Home Health Certification and Plan of Care

Order ID: 1163/764

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8JD4FU6QG86	02/06/2026	From: 02/06/2026 To: 04/06/2026	695	497754

6. Patient's Name and Address

Beverly Matthews
7502 Billsam Ct,
Lorton, VA 22079-
703-338-8958

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 02/29/1940 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	02/06/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	02/06/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/06/26
N18.31	Chronic kidney disease stage 3a	02/06/26
D63.1	Anemia in chronic kidney disease	02/06/26
M48.061	Spinal stenosis lumbar region without neurogenic claud	02/06/26
M15.9	Polyosteoarthritis unspecified	02/06/26
M79.7	Fibromyalgia	02/06/26
J45.20	Mild intermittent asthma uncomplicated	02/06/26
M81.0	Age-related osteoporosis w/o current pathological fracture	02/06/26
M51.369	Oth intvrt disc degen lum rgn w/o lum bck or lw extrm painOth intvrt disc degen lum rgn w/o lum bck or lw extrm pain	02/06/26
E78.2	Mixed hyperlipidemia	02/06/26
D89.89	Oth disrd involving the immune mechanism NEC	02/06/26
D47.2	Monoclonal gammopathy	02/06/26
G57.02	Lesion of sciatic nerve left lower limb	02/06/26
E03.2	Hypothyroidism due to meds and oth exogenous substances	02/06/26
N81.2	Incomplete uterovaginal prolapse	02/06/26
D50.9	Iron deficiency anemia unspecified	02/06/26
M85.80	Oth disrd of bone density and structure unspecified site	02/06/26
N95.0	Postmenopausal bleeding	02/06/26
H81.10	Benign paroxysmal vertigo unspecified ear	02/06/26
D49.0	Neoplasm of unspecified behavior of digestive system	02/06/26
D32.0	Benign neoplasm of cerebral meninges	02/06/26
D49.59	Neoplasm of unspecified behavior of other GU organ	02/06/26
F32.1	Major depressive disorder single episode moderate	02/06/26

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

Xanax - Alprazolam Take 0.25 mg , take 2 tablet by mouth twice a day as needed.
Lipitor - Atorvastatin Calcium 40 MG tablet by mouth as necessary
Azelastine-Fluticasone 137-50 MCG/ACT USE ONE SPRAY topical twice a day BEFORE MEALS AS DIRECTED
Cholecalciferol 25 MCG (1000 UT) capsule,Vitamin D3 25 mcg (1,000 unit) capsule by mouth as necessary
Cyanocobalamin - Cyanocobalamin (B-12) 1000 MCG tablet by mouth as necessary
Tiazac - Diltiazem Hydrochloride 360 MG 24 hr capsule,360 MG 24 hr capsule by mouth as necessary
Cymbalta - Duloxetine Hydrochloride 30 MG capsule, by mouth as necessary
Cymbalta - Duloxetine Hydrochloride 60 MG capsule by mouth as necessary
Nexium - Esomeprazole Magnesium Take 40 MG capsule, by mouth as necessary
Flonase - Fluticasone Propionate 50 MCG/ACT nasal spray topical as necessary
Neurontin - Gabapentin 100 MG capsule , Take 1 tablet by mouth twice a day AS DIRECTED
Lidoderm - Lidocaine 5% patch topical as necessary
Cozaar - Losartan Potassium 100mg tablet by mouth as necessary
Magnesium - Simethicone 250 mg tablet by mouth as necessary
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 capsule by mouth once a day
Prolia - Denosumab 60mg/ml solution by mouth as necessary
Tylenol - Acetaminophen 500mg tablet, take 1000mg tablet by mouth every 6 hours as needed(patient not taking reported on 11/03/2025)

14. DME and Supplies:

commode, bath bench, grab bars, hand held shower, walker, cane

15. Safety Measures:

remove environmental barriers, knee precautions, diabetic precautions, , bathroom safety, ambulates with device

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

Dilaudid, Tramadol, penicillin, morphine, Bactrim, ciprofloxacin, fluarix

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

No Restrictions, Walker, Cane, Up As Tolerated

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: Yes

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 Right Total Knee Arthroplasty, 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 evaluation and start of care were completed for this 85-year-old female status post right total knee arthroplasty (R TKA) performed on 01/29/2026. Her past medical history is significant for hypertension, gastroesophageal reflux disease, and bilateral knee osteoarthritis. The patient resides alone in her private residence; however, her daughter, who lives nearby, is temporarily staying with her to assist with activities of daily living (ADLs) and postoperative care. The patient has a scheduled orthopedic follow-up appointment on 02/16/2026 for staple removal and further postoperative <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. Per surgeon's orders, no additional wound care is required beyond routine adhesive dressing changes, with the most recent dressing change completed on 02/05/2026. The patient is scheduled to begin outpatient physical therapy on 02/17/2026. On evaluation, the patient presents with decreased strength and range of motion of the right lower extremity, primarily limited by postoperative pain, inflammation, and swelling at the surgical site. Manual muscle testing reveals 3/5 strength in the right knee and 3/5 strength in the right hip musculature. The patient is able to actively perform a right straight leg raise with minimal extensor lag noted. Active range of motion of the right

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Thomas Martinelli
6355 Walker Lane Ste 202
Alexandria, VA 22310
PHONE: 7038105210 FAX: 17038105418 NPI: 1194748129

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 : 02/01/2026

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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knee demonstrates -5 degrees of extension and 70-75 degrees of flexion, with passive flexion improving to 80-85 degrees. Passive extension reaches 0 degrees with overpressure. Functional mobility is significantly impaired. The patient requires assistance from her daughter for basic grooming, bathing, dressing, transfers, stair negotiation, medication management, and meal preparation. She is able to toilet and bathe in the bathroom with physical assistance from her daughter. She requires supervision for safety during transfers and ambulation with the use of a rolling walker. Education was provided regarding safe home setup, fall prevention strategies, and proper mobility techniques within the home environment. A home exercise program (HEP) was initiated during this session, including active and active-assisted range of motion exercises for right knee flexion and extension, therapeutic exercises targeting right knee and hip musculature, and instruction on proper elevation, icing, and compression techniques to manage swelling and inflammation. The patient and her daughter verbalized understanding and demonstrated correct return demonstration of all instructed exercises and safety techniques. Skilled physical therapy services are medically necessary to address deficits in strength, range of motion, gait, balance, and overall functional mobility. The patient demonstrates good rehabilitation potential and would benefit from continued skilled intervention to promote safe progression toward independence and return to prior level of function.
 Date of Order 02/06/2026 Orders Physician Face-to-Face Date: 02/01/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval & treat due to Right Total Knee Arthroplasty 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 - OT Notes: PT Eval Notes:
 Physician Martinelli , Thomas

SN Careplans

SN Goals

PT Careplans

PT WK2: 2 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, Pain Effect on Sleep, GG0170I1 - Walk 10 Feet, 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, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, #1 - Non-Observable Surgical Wound - Other - R knee post op TKA -

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Other - R knee post op TKA -: Pt has a post op f/u on 2.16.26. She has not been given any specific wound care instructions aside from remove the sx adhesive bandage on 2/5 and replace with one provided to pt/family on her/their own at home., home exercise program: 2x10 reps LLE: supine and seated heel slides, quad sets w/ towel roll under distal thigh (30x3-5" 2-3x/day), seated and/or supine SLR hip flex. w/ VMO bracing, seated HR/TR, LAQs, seated and/or supine AAROM knee flex. and ext; Reviewed RLE elevation and ice machine use (set up, freq, dur), strengthening exercises, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 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, 4 Steps - 05. Setup or clean-up assistance, Car Transfer - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To be able to walk around between rooms, toilet and bathe in bathroom indep, walk up/down stairs with cane or indep without sup, and ambul outside with RW or cane to/into car to get to/from appointments

GOALS
Toilet Transfer - 06. Independent

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

Sit to Stand - 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 WK1: 1 (02/06/26-02/07/26) ,WK2: 2 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26)

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:No Advance Directive

OT Goals

PATIENT-STATED GOAL: I want to get stronger and get back to feeling like myself. Improve safety with bed mobility transfers.

GOALS
Toilet Transfer - 06. Independent

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

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/06/2026

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PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, D0160 - Depression, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, heartburn/indigestion, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, bruising/discoloration

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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * 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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

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

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

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

Eating - 06. Independent

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
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