Home Health Certification and Plan of Care

Order ID: 1163/916

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
42100375	03/13/2026	From: 03/13/2026 To: 05/11/2026	1258	497754

6. Patient's Name and Address

Nancy Maccord
2919 Mountain View Rd Apt 418,
STAFFORD, VA 22556-
571-550-5291

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 11/03/1954 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S32.019D	Unsp fx first lum vertebra subs for fx w routn heal	03/13/26

13. ICD	Other Pertinent Diagnoses	Date
M54.50	Low back pain unspecified	03/13/26
G89.29	Other chronic pain	03/13/26
F60.3	Borderline personality disorder	03/13/26
J45.909	Unspecified asthma uncomplicated	03/13/26
G25.0	Essential tremor	03/13/26
M79.7	Fibromyalgia	03/13/26
E04.1	Nontoxic single thyroid nodule	03/13/26
F41.8	Other specified anxiety disorders	03/13/26
E78.5	Hyperlipidemia unspecified	03/13/26
R19.00	Intra-abd and pelvic swelling mass and lump unsp site	03/13/26
Z87.440	Personal history of urinary (tract) infections	03/13/26

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

ALENDRONATE SODIUM eq 35 mg base 0 35 mg / 1 tablet Oral once a week osteoporosis
Amantadine Hydrochloride - Amantadine Hydrochloride 100 mg 100 mg 1 capsule by mouth at bedtime Parkinson
Buspirone Hcl - Buspirone Hydrochloride 10 mg / 4 tablet by mouth at bedtime Anxiety
CLONAZEPAM 0.5 mg 0 0.5 mg / 1 tablet by mouth three times a day Anxiety
GABAPENTIN 400 mg 0 400 mg / 1 tablet by mouth three times a day fibromyalgia
Loratidine - Loratadine 10 mg / 1 tablet by mouth once a day Congestion
Propranolol Hydrochloride - Propranolol Hydrochloride 20 mg 20 mg by mouth twice a day HTN
Venlafaxine Hydrochloride - Venlafaxine Hydrochloride 75 mg 75 mg 3 capsules by mouth once a day depression 3 tablets
Atorvastatin Calcium - Atorvastatin Calcium 10 mg / 1 Tablet by mouth at bedtime HLD

14. DME and Supplies:
walker, reacher, bath bench

15. Safety Measures:
, , , bathroom safety, ambulates with device, activity supervision

16. Nutrition:
regular

17. Allergies:
codeine erythromycin moxifloxacin tetracycline sulfa antibiotics

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

18.B. Activities Permitted
Walker, Up As Tolerated

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: 3. Often, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, 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
add discharge plan

Homebound status: Due to diagnosis of Unspecified Fracture Of First Lumbar Vertebra, Subsequent Encounter For Fracture With Routine Healing, 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 72-year-old White female who presented to the hospital following a fall. She resides alone in a cluttered apartment with a cat, with intermittent support provided by a nearby friend. The patient demonstrates generalized weakness and reportedly spends most of her time in bed, though she ambulates with a walker per caregiver report. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient is alert, awake, and oriented to person and place, with noted forgetfulness but easily redirectable. Neurological examination reveals symmetrical facial movements, equal bilateral hand grasps, and pupils that are equal and reactive to light. Lung auscultation reveals clear breath sounds posteriorly. Cardiovascular <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> notes trace bilateral lower extremity edema, and the patient was encouraged to elevate her legs. Abdominal examination shows a soft, non-tender abdomen with active bowel sounds in all four quadrants. The patient is incontinent of bladder but denies dysuria or urinary discomfort. The patient reports back pain but denies taking any pain medication; education was provided regarding pain management. She is able to feed herself with setup assistance. Susan, identified as the primary caregiver, was present during the visit along with another female friend. There is a discrepancy regarding medication adherence, as Susan reports the patient is not taking prescribed medications, while the patient states she took them the previous night. Caregivers expressed concern regarding the patient's overall safety and well-being, particularly given her lack of family support. Education was provided to the caregivers regarding the importance of involving county resources, and it was recommended that social services be consulted to assist in ensuring the patient's safety, medication adherence, and ongoing care needs.
 Date of Order 03/13/2026 Orders Physician Face-to-Face Date: 03/11/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN pain management, PT and OT Eval and Treat due to Unspecified Fracture Of First Lumbar Vertebra, Subsequent Encounter For Fracture With Routine Healing 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: Physician Moultrie, Marissa

SN Careplans

SN WK1: 1 (03/13/26-03/14/26)

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), 3. Multiple hospitalizations (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

SN Goals

PATIENT-STATED GOAL: I want to be able to get walking

GOALS
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
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/13/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Marissa Moultrie
125 Hospital Center Blvd Ste 110
Stafford, VA 22554
PHONE: 5406026500 FAX: NPI: 1235591769

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 : 03/11/2026

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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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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, D0700 - Social Isolation, meal preparation, M2020 - Oral Med Management, Home Safety, M1033 - Exhaustion, M1400 - Dyspnea, M1600 - UTI, frequent urination, muscle weakness, limited endurance, limited range of motion, limited strength, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, discolored patches of skin

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, coordinate/arrange preparation of missing meals: Friend managed, coordinate/arrange for maintenance of clean/uncluttered living area: Friends managed, coordinate/arrange long-term socialization activities: Friends assist

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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

* strategies to control shortness of breath
* home remedies to keep lungs healthy
* 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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

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	03/13/2026