Home Health Certification and Plan of Care

Order ID: 1163/1000

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
981366085	03/20/2026	From: 03/20/2026 To: 05/18/2026	1273	497754

6. Patient's Name and Address

Walter Elder
5358 Trevino Dr,
HAYMARKET, VA 20169-
571-284-9389

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 03/15/1941 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I97.610	Postproc hemor of a circ sys org following a cardiac cath	03/20/26

13. ICD	Other Pertinent Diagnoses	Date
L89.152	Pressure ulcer of sacral region stage 2	03/20/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/20/26
I25.82	Chronic total occlusion of coronary artery	03/20/26
I10.	Essential (primary) hypertension	03/20/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	03/20/26
R33.8	Other retention of urine	03/20/26
E78.5	Hyperlipidemia unspecified	03/20/26
G25.0	Essential tremor	03/20/26
G62.9	Polyneuropathy unspecified	03/20/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	03/20/26
Z79.82	Long term (current) use of aspirin	03/20/26
Z85.46	Personal history of malignant neoplasm of prostate	03/20/26
Z85.820	Personal history of malignant melanoma of skin	03/20/26
Z96.0	Presence of urogenital implants	03/20/26
I73.9	Peripheral vascular disease unspecified	03/20/26

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

Trazodone Hydrochloride - Trazodone Hydrochloride 50 mg 50 mg / 1 Tablet by mouth at bedtime for Depression Q HS
Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 Tablet by mouth at bedtime for HYPERLIPIDEMIA
Propranolol Hydrochloride - Propranolol Hydrochloride 60 mg 60 mg / 1 Tablet by mouth twice a day Give 2 tablet for HTN
Primidone - Primidone 50 mg 50 mg / 1 Tablet by mouth twice a day Give 3 tablet for Tremor
Milk Of Magnesia - Simethicone 400 MG/5ML / Give 30 ml by mouth once a day every 24 hours as needed for Constipation daily
Isosorbide Mononitrate - Isosorbide Mononitrate 30 mg 30 mg / 1 Tablet by mouth once a day HTN
Flomax - Tamsulosin Hydrochloride 0.4 mg 0.4 mg / 1 Capsule by mouth once a day for Urinary retention
Aspirin - Aspirin 81 mg / 1 Capsule by mouth once a day for Cardiovascular Diseases
Losartan Potassium - Losartan Potassium 50 mg 50 mg / 1 Tablet by mouth once a day for HYPERTENSION

14. DME and Supplies:

wheelchair, walker, TENs unit, , reacher, hospital bed, commode,

15. Safety Measures:

wheelchair precautions, walker precautions, transfer with assist, standard precautions, medication safety, fall precautions, emergency phone # clearly displayed, bleeding precautions, bedrails up while in bed, bathroom safety

16. Nutrition:

cardiac diet,

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Wheelchair, 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
family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Postprocedural hemorrhage of a circulatory system organ or structure following a cardiac catheterization, 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 84-85-year-old male with a significant past medical history including coronary artery disease, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-hypertension">hypertension</mh>, polyneuropathy, essential tremor, history of prostate cancer, and recent gastrointestinal bleeding requiring hospitalization followed by a skilled nursing facility stay. His recent course was further complicated by a cardiac procedure with retroperitoneal bleed necessitating ICU admission, resulting in marked deconditioning. The patient currently resides alone in a single-level home and receives daily assistance from a private caregiver, with additional support from his daughter, who was present during assessment. On evaluation, the patient is alert, awake, and oriented to person, place, time, and situation. Neurologically, he demonstrates facial symmetry, pupils equal and reactive to light, and unequal hand grasps, with noted uncontrolled tremors of the upper extremities consistent with his history. Respiratory assessment reveals clear posterior lung fields without use of accessory muscles. Cardiovascular assessment is notable for bilateral lower extremity pitting edema with faint peripheral pulses; the patient is wearing TED stockings and has been instructed on lower extremity elevation. Abdominal examination reveals a distended but soft and non-tender abdomen with active bowel sounds in all four quadrants. The patient is incontinent of bowel. A Foley catheter was removed earlier in the day at a urology appointment, and the patient and daughter were instructed to monitor for adequate urinary output and signs of urinary retention. The patient is currently bedbound and requires maximal assistance for mobility, transfers, and repositioning, though he is able to feed himself with setup assistance. Skin assessment reveals heat rash on the back and excoriation to the buttocks, with associated complaints of soreness. Education was provided on frequent turning and repositioning every two hours, as well as proper incontinence care and application of moisturizing agents to maintain skin integrity and prevent further breakdown. The patient reports generalized weakness, decreased endurance, impaired balance, and significant limitations in functional mobility, placing him at high risk for falls. Physical therapy evaluation confirms deficits in strength, balance, and activity tolerance, with the patient requiring assistance for all mobility tasks. Skilled physical therapy services are indicated to address these impairments, improve safety, and promote progression toward independence with transfers and eventual ambulation within the home. A home exercise program focusing on bilateral upper extremity strengthening was initiated, and instruction was provided with fair return demonstration. A medium-resistance theraband was issued to support continued exercise. Environmental modification recommendations, including installation of a grab bar for safer shower transfers, were discussed with the patient and caregiver. Preventive care is up to date, including influenza vaccination in October 2025 and current pneumococcal vaccination. The plan of care includes continued skilled nursing and physical therapy services to monitor medical status, manage skin integrity, support continence care, advance strength and mobility, and reduce fall risk, with ongoing caregiver education to ensure safe and effective care within the home environment.
 Date of Order 03/20/2026 Orders Physician Face-to-Face Date: 02/25/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN, PT, OT due to Postprocedural hemorrhage of a circulatory system organ

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Meghna Lama
13575 Heathcote Blvd Ste 210
Gainesville, VA 20155
PHONE: 5712484620 FAX: 15712484374 NPI: 1497322721

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 : 02/25/2026

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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or structure following a cardiac catheterization 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 Lama, Meghna

SN Careplans

SN WK1: 1 (03/20/26-03/21/26) ,WK3: 1 (03/29/26-04/04/26) ,WK5: 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: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 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, 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: Financial, meal preparation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, M1033 - Unintentional Weight Loss, M1620 - Bowel Incontinence, M1610 - Urinary Catheter, frequent urination, swelling of affected area, 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: Physician ordered wound care: 04/10/2026 - Written order - Patient has a stage 2 sacral wound requiring an SN assessment, monitoring and care. Notify MD of assessment and recommendations for wound care., Physician ordered lab work: 04/09/2026 - Written order. Skilled nurse to use venipuncture to obtain specimen for: Thyroid Stimulating Hormone (TSH) with ReflextoFreeT4, COMPREHENSIVE METABOLIC PANEL, CBC/WITH DIFFERENTIAL, URINE CULTURE, URINALYSIS WITH MICROSCOPIC EXAM CLEAN CATCH URINE (ICD10 codes are L89.152, R53.1, R63.0, D69.6, D64.9, R30.0), cough/deep breathing exercises: Demonstrated understanding, apply anti-embolitic stockings: Daughter managed, home exercise program: Eval and treat by therapy, coordinate/arrange preparation of missing meals: Daughter managed, coordinate/arrange access to co-pay assistance considering patient inability to pay: Daughter involved

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, * strategies to increase caloric intake, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, 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, patient has access to co-pay assistance considering inability to pay, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: I want to be able to get out of the bed

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
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* 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 has access to co-pay assistance considering inability to pay

meal preparation is available to patient for all meals

PT Careplans

PT WK2: 1 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-04/04/26) ,WK4: 1 (04/05/26-04/11/26) ,WK5: 1 (04/12/26-04/18/26) ,WK6: 1 (04/19/26-04/25/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0170F1 - Toilet Transfer, GG0170A1 - Roll left & Right, GG0170B1 - Sit to Lying, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: wheelchair training, transfers training

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, Roll left & Right - 06. Independent, Sit to Lying - 06. Independent, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent

PT Goals

PATIENT-STATED GOAL: Sit edge of bed longer than 1 minute independently

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

Roll left & Right - 06. Independent

Sit to Lying - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/20/2026

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Sit to Lying - 01. Dependent

Toilet Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

OT Careplans

OT WK2: 1 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-04/04/26) ,WK4: 1 (04/05/26-04/11/26) ,WK5: 1 (04/12/26-04/18/26) ,WK6: 1 (04/19/26-04/25/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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 medication(s) purpose, schedule, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to get stronger and get back to feeling like myself and be able to drive again

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

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

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

Don/Doff Footwear - 05. Setup or clean-up assistance

Oral Hygiene - 05. Setup or clean-up assistance

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

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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