Home Health Certification and Plan of Care

Order ID: 1163/858

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
041033584	02/27/2026	From: 02/27/2026 To: 04/27/2026	1208	497754

6. Patient's Name and Address
Lien Au
3828 Jason Avenue,
Alexandria, VA 22302-
571-275-6901

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 04/28/1957 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I10.	Essential (primary) hypertension	02/27/26

13. ICD	Other Pertinent Diagnoses	Date
H81.10	Benign paroxysmal vertigo unspecified ear	02/27/26
E78.00	Pure hypercholesterolemia unspecified	02/27/26
D50.9	Iron deficiency anemia unspecified	02/27/26
K44.9	Diaphragmatic hernia without obstruction or gangrene	02/27/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/27/26
M81.0	Age-related osteoporosis w/o current pathological fracture	02/27/26
M41.9	Scoliosis unspecified	02/27/26
E05.00	Thyrotoxicosis w diffuse goiter w/o thyrotoxic crisis	02/27/26
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	02/27/26
K64.8	Other hemorrhoids	02/27/26
J30.9	Allergic rhinitis unspecified	02/27/26
R73.03	Prediabetes	02/27/26
Z90.710	Acquired absence of both cervix and uterus	02/27/26

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

MULTI-VITAMIN ORAL (Multivitamins with Fluoride) 1 Tablet by mouth once a day Supplement
GLUCOSAMINE COMPLEX-MSM Oral Cap (Glucosamine-MSM-Magnesium-VitC) 1 Tablet by mouth once a day Supplement
Omega 3 Fish Oil - Cod Liver Oil 1 Tablet by mouth once a day Supplement
VITAMIN B12 ORAL (cyanocobalamin, vitamin B-12) 1000 mg by mouth once a day Supplement
Lipitor - Atorvastatin Calcium eq 20 mg base 0 eq 20 mg base / 1 Tablet by mouth once a day cholesterol
Fosamax - Alendronate Sodium eq 70 mg base eq 70 mg base / 1 Tablet by mouth once a week Urinary retention
Zofran Odt - Ondansetron 4 mg 4 mg / 1 Tablet by mouth every 8 hours as needed for nausea or vomiting
Mobic - Meloxicam 7.5 mg 7.5 mg / 1 Tablet by mouth once a day as needed muscles spams
CALCIUM 600 + D (Calcium Carbonate-Vit D3) 600 mg-10 mcg (400 unit) / 1 Tablet by mouth once a day Supplement

14. DME and Supplies:
hand held shower

15. Safety Measures:
ambulates with assistance

16. Nutrition:
regular,

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Paralysis

18.B. Activities Permitted
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: 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 Essential Hypertension, 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 68-year-old Asian female who presented to the hospital for evaluation of dizziness lasting one day following diagnostic testing. She currently resides in a townhouse with her brother, who serves as her primary caregiver and assists with her daily care needs, including medication preparation. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert, awake, and oriented to person, place, and time. Neurological examination revealed facial symmetry, equal and strong bilateral hand grasps, and pupils that were equal and reactive to light. Respiratory <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> demonstrated clear posterior lung lobes to auscultation bilaterally with no use of accessory muscles. Cardiovascular <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> showed no edema in the bilateral lower extremities. 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 and denies dysuria, burning, or painful urination. The patient reports ongoing back pain and is currently wearing a back brace for support. She reports satisfaction with her prescribed pain medication regimen and states that it effectively manages her discomfort. Functionally, the patient is able to ambulate independently; however, her gait is noted to be unsteady. She was educated on safety precautions and encouraged to take rest periods during ambulation to reduce fall risk. The patient is able to feed herself with minimal setup assistance. Her brother currently manages and prepares her medications to ensure adherence and safety. The plan of care includes continued monitoring of dizziness and gait stability, reinforcement of fall-prevention strategies, ongoing pain management for back discomfort, and caregiver support with medication administration and daily care needs. Education was provided regarding safe ambulation, adequate rest periods, and continued use of the back brace as prescribed to support comfort and mobility.
 Date of Order 02/27/2026 Orders Physician Face-to-Face Date: 02/24/2026 Clinical Condition Requiring home Care per Certifying Physician: SN disease management, PT eval and treat. due to Essential Hypertension 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
 Physician Donald, Robin

SN Careplans

SN WK1: 1 (02/27/26-02/28/26)

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: 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

SN Goals

PATIENT-STATED GOAL: I don't want to be dizzy because it makes me weak

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Robin Donald
6551 Loisdale
Springfield, VA 22150
PHONE: 5716222000 FAX: NPI: 1083742621

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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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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, 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

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, coordinate/arrange preparation of missing meals: Brother managed, coordinate/arrange home modifications for hearing impaired, i.e. alarms: Brother 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/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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/27/2026