Home Health Certification and Plan of Care

Order ID: 1163/875

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01221770	03/04/2026	From: 03/04/2026 To: 05/02/2026	310	497754

6. Patient's Name and Address

Johnnie Moore
2145 S Pollard St,
ARLINGTON, VA 22204-
703-979-6778

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 02/14/1940 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I10.	Essential (primary) hypertension	03/04/26

13. ICD	Other Pertinent Diagnoses	Date
E78.00	Pure hypercholesterolemia unspecified	03/04/26
I70.0	Atherosclerosis of aorta	03/04/26
D64.9	Anemia unspecified	03/04/26
E03.9	Hypothyroidism unspecified	03/04/26
E21.3	Hyperparathyroidism unspecified	03/04/26
E55.9	Vitamin D deficiency unspecified	03/04/26
E53.8	Deficiency of other specified B group vitamins	03/04/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/04/26
M15.9	Polyosteoarthritis unspecified	03/04/26
J30.9	Allergic rhinitis unspecified	03/04/26
M75.102	Unsp rotatr-cuff tear/ruptr of left shoulder not trauma	03/04/26
K59.00	Constipation unspecified	03/04/26
E66.01	Morbid (severe) obesity due to excess calories	03/04/26
Z68.28	Body mass index [BMI] 28.0-28.9 adult	03/04/26
Z79.890	Hormone replacement therapy	03/04/26
Z60.2	Problems related to living alone	03/04/26
Z96.641	Presence of right artificial hip joint	03/04/26
Z91.81	History of falling	03/04/26

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

Cozaar - Losartan Potassium 50 mg, Take 1 tablet by mouth twice a day
Fluticasone (FLONASE ALLERGY RELIEF) 50 mcg/actuation Nasl SpSn 50 mcg/actuation, Use 2 Sprays Nasal once a day Use 2 Sprays in each nostril daily
Tylenol - Acetaminophen 500 mg, Take 1 tablet by mouth every 6 hours Take 1 tablet by mouth every 6 hours as needed for pain
Tenoretic 100 - Atenolol: Chlorthalidone 50mg by mouth twice a day Take 1 tablet by mouth every morning
Norvasc - Amlodipine Besylate 0 10 mg, Take 1 tablet by mouth once a day
Levothyroxine (LEVOTHROID/SYNTHROID) 150 mcg Oral Tab 0 112 mcg, Take 1 tablet by mouth in the morning Take 1 tablet by mouth every morning 30 minutes before a meal
Lipitor - Atorvastatin Calcium 0 20 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for cholesterol and heart protection
Docusate Sodium - Docusate Sodium 1 by mouth twice a day For constipation

14. DME and Supplies:
wheelchair, walker, rolling walker, grab bars

15. Safety Measures:
ambulates with device, ambulates with assistance

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
aspirin

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
No Restrictions, Exercises Prescribed, Walker, Wheelchair

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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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
patient 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.

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/04/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Donna Lee
201 North Washington Street
Falls Church, VA 22046
PHONE: 7032374000 FAX: 17035361400 NPI: 1750468344

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 : 03/02/2026

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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Clinical Condition Requiring Homecare:

The patient demonstrated good activity tolerance during today's physical therapy session, with increased motivation and active participation throughout the intervention. The patient expressed a strong desire to improve overall functional mobility and reported a primary goal of remaining physically active and improving walking ability in order to safely perform daily activities within the home environment. The patient was alert and oriented to person, place, and time (A&O 3) and noted a preference for afternoon therapy sessions rather than morning appointments. An occupational therapy evaluation was completed. The patient is an 86-year-old female with a diagnosis of impaired mobility secondary to osteoarthritis. Her past medical history is significant for hypertension (HTN), hyperlipidemia (HLD), hypothyroidism, history of right hip arthroplasty, and a history of falls. The patient currently lives alone in her own multi-level home, which is equipped with a chair lift to assist with stair navigation. She utilizes a front-wheeled walker (FWW) for support during ambulation. The patient receives weekly assistance from her niece, Janice, who helps with instrumental activities of daily living (IADLs), medication management, and transportation to medical appointments. At the time of evaluation, the patient reported being able to complete total body dressing and sponge bathing independently, though these tasks require increased time and effort due to bilateral upper and lower extremity osteoarthritis. Given the patient's current functional status and medical history, she would benefit from continued occupational therapy services to address decreased strength and endurance impacting daily functional performance. The plan of care includes skilled occupational therapy interventions focusing on therapeutic exercises, functional transfer training, and endurance training to maximize safety, independence, and overall performance with daily tasks within the home environment.
 Date of Order 03/04/2026 Orders Physician Face-to-Face Date: 03/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat OT 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 - OT Notes: PT Eval Notes:
 Physician Lee, Donna

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (03/04/26-03/07/26) ,WK2: 1 (03/08/26-03/14/26) ,WK3: 1 (03/15/26-03/21/26) ,WK4: 1 (03/22/26-03/28/26) ,WK5: 1 (03/29/26-04/04/26) ,WK6: 1 (04/05/26-04/11/26) ,WK7: 1 (04/12/26-04/18/26) ,WK8: 1 (04/19/26-04/25/26) ,WK9: 1 (04/26/26-05/02/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: gait training on uneven surfaces, transfers training

TEACH PATIENT/CAREGIVER: 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, 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, Walk 10 ft on Uneven Surface - 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, Picking Up Object - 05. Setup or clean-up assistance, Car Transfer - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: Patient will ambulate 200ft with SPC without pain to improve household ambulation tolerance

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

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

Picking Up Object - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (03/04/26-03/07/26) ,WK2: 1 (03/08/26-03/14/26) ,WK3: 1 (03/15/26-03/21/26) ,WK4: 1 (03/22/26-03/28/26) ,WK5: 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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

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, 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

OT Goals

PATIENT-STATED GOAL: I want to get stronger and get back to feeling like myself

GOALS
Chair to Bed to Chair - 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

03/04/2026

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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: GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, M2020 - Oral Med Management, Home Safety, M2102c - Med Admin, M1400 - Dyspnea, lethargy, balance deficit

PROCEDURES: equipment training, work simplification/energy conservation, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, 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

caregiver administers and/or packages medications appropriately

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

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 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/04/2026