Home Health Certification and Plan of Care

Order ID: 1163/938

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
711051727	01/30/2026	From: 01/30/2026 To: 03/30/2026	1091	497754

6. Patient's Name and Address

Eric Foretich
10440 NEW ASCOT DR,
GREAT FALLS, VA 22066-
703-759-5530

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 10/27/1942 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I10.	Essential (primary) hypertension	01/30/26

13. ICD	Other Pertinent Diagnoses	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/30/26
M48.061	Spinal stenosis lumbar region without neurogenic claud	01/30/26
I71.40	Abdominal aortic aneurysm without rupture unspecified	01/30/26
M99.73	Conn tiss and disc stenos of intvrt foramin of lumbar region	01/30/26
E78.5	Hyperlipidemia unspecified	01/30/26
K40.90	Unil inguinal hernia w/o obst or gangr not spcf as recur	01/30/26
K59.00	Constipation unspecified	01/30/26
Z85.46	Personal history of malignant neoplasm of prostate	01/30/26
Z87.891	Personal history of nicotine dependence	01/30/26
Z95.5	Presence of coronary angioplasty implant and graft	01/30/26

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

Psyllium - Psyllium 3.4 gram 1 pocket by mouth twice a day Constipation
Atorvastatin - Atorvastatin Calcium 40 mg 1 Tablet by mouth in the morning
Losartan 25 mg 1 Tablet by mouth once a day
Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 17 gram 1 table by mouth once a day Constipation

14. DME and Supplies:

hand held shower, , grab bars

15. Safety Measures:

supervision at all times, remove environmental barriers, medication safety, infectious material management, hand rails, fall precautions, , activity supervision

16. Nutrition:

low sodium, cardiac diet

17. Allergies:

compazine

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, 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: 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
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.

Clinical Condition Requiring Homecare:

The patient is an 83-year-old White male who initially presented to the hospital with flu-like symptoms and a productive cough and was subsequently admitted with a diagnosis of pneumonia. His past medical history is significant for hypertension, chronic lower back pain, lumbar spinal stenosis at L4-L5, and recent pneumonia. Immunizations are up to date, including influenza vaccination in October 2025 and current pneumococcal vaccination. The patient is a retired physician/oral surgeon who resides in his own multilevel home with his son; both sons are physicians and actively involved in his care. The household also includes a private aide and a large dog. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient is alert and oriented to person, place, time, and situation. Neurological examination reveals facial symmetry, equal and strong bilateral hand grasps, and pupils equal, round, and reactive to light. Lung auscultation demonstrates clear posterior lobes without use of accessory muscles. The abdomen is soft, non-tender, with active bowel sounds in all four quadrants. Bilateral lower extremities are without edema. The patient is continent of bowel and bladder. He ambulates independently without an assistive device and performs transfers and stair negotiation independently. He reports intermittent back pain related to lumbar stenosis, which is relieved with prescribed medication. He is currently on oral antibiotics for pneumonia and reports adherence. His son assists with medication preparation; however, the patient is able to independently manage oral medications and meals. He feeds himself with setup assistance only and requires moderate assistance for select tasks as needed. Physical therapy evaluation was completed. The patient demonstrated independence with ambulation, transfers, stair negotiation, and basic activities of daily living (ADLs). He is able to safely leave the home independently despite mild upper trunk postural deficits associated with lumbar spinal stenosis. Given his functional independence, he does not currently demonstrate a need for skilled home physical therapy services. It was determined that management of spinal stenosis would be more appropriately addressed through outpatient physical therapy with manual therapy interventions. Extensive education was provided regarding the transition to outpatient services. The patient verbalized understanding and agreement with the recommendation and plans to pursue outpatient physical therapy upon completion of home health occupational therapy and skilled nursing services, acknowledging that concurrent home health and outpatient physical therapy services are not permitted. He has previously been in contact with an outpatient therapist at Kaiser and is considering alternative, more conveniently located facilities. The patient reports a fall approximately six months ago outside the home due to entanglement in a dog leash. He currently ambulates without an assistive device. For safety and fall prevention, recommendations were made for installation of grab bars and use of a shower chair during bathing and shower transfers. The patient verbalized understanding of safety recommendations. Overall, he remains medically stable, cognitively intact, and functionally independent with good family support. The plan of care includes continuation of skilled nursing and occupational therapy services, completion of the prescribed oral antibiotic regimen, pain management as ordered, reinforcement of home safety measures, and transition to outpatient physical therapy for management of lumbar spinal stenosis following discharge from home health services.
 Date of Order 01/30/2026 Orders Physician Face-to-Face Date: 01/28/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & 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 - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Menezes, Jonathan

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/30/2026

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 : 01/28/2026

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.

Home Health Certification and Plan of Care

Order ID: 1163/938

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
711051727	01/30/2026	From: 01/30/2026 To: 03/30/2026	1091	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Eric Foretich 10440 NEW ASCOT DR, GREAT FALLS, VA 22066- 703-759-5530	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

SN WK1: 1 (01/30/26-01/31/26) ,WK2: 1 (02/01/26-02/07/26) ,WK3: 1 (02/08/26-02/14/26) ,WK4: 1 (02/15/26-02/21/26)

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: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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: , 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

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, home exercise program: Eval and treat by therapy, coordinate/arrange preparation of missing meals: Private aide/ sons prepared

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: Get back to normal activities

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 medicatio

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 relaxatio

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

meal preparation is available to patient for all meals

PT Careplans

PT WK2: 1 (02/01/26-02/07/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, 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

PT Goals

PATIENT-STATED GOAL: NA, NOT ADMITTING Pt

GOALS

OT Careplans

OT WK2: 1 (02/01/26-02/07/26) ,WK3: 1 (02/08/26-02/14/26) ,WK4: 1 (02/15/26-02/21/26) ,WK5: 1 (02/22/26-02/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, 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

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 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to be able to put on my jackets/coats easier and improve my strength.

GOALS
Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Eating - 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 medicatio

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 relaxatio

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/30/2026