

Home Health Certification and Plan of Care					Order ID: 1163/855				
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
H65411361		02/24/2026		From: 02/24/2026 To: 04/24/2026		1147		497754	
6. Patient's Name and Address Nicolas Abarca 2818 Joseph Makell Ct, ALEXANDRIA, VA 22306- 240-579-1194					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 03/20/1952 9.Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged Tylenol Es - Acetaminophen P 500 mg 1 Tablet by mouth every 4 hours as needed for pain / fever do not exceed more than 3g within 24hr period SENNA-S 0 8.6-50 mg 2 Tablets by mouth once a day Give 2 tablet for Bowel Management Hold for loose stools Losartan Potassium - Losartan Potassium 25 mg 1 Tablet by mouth once a day HTN				
11. ICD S22.41XD		Principal Diagnosis Multiple fx of ribs right side subs for fx w routn heal			Date 02/24/26		15. Safety Measures: bathroom safety, ambulates with assistance		
13. ICD S32.009D		Other Pertinent Diagnoses Unsp fracture of unsp lum vertebra subs for fx w routn heal			Date 02/24/26				
S22.070D		Wedge comprsn fx T9-T10 vertebra subs for fx w routn heal			02/24/26				
C34.90		Malignant neoplasm of unsp part of unsp bronchus or lung			02/24/26				
C79.51		Secondary malignant neoplasm of bone			02/24/26				
D63.8		Anemia in other chronic diseases classified elsewhere			02/24/26				
I10.		Essential (primary) hypertension			02/24/26				
K59.00		Constipation unspecified			02/24/26		17. Allergies: no known allergies		
Z91.81		History of falling			02/24/26				
14. DME and Supplies: None of the above,					18.B. Activities Permitted Up As Tolerated				
16. Nutrition: regular					18.A. Functional Limitations Ambulation, Endurance				
19. Mental & Psychosocial 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 Multiple Fractures Of Ribs, Right Side, Subsequent Encounter For Fracture With Routine Healing, 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: <div>The patient is a 73-year-old Hispanic male who presented to the hospital following a fall that resulted in multiple fractures. After initial hospital management, the patient was transferred to a rehabilitation setting for continued recovery and functional improvement. The patient is currently staying with his ex-wife temporarily until he is able to relocate; however, he typically resides in Springfield. His son has requested to be contacted regarding all <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> due to the patient currently misplacing his phone. The patient is Spanish-speaking. 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, time, and situation, though intermittent confusion was noted; he remained easily redirectable. Neurological <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed facial symmetry, pupils equal, round, and reactive to light, and bilateral hand grasps that were equal and strong. The patient reported blurred vision. 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 the use of accessory muscles. Cardiovascular <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> showed bilateral lower extremities without edema. Abdominal examination revealed a soft, non-tender abdomen with active bowel sounds in all four quadrants. The patient is continent of both bowel and bladder. The patient reported right shoulder pain but had not taken prescribed pain medication at the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. Education was provided regarding appropriate pain management and the importance of taking prescribed analgesics to support comfort and rehabilitation progress. Functionally, the patient is able to ambulate independently without the use of an assistive device. He is able to feed himself with minimal setup assistance. Due to safety concerns during bathing, the use of a shower chair was recommended. Despite his ability to ambulate independently, the patient requires assistance with medication management and support with instrumental activities of daily living (IADLs). Ongoing care will focus on monitoring pain, reinforcing medication adherence, supporting safety during activities of daily living, and assisting with medication management and higher-level functional tasks to promote recovery and maintain safety during rehabilitation.</div><div> </div><div>Date of Order</div><div>02/24/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 02/10/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Multiple Fractures Of Ribs, Right Side, Subsequent Encounter For Fracture With Routine Healing</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>1 - SOC - SN Notes: soc</div><div>OT Eval Notes:</div><div> </div><div>Physician</div><div>Omorinsola Seriki, Opetomi</div></div>									
SN Careplans					SN Goals				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 02/24/2026									
24. Physician's Name and Address Opetomi Omorinsola Seriki 8109 Tis Well Drive Ste 511 Alexandria, VA 22306 PHONE: 7037994000 FAX: 15714323140 NPI: 1689171217					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 : 02/10/2026				
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. PAGE 1 of 3				

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SN WK1: 1 (02/24/26-02/28/26) ,WK3: 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 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, M1400 - Dyspnea, 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, coordinate/arrange preparation of missing meals: Son 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, * 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					PATIENT-STATED GOAL: I want the pain to stop 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 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 * 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				
OT Careplans					OT Goals				
OT WK1: 1 (02/24/26-02/28/26)					PATIENT-STATED GOAL: OT evaluation only				
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400, , 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, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, 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 PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, gait training on uneven surfaces, 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, * 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent					GOALS Chair to Bed to Chair - 06. Independent 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 medication(s) purpose, schedule 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 Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 - Step (curb) - 06. Independent 4 Steps - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent Oral Hygiene - 06. Independent				
Signature of Physician:					Date				
					PAGE 2 of 3				
Optional Name/Signature of Nurse/Therapist:					Date				
Electronically Signed by Messick, Charles RN					02/24/2026				

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ALEXANDRIA, VA 22306-			Fairfax, VA 22031-3736		
240-579-1194			703-865-7370		
			1073904009		
			Toileting Hygiene - 06. Independent		
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			Don/Doff Footwear - 06. Independent		
			Eating - 06. Independent		
			Upper Body Dressing - 06. Independent		

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