Home Health Certification and Plan of Care

Order ID: 1163/795

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
071033858	01/29/2026	From: 01/29/2026 To: 03/29/2026	1063	497754

6. Patient's Name and Address
Grace Starbird
227 S. Virginia Avenue,
FALLS CHURCH, VA 22046-
703-980-2470

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 01/01/1949 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I95.1	Orthostatic hypotension	01/29/26

13. ICD	Other Pertinent Diagnoses	Date
F32.1	Major depressive disorder single episode moderate	01/29/26
M79.604	Pain in right leg	01/29/26
E83.110	Hereditary hemochromatosis	01/29/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	01/29/26
M81.0	Age-related osteoporosis w/o current pathological fracture	01/29/26
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	01/29/26
H04.123	Dry eye syndrome of bilateral lacrimal glands	01/29/26
B00.89	Other herpesviral infection	01/29/26
Z86.79	Personal history of other diseases of the circulatory system	01/29/26
Z96.1	Presence of intraocular lens	01/29/26
Z86.0100	Personal history of colonic polyps	01/29/26
Z91.81	History of falling	01/29/26

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

Keppra - Levetiracetam 500 mg 500 mg 2 Tablet by mouth twice a day Seizure
Lexapro - Escitalopram Oxalate eq 5 mg base 3 Tablet by mouth once a day Depression
Forfivo Xl - Bupropion Hydrochloride 0450 mg Oral 24hr SR / 1 Tablet by mouth once a day Depression
Fosamax - Alendronate Sodium eq 70 mg base 1 Tablet by mouth once a week Urinary retention
Acetaminophen - Acetaminophen 325 mg 2 tables by mouth every 6 hours PRN for mild pain

14. DME and Supplies:
walker, grab bars, bath bench

15. Safety Measures:
seizure precautions, walker precautions, medication safety, hand rails, infectious material management, fall precautions, bedrails up while in bed, ambulates with device, ambulates with assistance

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, 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
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Homebound status: Due to diagnosis of Orthostatic Hypotension, 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:

Start of care and physical therapy evaluation were completed for this 77-year-old White female recently hospitalized for confusion and weakness and currently diagnosed with intracerebral hemorrhage. Her past medical history is significant for prior cerebrovascular accidents in October 2023 and December 2025, with residual expressive aphasia. The patient resides in a multilevel townhouse with her daughter and has newly initiated private caregiver services through Grace Personal Care Services from 7:00 a.m. to 7:00 p.m., Monday through Friday. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and variably oriented, documented as oriented to person and place, with intermittent disorientation noted. She presents with expressive aphasia but is pleasant and cooperative during the visit. She wears prescription glasses and bilateral hearing aids. She denies pain, reporting 0/10 at the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. Neurological <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> reveals positive facial symmetry, pupils equal and reactive to light, and equal bilateral hand grasps. Posterior lung fields are clear to auscultation without use of accessory muscles. The abdomen is distended but soft and non-tender, with active bowel sounds in all four quadrants. Bilateral lower extremities are without edema. The patient is continent of bowel and bladder. Functionally, the patient ambulates with a rolling walker and demonstrates an unsteady gait pattern. She is currently wearing a right lower extremity walking boot following a recent fall outside her home after hospital discharge. The boot has been worn for approximately two weeks as a precaution pending diagnostic imaging; radiographic evaluation was completed yesterday, and results with follow-up consultation are pending. Bilateral lower extremity strength and functional mobility are assessed as fair to fair-plus. The patient is independent with transfers and able to perform basic grooming, dressing, bathing, and toileting tasks with intermittent physical assistance from her caregiver as needed. She requires assistance with medication management and meal preparation but is able to feed herself independently with setup. Education was provided regarding safe home setup, fall prevention strategies, and safe mobility within the multilevel home environment. Gait training with the rolling walker was performed, along with instruction in stair negotiation techniques to improve safety. A home exercise program was initiated, including seated and standing bilateral lower extremity therapeutic exercises to address strength, balance, and endurance deficits. The patient and caregiver verbalized understanding and demonstrated appropriate return demonstration of instructed activities. Skilled physical therapy services are medically necessary to address deficits in strength, balance, gait stability, and functional mobility related to intracerebral hemorrhage and prior cerebrovascular events. The plan of care focuses on improving standing tolerance, ambulation endurance, stair safety, and overall functional independence while reducing fall risk and supporting return toward prior level of function. Immunizations, including influenza and pneumococcal vaccines, are reported as current.
 Date of Order 01/29/2026 Orders Physician Face-to-Face Date: 01/26/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat OT Eval and treat due to Orthostatic Hypotension 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/29/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Rachel Burchard
5999 Burke Commons Rd
Burke, VA 22015
PHONE: 7039862400 FAX: NPI: 1164559100

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 : 01/26/2026

27. Attending Physician's Signature and Date Signed **02/19/2026**: 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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Notes:
 Physician Burchard, Rachel

SN Careplans

SN WK1: 1 (01/29/26-01/31/26) ,WK4: 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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications

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: , D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, muscle weakness, limited endurance, limited range of motion, limited strength, balance deficit

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, coordinate/arrange preparation of missing meals: Daughter managed

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, * 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 increase caloric intake, 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: I want to feel better

GOALS
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

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 increase caloric intake
* 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 WK2: 1 (02/01/26-02/07/26) ,WK3: 1 (02/08/26-02/14/26) ,WK4: 1 (02/15/26-02/21/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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

PROCEDURES: home exercise program: Seated therex 10-20 reps: marches, hip add pillow squeezes, clams, sit to stands, LAQ Standing therex 10-20 reps: SLR hip abd/ext, marches, strengthening exercises, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 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, Walk 150 Feet - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To return to her pain free PLOF during ADLs, funct activities and ambul

GOALS
Sit to Stand - 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

Walk 150 Feet - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (01/29/26-01/31/26) ,WK2: 1 (02/01/26-02/07/26) ,WK3: 1 (02/08/26-02/14/26) ,WK4: 1 (02/15/26-02/21/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 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

Toileting Hygiene - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/29/2026

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Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
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