Home Health Certification and Plan of Care

Order ID: 1163/958

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
43153490	03/27/2026	From: 03/27/2026 To: 05/25/2026	1317	497754

6. Patient's Name and Address

Andra Krause
8201 Cottage Street,
VIENNA, VA 22180-
703-560-4761

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 01/02/1939 | **9.Sex** Female

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

DABIGATRAN ETEXILATE 150 mg by mouth twice a day
Amlodipine - Amlodipine Besylate 5 mg by mouth twice a day
Losartan Potassium - Losartan Potassium 50 mg by mouth once a day
Metoprolol Tartrate - Metoprolol Tartrate 12.5 mg by mouth every 12 hours
Meclizine - Meclizine Hydrochloride 25 mg by mouth three times a day DIUR

11. ICD	Principal Diagnosis	Date
I48.91	Unspecified atrial fibrillation	03/27/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	03/27/26
E78.5	Hyperlipidemia unspecified	03/27/26
N32.81	Overactive bladder	03/27/26
J33.9	Nasal polyp unspecified	03/27/26
M17.11	Unilateral primary osteoarthritis right knee	03/27/26
Z79.01	Long term (current) use of anticoagulants	03/27/26
Z91.81	History of falling	03/27/26

14. DME and Supplies:

walker

15. Safety Measures:

activity supervision, hand rails, , ambulates with assistance

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

cefixime phenazopyridine lactose milk

18.A. Functional Limitations

None of the above

18.B. Activities Permitted

Walker, Exercises Prescribed

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: 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

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Unspecified atrial fibrillation, 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 87-year-old patient referred to home health services following a recent hospitalization related to a ground-level fall in the home. The patient's past medical history is significant for <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-hypertension">hypertension</mh>, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-16 CE-FMS-hyperlipidemia">hyperlipidemia</mh>, osteoarthritis, overactive bladder, and chronic dizziness. The patient resides in a multi-level home with a significant other. Environmental assessment of the home revealed multiple safety concerns, including cluttered living areas that increase the risk of tripping and falls, as well as a loose railing on the staircase, which presents an additional hazard when navigating stairs. The patient reports difficulty negotiating stairs and is unable to safely use a front-wheeled walker within the home due to space constraints and environmental barriers. On assessment, the patient presents with significant limitations in functional mobility related to dizziness, gait instability, and a recent fall. The patient demonstrates decreased lower extremity strength, impaired balance, coordination deficits, and reduced activity tolerance. Ambulation is limited to short household distances using a rolling walker with supervision to contact guard assistance due to instability and high fall risk. Functional mobility is further impacted by fatigue and decreased endurance, placing the patient at increased risk for additional falls, further functional decline, and potential hospitalization if deficits are not addressed. An occupational therapy evaluation was completed to assess activities of daily living and transfer abilities. The patient reports currently performing sponge bathing only due to safety concerns with showering; therefore, a shower chair was recommended to improve safety and reduce fall risk during bathing tasks. The patient's significant other assists with meal preparation and other household activities as needed. The patient also has arthritis affecting both hands but remains independent with eating. Evaluation findings indicate decreased bilateral upper extremity strength and endurance, which further limits the patient's ability to safely perform daily functional activities and household tasks. Overall, the patient demonstrates deficits in strength, balance, coordination, endurance, and environmental safety that contribute to an elevated fall risk and decreased independence. Skilled physical therapy services are recommended to address lower extremity strengthening, balance training, gait training, and endurance improvement in order to enhance safety with mobility, reduce fall risk, and maximize functional independence. Skilled occupational therapy services are also indicated to address deficits in bilateral upper extremity strength, endurance, and safe performance of activities of daily living. Education has been provided regarding fall prevention strategies, environmental safety modifications, and the importance of using recommended adaptive equipment. The interdisciplinary plan of care will focus on improving mobility, strengthening, and activity tolerance while addressing home safety concerns to support the patient's ability to remain safely in the home environment and reduce caregiver burden.
 Date of Order 03/27/2026 Orders Physician Face-to-Face Date: 03/23/2026 Clinical Condition Requiring home Care per Certifying Physician: OT, PT due to Unspecified atrial fibrillation 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: SOC PT Eval Notes: Physician Lee, Donna

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/27/2026

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 : 03/23/2026

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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PT Careplans

PT WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-05/02/26) ,WK7: 1 (05/03/26-05/09/26)

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: home exercise program, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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

PT Goals

PATIENT-STATED GOAL: To improve static balance and dynamic balance without any falls

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

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

OT Careplans

OT WK1: 1 (03/27/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 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: 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:Durable power of attorney for health care/Medical power of attorney

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, Home Safety, Home Safety, M1400 - Dyspnea, coughing, balance deficit, bruising/discoloration

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's enviroment has adequate stairs railings, patient living environment has safe floor coverings, patient's living environment is clean/uncluttered, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 02. Substantial/maximal assistance, 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 get stronger and get back to feeling like myself

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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 enviroment has adequate stairs railings

patient living environment has safe floor coverings

patient's living environment is clean/uncluttered

Sit to Stand - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Shower/Bathe Self - 02. Substantial/maximal assistance

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/27/2026