Home Health Certification and Plan of Care

Order ID: 1163/804

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4J62RV0NM94	02/12/2026	From: 02/12/2026 To: 04/12/2026	1139	497754

6. Patient's Name and Address
Lauvania Byrd
2671 Arlington Dr,
Alexandria, VA 22306-
571-371-8076

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 03/10/1939 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	02/12/26

13. ICD	Other Pertinent Diagnoses	Date
I50.23	Acute on chronic systolic (congestive) heart failure	02/12/26
I50.30	Unspecified diastolic (congestive) heart failure	02/12/26
N18.32	Chronic kidney disease stage 3b	02/12/26
D63.1	Anemia in chronic kidney disease	02/12/26
I48.0	Paroxysmal atrial fibrillation	02/12/26
G90.9	Disorder of the autonomic nervous system unspecified	02/12/26
I42.9	Cardiomyopathy unspecified	02/12/26
I34.0	Nonrheumatic mitral (valve) insufficiency	02/12/26
E87.6	Hypokalemia	02/12/26
M17.0	Bilateral primary osteoarthritis of knee	02/12/26
M85.80	Oth disrd of bone density and structure unspecified site	02/12/26
D50.9	Iron deficiency anemia unspecified	02/12/26
Z79.01	Long term (current) use of anticoagulants	02/12/26

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

Calcium Citrate+D3 Petites Oral Tablet 200-6.25 mg-mcg 1 Tablet by mouth twice a day Supplement
MELATONIN 3 mg 1 Tablet by mouth at bedtime as needed for insomnia
Miralax - Polyethylene Glycol 3350 17 gram 1 Packet by mouth once a day for Bowel Management Hold for loose stools
COLACE 100 mg 1 Tablet by mouth once a day for Bowel Management Hold for loose stools.
Metoprolol Succinate - Metoprolol Succinate eq 25 mg tartrate 0 ER 24 Hour 25 mg / 1 Tablet by mouth once a day for HTN Hold for systolic blood pressure less than 110 and HR less than 60
GABAPENTIN 100 mg 0 100 mg / 1 Tablet by mouth every 8 hours for Neuropathy
Farxiga - Dapagliflozin Propanediol 5 mg 1 tab by mouth once a day CHF
ELIQUIS 0 5 mg 1 Tablet by mouth twice a day PAROXYSMAL ATRIAL FIBRILLATION (I48.0)
Lasix - Furosemide 20 mg 20 mg / 1 Tablet by mouth once a day HOLD for SBP less THAN 10 or HR Less THAN 60 CHF
ENTRESTO 0 24-26 mg 1 Tablet by mouth once a day for chf
Losartan Potassium And Hydrochlorothiazide - Hydrochlorothiazide: Losartan Potassium 12.5 mg;50 mg 1 Tablet by mouth once a day HTN

14. DME and Supplies:
reacher, grab bars, walker

15. Safety Measures:
walker precautions, , , infectious material management, , hand rails,

16. Nutrition:
cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Up As Tolerated

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: 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 Hypertensive Heart And Chronic Kidney Disease With Heart Failure, Specifically Covering Cases With Stage 1-4 Chronic Kidney Disease Or Unspecified Stage, 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:

The patient is an 86-year-old African American female recently hospitalized for bilateral lower extremity weakness, swelling, and pain, followed by a stay in a rehabilitation facility prior to returning home. Her past medical history is significant for hypertension, paroxysmal atrial fibrillation, acute kidney injury on chronic kidney disease (CKD Stage 3B), newly diagnosed systolic congestive heart failure with an ejection fraction of 48%, cardiomyopathy, and cardiomegaly. She resides in a ground-level apartment with her husband; however, there are several steps required to descend to enter the unit. Since discharge, she experiences shortness of breath when negotiating these steps. Her daughter, who was present during the nursing visit, is the primary caregiver and has temporarily taken leave from work as a personal care aide to assist the patient. The family is in the process of initiating additional home health aide services through Grace's Personal Care Service. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented to person and, at times, oriented x3, though she demonstrates forgetfulness and is easily redirected. She is hard of hearing and does not use reading glasses. Neurologically, she exhibits facial symmetry, equal and strong bilateral hand grasps, and pupils equal, round, and reactive to light. She denies dizziness. She reports right shoulder pain rated at 6/10 and intermittent back pain, both managed satisfactorily with current treatment measures. Pulmonary <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> reveals clear posterior lung fields to auscultation without use of accessory muscles; however, she reports shortness of breath with exertion, particularly when ambulating or managing stairs. She was educated on the proper setup and use of an incentive spirometer due to complaints of dyspnea. Cardiovascular <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> is notable for bilateral lower extremity edema; she was instructed and encouraged to elevate her legs to reduce swelling. The abdomen is distended but soft and non-tender, with bowel sounds present in all four quadrants. She is incontinent of bladder but denies dysuria, burning, or other urinary symptoms. Skin <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> reveals a left hammer toe deformity of the middle toe and a right bunion with a dark, dried scab; areas will require continued monitoring for skin integrity. Functionally, prior to hospitalization the patient ambulated with a rolling walker; since discharge, she has been using a rollator to allow seated rest breaks due to shortness of breath. She presents with fair minus to fair bilateral lower extremity strength and functional mobility. She is independent in feeding herself but requires assistance with meal preparation and medication management. She performs basic grooming, dressing, bathing, and toileting with some physical assistance and is currently limited to bedside bathing. She is independent with transfers but requires use of upper extremity support, such as pushing off chair arms or nearby surfaces. She requires moderate assistance overall for safe mobility and activities of daily living. A physical therapy evaluation has been completed, and a home exercise program was initiated, including seated and standing therapeutic exercises to improve bilateral lower extremity strength, endurance, and balance. Gait training with a rolling walker and rollator was provided, along with education on safe home setup and fall prevention strategies. The patient and caregiver demonstrated understanding and agreement with the plan of care. The patient remains homebound due to decreased strength, impaired endurance, shortness of breath with exertion, bilateral lower extremity edema, and the need for assistive devices and caregiver support, making leaving the home a considerable and taxing effort. Skilled physical therapy services are medically necessary to improve strength, standing tolerance, ambulation distance, cardiopulmonary endurance, and overall safety with functional mobility in order to facilitate a return to her prior level of function and reduce the risk of rehospitalization.
 Date of Order 02/12/2026 Orders Physician Face-to-Face

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Virginia Elesho
8109 Hinson Farm Rd Ste 504
Alexandria, VA 22306
PHONE: 7037802800 FAX: 17037800461 NPI: 1770545394

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 : 02/05/2026

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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Lauvania Byrd 2671 Arlington Dr, Alexandria, VA 22306- 571-371-8076	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Date: 02/05/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Hypertensive Heart And Chronic Kidney Disease With Heart Failure, Specifically Covering Cases With Stage 1-4 Chronic Kidney Disease Or Unspecified Stage 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 Elesho, Virginia

SN Careplans

SN WK1: 1 (02/12/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26) ,WK3: 1 (02/22/26-02/28/26) ,WK4: 1 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26)

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), 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, 4. Multiple emergency department visits (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, 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 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence, swelling of affected area, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, home exercise program: Eval and treat by therapy, 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, * 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, * strategies to increase caloric intake, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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

SN Goals

PATIENT-STATED GOAL: I don't want to get weak again to go to the hospital

GOALS
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
* 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
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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

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

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, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To gain some strength in BLE to get back to her pre hospital admission functional status

GOALS
Toilet Transfer - 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

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

4 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

OT Careplans

OT Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/12/2026

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

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

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 - 05. Setup or clean-up assistance, 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-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 - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/12/2026