

Home Health Certification and Plan of Care				Order ID: 1163/777	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
964075478		02/06/2026		From: 02/06/2026 To: 04/06/2026	
4. Medical Record No.		5. Provider No.			
1036		497754			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Ken Hattori 10001 Oakton Crossing Court, OAKTON, VA 22124- 703-967-1844			Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009		
8. DOB 02/21/1944 9.Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD Principal Diagnosis Date			Florinef - Fludrocortisone Acetate 0.1 mg 1/2 table by mouth once a day		
G90.3 Multi-system degeneration of the autonomic nervous system 02/06/26			Hormonal Imbalance		
13. ICD Other Pertinent Diagnoses Date			Afternoon		
I48.0 Paroxysmal atrial fibrillation 02/06/26			Florinef - Fludrocortisone Acetate 0.1 mg 0.1 mg 0.1 mg / 1 Tablet by mouth in the morning Hormonal Imbalance		
N40.0 Benign prostatic hyperplasia without lower urinry tract symp 02/06/26			Xarelto - Rivaroxaban 15 mg 1 Tablet by mouth at bedtime Prophylactic		
R26.9 Unspecified abnormalities of gait and mobility 02/06/26			Neurontin - Gabapentin 100 mg 100 mg / 1 Capsule by mouth at bedtime		
Z91.81 History of falling 02/06/26			Moderate pain		
Z79.01 Long term (current) use of anticoagulants 02/06/26			Zetia - Ezetimibe 10 mg 10 mg / 1 Tablet by mouth at bedtime HLD		
			Lopressor - Metoprolol Tartrate 25 mg 1/2 tablet by mouth once a day Afib as-needed		
			Vitamin D-3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 5000 unit by mouth in the morning		
			Benefiber - Benefiber 1 package by mouth once a day Constipation		
			Advil - Ibuprofen 200 mg 200 mg / 1 Tablet by mouth every 6 hours Muscles pain as needed		
			Tylenol - Acetaminophen 500mg 2 tabs by mouth every 6 hours Mild pain as needed		
14. DME and Supplies: walker, bath bench			15. Safety Measures: supervision at all times, , , infectious material management, , ambulates with assistance		
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET			17. Allergies: No Known Allergies		
18.A. Functional Limitations Ambulation, Endurance			18.B. Activities Permitted Walker, Up As Tolerated		
19. Mental & COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, Psychosocial Status: 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 Multi-System Degeneration Of The Autonomic Nervous System, 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 81-year-old Japanese male who was recently hospitalized following a fall associated with loss of consciousness and was subsequently discharged home with his wife to their single-family, multi-level residence. He was referred for home health services by his primary care provider. His past medical history is significant for multi-system degeneration of the autonomic nervous system, paroxysmal atrial fibrillation, benign prostatic hyperplasia without lower urinary tract symptoms, unspecified abnormalities of gait and mobility, history of falls, and long-term use of anticoagulant therapy. According to his wife, the patient has experienced recurrent syncopal or "slump" episodes, which currently last approximately 1-2 minutes but have previously persisted for up to 5 minutes or longer. His wife remains vigilant and provides close supervision during ambulation due to fall risk. She has requested consideration of a private home health aide once weekly to provide respite and assist with supervision and activities of daily living. 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 mild forgetfulness was noted; he was easily redirected. Speech was clear, and facial symmetry was intact. He reports poor vision, including double vision, and wears glasses. He is hard of hearing and does not consistently use hearing aids. Pulmonary examination revealed clear breath sounds in the posterior lobes bilaterally without use of accessory muscles. Cardiovascular <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> was unremarkable, with no bilateral lower extremity edema observed. The abdomen was soft and non-tender with active bowel sounds in all four quadrants. The patient is continent of bowel and bladder. He reports intermittent lower extremity sensitivity and pain, which is relieved with relaxation techniques and prescribed medications. During the visit, he was noted to be restless at times and to take frequent short naps. Functionally, the patient ambulates independently within the home but requires standby to occasional hands-on assistance to safely complete grooming, dressing, bathing, and toileting tasks. He uses a shower chair for safety during bathing and a single-point cane for ambulation in the community. His wife manages meal preparation and medication administration, although he is able to feed himself independently. Physical therapy evaluation has been completed, and a home exercise program was initiated, including seated and standing bilateral lower extremity therapeutic exercises. Both the patient and his wife demonstrated and verbalized understanding of the exercises and agreed with the plan. Education was provided regarding safe home setup, fall prevention strategies, stair negotiation, energy conservation, and the importance of rest breaks to minimize overexertion and reduce risk of syncopal episodes. The patient presents with impaired balance, decreased endurance, autonomic instability with recurrent syncopal episodes, visual and hearing deficits, and a history of falls, all of which contribute to an increased fall risk within the home and community. Skilled physical therapy services are recommended to improve lower extremity strength, activity tolerance, gait steadiness, and overall safety with functional mobility, with the goal of maximizing independence and returning to prior level of function. In addition, the implementation of home health aide services is recommended to assist with supervision of daily activities and to provide caregiver support and respite for his wife. The plan of care focuses on fall prevention, strengthening, safe mobility training, caregiver education, and ongoing monitoring of functional status and syncopal events. Date of Order 02/06/2026 Orders Physician Face-to-Face Date: 01/22/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT eval and treat OT eval and treat HHA due to Multi-System Degeneration Of The Autonomic Nervous System 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 Hegde, Dinraj					
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 02/06/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address Dinraj Hegde 10455 White Granite Drive Oakton, VA 22124 PHONE: 7039380363 FAX: 17039388653 NPI: 1184612178			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 : 01/22/2026		
27. Attending Physician's Signature and Date Signed 02/17/2026 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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10001 Oakton Crossing Court,			9735 Main Street Suite 200 Fairfax,		
OAKTON, VA 22124-			Fairfax, VA 22031-3736		
703-967-1844			703-865-7370		
			1073904009		
SN Careplans			SN Goals		
SN WK1: 1 (02/06/26-02/07/26) ,WK2: 1 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) ,WK4: 1 (02/22/26-02/28/26) ,WK5: 1 (03/01/26-03/07/26)			PATIENT-STATED GOAL: I want to stop falling		
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			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - 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, 8. Currently reports exhaustion			* lifestyle modifications to manage respiratory condition including		
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			* diet changes and regular exercise		
Advance Directive:No Advance Directive			* strategies to control shortness of breath		
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, 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			* home remedies to keep lungs healthy		
PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, coordinate/arrange preparation of missing meals: Wife managed, coordinate/arrange home modifications for hearing impaired, i.e. alarms: Wife managed			* recalls related medicatio		
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 minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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, 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		
			patient/caregiver recalls		
			* strategies to minimize fatigue and exhaustion including work simplification		
			* energy conservation		
			* lifestyle changes		
			* diet		
			* 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 self-administers medications as prescribed		
			* recalls related medication(s) purpose, schedule		
			meal preparation is available to patient for all meals		
PT Careplans			PT Goals		
PT WK2: 1 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) ,WK5: 1 (03/01/26-03/07/26) ,WK6: 1 (03/08/26-03/14/26) ,WK7: 1 (03/15/26-03/21/26) ,WK8: 1 (03/22/26-03/28/26) ,WK9: 2 (03/29/26-04/04/26) ,WK10: 1 (04/05/26-04/06/26)			PATIENT-STATED GOAL: To increase strength in BLE to better perform and tol ADLs, funct activities and ambul		
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			GOALS		
PROCEDURES: home exercise program: standing SLR hip abd/ext, seated and/or standing marches, LAQs, seated and/or standing HR/TR, seated clams and hip add pillow squeezes, standing squats at support/countertop, gait training/stair training, transfers training			Chair to Bed to Chair - 06. Independent		
TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car 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, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance			Toilet Transfer - 06. Independent		
			1 - Step (curb) - 05. Setup or clean-up assistance		
			Sit to Stand - 06. Independent		
			Car 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		
			12 Steps - 05. Setup or clean-up assistance		
OT Careplans			OT Goals		
OT WK2: 1 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) ,WK4: 1 (02/22/26-02/28/26) ,WK5: 1 (03/01/26-03/07/26)			PATIENT-STATED GOAL: I want to get stronger and get back to feeling like myself		
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			GOALS		
PROCEDURES: equipment training, work simplification/energy conservation			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		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			02/06/2026		

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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 - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent		* home remedies to keep lungs healthy * recalls related medicatio Oral Hygiene - 06. Independent 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
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/06/2026