Home Health Certification and Plan of Care

Order ID: 1163/867

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
38171318	02/26/2026	From: 02/26/2026 To: 04/26/2026	1205	497754

6. Patient's Name and Address
Hilda Pardo
3118 Maries Drive,
FALLS CHURCH, VA 22041-
703-887-9561

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 07/01/1930 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M81.0	Age-related osteoporosis w/o current pathological fracture	02/26/26

13. ICD	Other Pertinent Diagnoses	Date
E78.00	Pure hypercholesterolemia unspecified	02/26/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	02/26/26
E11.9	Type 2 diabetes mellitus without complications	02/26/26
M54.16	Radiculopathy lumbar region	02/26/26
I70.0	Atherosclerosis of aorta	02/26/26
G89.29	Other chronic pain	02/26/26
M54.50	Low back pain unspecified	02/26/26
H91.90	Unspecified hearing loss unspecified ear	02/26/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	02/26/26
Z85.3	Personal history of malignant neoplasm of breast	02/26/26
Z85.828	Personal history of other malignant neoplasm of skin	02/26/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	02/26/26
Z79.82	Long term (current) use of aspirin	02/26/26

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

Lipitor - Atorvastatin Calcium eq 40 mg base eq 40 mg base / 1 Tablet by mouth once a day cholesterol
Zestril - Lisinopril 2.5 mg 2.5 mg / 1 Tablet by mouth once a day HTN
Glucophage - Metformin Hydrochloride 500 mg 500 mg 500 mg / 1 Tablet by mouth in the morning Take 1 tablet by mouth every morning with a meal DIABETES
Tylenol - Acetaminophen 0 500 mg / 1 tablet by mouth three times a day Take 500 mg (1 tab) 3 times a dayIf not effective, can take 1000 mg (2 tab) 3 times a day.
Sanctura - Trospium Chloride 0 20 mg / 1 tablet by mouth twice a day Take onehalf tablets by mouth 2 times a day For day time and night time over active bladder urine frequency
Loprox - Ciclopirox 0.77 perc 0.77 perc topical twice a day Apply to affected area(s) 2 times a day
Lasix - Furosemide 20 mg 20 mg by mouth once a day Take 1 tablet by mouth daily As needed for leg swelling
Aspirin - Aspirin 0 81 mg / 1 tablet by mouth once a day 1 by mouth everyday

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

15. Safety Measures:
walker precautions, , , , , diabetic precautions, ambulates with assistance, ambulates with device

16. Nutrition:
diabetic,

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: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Age-Related Osteoporosis Without Current Pathological Fracture, 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 a 95-year-old Hispanic female who was taken to Kaiser Urgent Care by her daughter after the patient reported generalized body aches but was initially unable to clearly describe the cause of her discomfort. She was evaluated and treated with instructions to follow up with her primary care physician. The patient currently resides in a single-family home with her husband, while her daughter serves as the primary caregiver and assists with daily care needs, including medication management. The patient's grandson and his wife also reside in the home in the basement. The patient's daughter plans to contact Emily regarding the initiation of personal care services to provide additional support in the home. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and awake, with orientation primarily to self and intermittently to person, place, and time. Mild forgetfulness was noted; however, she was easily redirectable. Neurological <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed facial symmetry, equal and strong bilateral hand grasps, and pupils that were equal and reactive to light. The patient wears glasses and is hard of hearing, utilizing hearing aids. Respiratory <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed posterior lung lobes clear to auscultation bilaterally without use of accessory muscles. Cardiovascular <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> noted bilateral lower extremity pitting edema with faint peripheral pulses, and the patient was encouraged to elevate her legs to assist with edema management. The patient is continent of both bowel and bladder and denies burning or painful urination. She reports generalized body pain but states that her prescribed medications provide relief. Functionally, the patient ambulates with a walker but demonstrates an unsteady gait, placing her at increased risk for falls. She is able to feed herself with meal setup assistance. The patient requires verbal cues to initiate tasks and requires assistance with bathing and certain activities of daily living. Although her spouse is present in the home, he has difficulty assisting the patient with daily care tasks due to his own limitations. The plan of care includes continued monitoring of the patient's pain, mobility, and lower extremity edema, with reinforcement of leg elevation and safety precautions to reduce fall risk. Education was provided regarding safe ambulation with a walker, adherence to prescribed medications, and the importance of caregiver support. Coordination with the patient's daughter regarding personal care services is planned to ensure adequate assistance with activities of daily living and to support the patient's ability to remain safely in the home environment.
 Date of Order 02/26/2026 Orders Physician Face-to-Face Date: 02/24/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat HHA daily adl's due to Age-Related Osteoporosis Without Current Pathological Fracture 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 OT Eval Notes: PT Eval Notes:
 Physician Gomez Castillo , Blanca

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/26/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Blanca Gomez Castillo
1622 N Jackson St
Arlington, VA 22201
PHONE: 7032374000 FAX: NPI: 1821559873

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 : 02/24/2026

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
Hilda Pardo 3118 Maries Drive, FALLS CHURCH, VA 22041- 703-887-9561	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

SN WK1: 1 (02/26/26-02/28/26) ,WK2: 1 (03/01/26-03/07/26) ,WK4: 1 (03/15/26-03/21/26) ,WK6: 1 (03/29/26-04/04/26)

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, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M2020 - Oral Med Management, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, swelling in the arms/legs, swelling of affected area, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, B0200 - Hearing Deficit, swell/redness surround. skin

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion: Daughter managed, glucose testing via monitor: Daughter monitor, coordinate/arrange home modifications for hearing impaired, i.e. alarms: 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 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PATIENT-STATED GOAL: I want my pain to stop hurting me

GOALS
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 relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

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 medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

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

OT Careplans

OT WK2: 1 (03/01/26-03/07/26) ,WK3: 1 (03/08/26-03/14/26) ,WK4: 1 (03/15/26-03/21/26) ,WK5: 1 (03/22/26-03/28/26) ,WK6: 1 (03/29/26-04/04/26) ,WK7: 1 (04/05/26-04/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, GG0170E1 - Chair to Bed to Chair, GG0130A1 - Eating, 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, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet

PROCEDURES: equipment training, work simplification/energy conservation, 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 medication(s) purpose, schedule, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate 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
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 medication(s) purpose, schedule

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

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

Toilet Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/26/2026