet by mouth at bedtime HTN
Lipitor - Atorvastatin Calcium eq 20 mg base 1 Tablet by mouth at bedtime HLD
Coreg - Carvedilol 12.5 mg 2 Tablet by mouth twice a day HTN
Pepcid - Famotidine 40 mg 1 Tablet by mouth in the morning Gerd
Glucotrol - Glipizide 5 mg 1 Tablet by mouth in the morning Diabetes

14. DME and Supplies:

wheelchair, walker

15. Safety Measures:

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

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Wheelchair, Up As Tolerated

19. Mental & Psychosocial 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: Due to diagnosis of Age-Related Osteoporosis With Current Pathological Fracture, Left Femur, Subsequent Encounter For Fracture With Routine Healing, 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 01/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Umair Ahmad
1890 Metro Center Dr
Reston, VA 20190
PHONE: 7037091500 FAX: NPI: 1396033254

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 : 01/20/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Angelica Hernandez De 1207 Autumn Pl, HERNDON, VA 20170- 703-731-8026	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Clinical Condition Requiring Homecare:

Start of care and physical therapy evaluation were completed for this 77-year-old Hispanic female who presented to the hospital following a fall at home resulting in a left femoral neck fracture. The patient underwent left short cephalomedullary nail insertion surgery on 01/11/2026. Her past medical history is significant for hypertension, right knee osteoarthritis, type II diabetes mellitus, chronic kidney disease, and hypothyroidism. The patient is Spanish-speaking only; her son and daughter were present during <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> to assist with translation. She resides in a multilevel home with multiple family members and was reportedly independent with all activities of daily living (ADLs) and functional mobility prior to the fall. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was found in bed, alert and oriented to person, place, time, and situation, wearing reading glasses. Facial symmetry was intact, and bilateral hand grasps were equal and strong. Sensation was intact. Posterior lung fields were clear to auscultation. The abdomen was soft and non-tender with active bowel sounds in all four quadrants. The patient is incontinent of bladder but denies dysuria or burning with urination. Examination of the left lower extremity revealed edema with faint palpable pulses; elevation was encouraged to reduce swelling. The surgical site to the left hip is covered with a non-removable dressing per postoperative protocol. The patient reports left leg pain with partial relief from prescribed oxycodone. She also reports a history of chronic right knee pain. Functionally, the patient is currently wheelchair-bound and requires human assistance for locomotion. She requires minimal to moderate assistance to supervision for basic grooming and bathing ADLs, as well as assistance with management of oral medications and meal preparation. She is able to feed herself with setup assistance. She requires some assistance for bed mobility, including transitions from supine and long sitting to short sitting. The patient is able to perform sit-to-stand and stand-to-sit transfers using a rolling walker with minimal to standby assistance for safety. She currently requires supervision for ambulation with a rolling walker indoors and would require use of the rolling walker for outdoor ambulation to ensure safety and stability. Stair training was attempted; however, the patient declined due to fear of falling. This will be reassessed at the next follow-up visit. Strength, endurance, standing tolerance, balance, and overall functional mobility are decreased compared to prior level of function. Education was provided regarding safe home setup, fall prevention strategies, and proper mobility techniques within the home. Gait training with the rolling walker was initiated, along with instruction on safe performance and optimal location for the home exercise program (HEP). A HEP was initiated during this session, including seated and standing bilateral lower extremity therapeutic exercises. The patient was advised to use a sturdy chair with adequate back support and bilateral armrests when performing sit-to-stand exercises. A sock aid was recommended to increase independence with lower body dressing. The patient and family members verbalized understanding and demonstrated appropriate return demonstration of instructed exercises and safety techniques. Skilled physical therapy services are medically necessary to address deficits in strength, endurance, balance, and functional mobility, with the goal of improving safety, increasing independence with ADLs and ambulation, and facilitating return to prior level of function. Continued therapy will focus on progressive strengthening, gait training, stair negotiation as tolerated, balance training, and functional mobility retraining.
 Date of Order 01/23/2026 Orders Physician Face-to-Face Date: 01/20/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adls due to Age-Related Osteoporosis With Current Pathological Fracture, Left Femur, Subsequent Encounter For Fracture With Routine Healing 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: OT Eval Notes:
 Physician Ahmad, Umair

SN Careplans

SN WK1: 1 (01/23/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26) ,WK4: 1 (02/08/26-02/14/26)

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), 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, bruising/discoloration

PROCEDURES: Medication reconciliations : Review medications on each visit , cough/deep breathing exercises: Demonstrated understanding, incentive spirometer: NA, apply anti-embolitic stockings: NA, apply compression bandage: NA, physician-ordered wound care: Non removal dressing, monitor intake & output: NN, home exercise program: completed by Physical therapy, coordinate/arrange preparation of missing meals: Family assist, coordinate/arrange resources for vision-impaired, monitor dialysis schedule: NA

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, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * 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 incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, sch, * 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

SN Goals

PATIENT-STATED GOAL: I want the pain to go away

GOALS
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
* dietary modifications for liver disorder
* 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
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

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
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/23/2026

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promo, * dietary modifications for liver disorder, 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

unusual

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
* 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
* 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

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (01/23/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26) ,WK6: 1 (02/22/26-02/28/26) ,WK7: 1 (03/01/26-03/07/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, #1 - Other - Other - post op L short cepahlomedullary nail insertion sx -

PROCEDURES: physician-ordered wound care: #1 - Other - Other - post op L short cepahlomedullary nail insertion sx -, physician-ordered wound care: No present order aside from donning adhesive bandage. Likely to be removed and pt/family further advised at next post op f/u., home exercise program: Seated/Standing therex BLE, 1-2x10, 1-2x/daily: sit to stands, marches, LAQ, clams, hip add with pillow squeezes x3-5 sec holds, HR/TR, strengthening exercises, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet 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, Car Transfer - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To feel stronger in L hip/LLE to be able to sit/stand with ease and to tol walking around home/between rooms with improved strength, endurance and tolerance for standing and walking.

GOALS
Toilet Transfer - 06. Independent

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

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

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

Walk 10 Feet - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

OT Careplans

OT WK2: 1 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26) ,WK5: 1 (02/15/26-02/21/26) ,WK6: 1 (02/22/26-02/28/26) ,WK7: 1 (03/01/26-03/07/26)

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: 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to get stronger and get back to feeling like myself

GOALS
Shower/Bathe Self - 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 05. Setup or clean-up assistance

Eating - 06. Independent

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