Home Health Certification and Plan of Care

Order ID: 1163/883

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
381037547	03/09/2026	From: 03/09/2026 To: 05/07/2026	1242	497754

6. Patient's Name and Address
Robert Rogers
11443 Stone Mill Court,
Oakton, VA 22124-
703-336-9894

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 01/16/1937 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S22.42XD	Multiple fx of ribs left side subs for fx w routn heal	03/09/26

13. ICD	Other Pertinent Diagnoses	Date
M80.08XD	Age-rel osteopor w crnt path fx verteb 7thD	03/09/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	03/09/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	03/09/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	03/09/26
N18.31	Chronic kidney disease stage 3a	03/09/26
I48.0	Paroxysmal atrial fibrillation	03/09/26
I70.0	Atherosclerosis of aorta	03/09/26
E78.5	Hyperlipidemia unspecified	03/09/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/09/26
Z79.4	Long term (current) use of insulin	03/09/26
Z79.01	Long term (current) use of anticoagulants	03/09/26
Z91.81	History of falling	03/09/26

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

Tylenol - Acetaminophen 500 mg 1 table by mouth every 6 hours moderate pain
Atenolol - Atenolol 25 mg 1 table by mouth once a day HTN
Dabigatran Etexilate - Dabigatran Etexilate 150 mg by mouth once a day Prophylactic
Pantoprazole Sodium - Pantoprazole Sodium eq 40 mg base eq 40 mg base by mouth once a day GERD
Lovastatin - Lovastatin 40 mg 40 mg by mouth in the evening Hyperlipidemia
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000 IU by mouth once a day Supplement
Donepezil Hydrochloride - Donepezil Hydrochloride 10 mg 10 mg 10 mg by mouth at bedtime Dementia
Metformin Er - Metformin Hydrochloride 500mg / 1 tablet by mouth in the evening DM2
Lidocaine Patch - Lidocaine 0 0 4% external patch topical once a day Moderate pain
Multiple Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day supplement
MIRTAZAPINE 15 mg 15 mg 15 mg 1 tablet (15 mg total) mouth at bedtime Insomnia
Sennosides - Senna 8.6 - 50 mg / 2 tablet by mouth once a day 2 tablets constipation
Glycolax - Polyethylene Glycol 3350 17gm/packet 17gm/packet 17gm/packet 17 grams by mouth once a day Give 17 gram by mouth every 24 hours as needed for constipation

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

15. Safety Measures:
hand rails, , diabetic precautions, bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:
diabetic

17. Allergies:
simvastatin

18.A. Functional Limitations
Bowel/Bladder Incontinence, Ambulation, Endurance

18.B. Activities Permitted
Walker, Up As Tolerated

19. Mental & Psychosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, 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: Yes

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 Subsequent Encounter For Multiple Left-Side Rib Fractures That Are Healing Normally, 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:

Start of care <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> and occupational therapy evaluation were completed for an 89-year-old White male patient referred by his primary care physician following a recent fall at home that resulted in a right rib fracture. The patient has no recent hospitalizations. His past medical history is significant for dementia, muscle weakness, and dehydration. The patient resides in a single-family home with his wife, who serves as his primary caregiver, and he receives additional assistance from a private caregiver for approximately five hours on Fridays. At the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert, awake, and oriented to person and place, with intermittent confusion but easily redirected. Neurological <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed symmetrical facial movements, equal and strong bilateral hand grasps, and pupils 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 sounds to auscultation without use of accessory muscles. Cardiovascular <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> noted trace edema, and the patient was encouraged to elevate his lower extremities to help reduce swelling. Abdominal <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed a soft, non-tender abdomen with active bowel sounds in all four quadrants. The patient is incontinent of bladder but denies dysuria or painful urination. He reports rib pain related to the recent fracture, which is currently managed with medication and provides relief. Functionally, the patient ambulates with a front-wheeled walker and requires supervision for safety. During monitoring of blood pressure, the patient was observed frequently crossing his legs and required redirection to maintain appropriate positioning. He is able to feed himself with setup assistance. The patient also has a partial amputation of the right thumb, which may impact fine motor function. Occupational therapy evaluation assessed the patient's ability to perform activities of daily living (ADLs) and functional transfers. The patient is able to participate in both upper and lower body dressing but requires verbal cues and tactile guidance throughout the tasks due to cognitive impairment and reduced upper extremity strength and range of motion. According to the patient's wife, the patient is able to complete bathing tasks with standby assistance. He utilizes a front-wheeled walker for ambulation and requires standby to contact guard assistance when navigating stairs. At the time of evaluation, the patient demonstrated decreased bilateral upper extremity strength and active range of motion, which contribute to reduced independence with ADL performance and functional mobility. Education

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/09/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jonathan Menezes
1890 Metro Center Dr
Reston, VA 20190
PHONE: 7037091500 FAX: NPI: 1023329802

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 **03/18/2026**: 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.

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was provided to the patient and caregiver regarding safety with mobility, proper use of assistive devices, and strategies to reduce fall risk. Based on the <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> findings, the patient would benefit from continued skilled therapy services to address deficits in strength, endurance, and functional mobility. The plan of care includes therapeutic exercise, endurance training, and functional task training to improve performance and safety with activities of daily living, transfers, and mobility within the home environment, with the goal of maximizing independence and reducing caregiver burden.
 Date of Order 03/09/2026 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 Subsequent Encounter For Multiple Left-Side Rib Fractures That Are Healing Normally 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 OT Eval
 Physician Menezes, Jonathan

SN Careplans

SN WK1: 1 (03/09/26-03/14/26) ,WK2: 1 (03/15/26-03/21/26) ,WK4: 1 (03/29/26-04/04/26) ,WK6: 1 (04/12/26-04/18/26)

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), 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, M1610 - Urinary Incontinence, 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 with forgetfulness, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion: Wife managed, glucose testing via monitor: Wife managed, home exercise program: Eval and treat by therapy, coordinate/arrange preparation of missing meals: Wife 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * urinary incontinence management including bladder training Kegel exercises skin care, 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

SN Goals

PATIENT-STATED GOAL: Help my husband not to fall

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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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 WK1: 1 (03/09/26-03/14/26) ,WK2: 1 (03/15/26-03/21/26) ,WK3: 1 (03/22/26-03/28/26) ,WK4: 1 (03/29/26-04/04/26) ,WK5: 1 (04/05/26-04/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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

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 - 03. Partial/moderate assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up

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

Upper Body Dressing - 05. Setup or clean-up assistance

Toileting Hygiene - 03. Partial/moderate assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/09/2026

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assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
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