

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	
381037547		03/09/2026		From: 03/09/2026 To: 05/07/2026	
4. Medical Record No.		5. Provider No.			
1242		497754			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Robert Rogers 11443 Stone Mill Court, Oakton, VA 22124- 703-336-9894			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			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD	Principal Diagnosis	Date	Tylenol - Acetaminophen 500 mg 1 table by mouth every 6 hours moderate pain		
S22.42XD	Multiple fx of ribs left side subs for fx w routn heal	03/09/26	Atenolol - Atenolol 25 mg 1 table by mouth once a day HTN		
13. ICD	Other Pertinent Diagnoses	Date	Dabigatran Etexilate - Dabigatran Etexilate 150 mg by mouth once a day		
M80.08XD	Age-rel osteopor w crnt path fx verteb 7thD	03/09/26	Prophylactic		
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	03/09/26	Pantoprazole Sodium - Pantoprazole Sodium eq 40 mg base eq 40 mg base by mouth once a day GERD		
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	03/09/26	Lovastatin - Lovastatin 40 mg 40 mg by mouth in the evening Hyperlipidemia		
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdney	03/09/26	Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000 IU by mouth once a day Supplement		
N18.31	Chronic kidney disease stage 3a	03/09/26	Donepezil Hydrochloride - Donepezil Hydrochloride 10 mg 10 mg 10 mg by mouth at bedtime Dementia		
I48.0	Paroxysmal atrial fibrillation	03/09/26	Metformin Er - Metformin Hydrochloride 500mg / 1 tablet by mouth in the evening DM2		
I70.0	Atherosclerosis of aorta	03/09/26	Lidocaine Patch - Lidocaine 0 0 4% external patch topical once a day Moderate pain		
E78.5	Hyperlipidemia unspecified	03/09/26	Multiple Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day Supplement		
K21.9	Gastro-esophageal reflux disease without esophagitis	03/09/26	MIRTAZAPINE 15 mg 15 mg 15 mg 1 tablet (15 mg total) mouth at bedtime		
Z79.4	Long term (current) use of insulin	03/09/26	Insomnia		
Z79.01	Long term (current) use of anticoagulants	03/09/26	Sennosides - Senna 8.6 - 50 mg / 2 tablet by mouth once a day 2 tablets constipation		
Z91.81	History of falling	03/09/26	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:			15. Safety Measures:		
walker, hand held shower, grab bars, , commode			hand rails, , diabetic precautions, bathroom safety, ambulates with device, ambulates with assistance		
16. Nutrition:			17. Allergies:		
diabetic			simvastatin		
18.A. Functional Limitations			18.B. Activities Permitted		
Bowel/Bladder Incontinence, Ambulation, Endurance			Walker, Up As Tolerated		
19. Mental & Pyschosocial Status:			19. Mental & Pyschosocial 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			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:			20. Prognosis:		
good			good		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			family/caregiver will be responsible for managing treatment		
Homebound status:			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.			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:			Clinical Condition Requiring Homecare:		
<div>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			<div>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. 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23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles RN on 03/09/2026					
24. Physician's Name and Address			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.		
Jonathan Menezes 1890 Metro Center Dr Reston, VA 20190 PHONE: 7037091500 FAX: NPI: 1023329802			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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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
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/09/2026