Home Health Certification and Plan of Care

Order ID: 1163/807

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
591099376	02/17/2026	From: 02/17/2026 To: 04/17/2026	1149	497754

6. Patient's Name and Address

Joseph Gregory
1009 Kings Crest DR,
STAFFORD, VA 22554-
571-552-5970

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 05/15/1962 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N18.32	Chronic kidney disease stage 3b	02/17/26

13. ICD	Other Pertinent Diagnoses	Date
F10.90	Alcohol use unspecified uncomplicated	02/17/26
G89.29	Other chronic pain	02/17/26
M54.9	Dorsalgia unspecified	02/17/26
R60.0	Localized edema	02/17/26

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

Lasix - Furosemide 40 mg / 1 Tablet by mouth twice a day
THEREMS MULTIVITAMIN (Multivitamin with folic acid) 400 mcg / 1 Tablet by mouth once a day
Folic Acid - Folic Acid 1 mg / 1 Tablet by mouth once a day
VITAMIN B-1, MONONITRATE, (Thiamine Mononitrate) 100 mg / 1 Tablet by mouth once a day
Tenoretic 100 - Atenolol: Chlorthalidone 100 mg;25 mg / 1 Tablet by mouth once a day
VITRON-C (Iron,Carbonyl-Vitamin C) Oral TBEC DR Tab 65 mg iron- 125 mg / 1 Tablet by mouth once a day
Drisdol - Ergocalciferol 50,000 International Units 50,000 International Units / 1 Capsule by mouth once a week
Protonix - Pantoprazole Sodium eq 40 mg base eq 40 mg base / 1 Tablet by mouth once a day before breakfast for 14 days. Do not crush, chew, or split.;

BOTTLE IN HOME, BUT EMPTY. EX WIFE CAREGIVER STATES WAITING ON MD TO CONFIRM WHETHER OR NOT WANT Pt TO CONTINUE TAKING AND IF PLAN TO REFILL as of 2/17 SOC
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 1 mg / 1 Tablet by mouth once a day

14. DME and Supplies:
rolling walker, , walker, grab bars, bath bench, cane, compression stockings

15. Safety Measures:
ambulates with device, , , , bathroom safety, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Up As Tolerated, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic Kidney Disease Stage 3B, 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 (SOC) <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> was completed for this 63-year-old male with diagnoses of bilateral lower extremity swelling, alcohol use disorder, and chronic kidney disease. The patient was recently discharged from the hospital and subsequently developed significant generalized edema involving the legs, feet, ankles, hands, and arms, accompanied by a reported 20-pound weight gain, which he attributes to fluid retention. He reports a history of similar episodes in the past that responded to furosemide (Lasix) therapy. The patient and caregiver also report that the bilateral lower extremity swelling may have been associated with recent gabapentin use, which was prescribed for management of alcohol withdrawal symptoms and/or an unspecified cardiac condition; the medication was discontinued by his physician approximately one week ago. Ongoing monitoring of fluid status and medication management is indicated given his chronic kidney disease and history of edema. The patient typically resides with his girlfriend and daughter in an apartment requiring negotiation of several steps to enter; however, he is currently staying with his ex-wife in a multilevel townhome in Stafford, sleeping on the ground level for accessibility. He reports feeling more comfortable under her supervision due to her familiarity with his medical conditions and alcohol use disorder. He plans to return to his apartment in Woodbridge, date to be determined, and is exploring relocation to a 55+ community apartment to improve safety and independence, as his current lease is ending within the month. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented to person, place, and time. He denies hearing impairment but reports difficulty with depth perception, which may impact safety with ambulation and stair negotiation. He presents with fair minus to fair bilateral lower extremity strength and functional mobility. He is independent with feeding but requires assistance with meal preparation and management of oral medications. He performs basic grooming, dressing, and toileting independently, though he requires some physical assistance and standby assistance for bathing to ensure safety. He is independent with transfers but requires use of upper extremity support, such as pushing off from chair arms or nearby furniture, to complete sit-to-stand movements safely. Education was provided regarding safe home setup, fall prevention strategies, and safe mobility within the home environment. Gait training was initiated with use of a single-point cane, and a home exercise program consisting of seated and standing bilateral lower extremity therapeutic exercises was established to address strength, endurance, and balance deficits. The patient and caregiver demonstrated understanding through verbalization and return demonstration and expressed agreement with the plan of care. The patient would benefit from continued skilled physical therapy services to improve lower extremity strength, standing tolerance, gait steadiness, and overall functional mobility, with the goal of

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/17/2026

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 : 02/13/2026

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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restoring prior level of function, enhancing safety, and promoting independence while reducing risk of rehospitalization.
 Date of Order 02/17/2026 Orders Physician Face-to-Face Date: 02/13/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT eval and treat due to Chronic Kidney Disease Stage 3B 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 OT Eval Notes:
 Physician Burchard, Rachel

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (02/17/26-02/21/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26) ,WK5: 1 (03/15/26-03/21/26) ,WK6: 1 (03/22/26-03/28/26) ,WK7: 1 (03/29/26-04/04/26)

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 > 5

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

HOSPITALIZATION RISKS: 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, D0160 - Depression, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, swelling in legs/around eyes

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

TEACH PATIENT/CAREGIVER: * 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, 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 have decreased swelling in BLE and walk with improved steadiness and balance

GOALS
Toilet Transfer - 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

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

OT Careplans

OT WK1: 1 (02/17/26-02/21/26) ,WK2: 1 (02/22/26-02/28/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26)

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 - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, 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

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 - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

02/17/2026

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