Home Health Certification and Plan of Care

Order ID: 1163/1007

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01124555	04/20/2026	From: 04/20/2026 To: 06/18/2026	1302	497754

6. Patient's Name and Address

Betty Bornstein
9555 Ada Rd,
MARSHALL, VA 20115-
540-364-1547

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 11/27/1931 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S32.512D	Fx superior rim of left pubis subs for fx w routn heal	04/20/26

13. ICD	Other Pertinent Diagnoses	Date
S32.592D	Oth fracture of left pubis subs for fx w routn heal	04/20/26
S32.19XD	Oth fracture of sacrum subs for fx w routn heal	04/20/26
M81.0	Age-related osteoporosis w/o current pathological fracture	04/20/26
I10.	Essential (primary) hypertension	04/20/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/20/26
E78.5	Hyperlipidemia unspecified	04/20/26
I65.21	Occlusion and stenosis of right carotid artery	04/20/26
I73.9	Peripheral vascular disease unspecified	04/20/26
E03.9	Hypothyroidism unspecified	04/20/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	04/20/26
F32.A	Depression unspecified	04/20/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/20/26
Z91.81	History of falling	04/20/26
Z85.3	Personal history of malignant neoplasm of breast	04/20/26
Z85.850	Personal history of malignant neoplasm of thyroid	04/20/26
Z90.89	Acquired absence of other organs	04/20/26

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

Multiple Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 Tablet by mouth once a day Supplement
Norvasc - Amlodipine Besylate eq 5 mg base 1 Tablet by mouth once a day
Omega 3 Fish Oil - Cod Liver Oil 1000 mcg 1 tablet by mouth once a day Supplement
Pepcid - Famotidine 20 mg 1 Tablet by mouth in the morning Gerd
Questran - Cholestyramine eq 4gm resin/packet 1 pack by mouth twice a day Bile acid
Tylenol - Acetaminophen 325MG tablet 2 tablets by mouth every 8 hours Mild pain as needed
Zoloft - Sertraline Hydrochloride eq 100 mg base 1 Tablet by mouth once a day Depression
Acetaminophen - Acetaminophen 500mg 1 tab by mouth every 6 hours Moderate pain as needed
Atenolol - Atenolol 50 mg 1 Tablet by mouth once a day HTN
Atorvastatin Calcium - Atorvastatin Calcium 10 mg 1 tablet by mouth at bedtime HLD
Cetirizine Hydrochloride - Cetirizine Hydrochloride 10 mg 1 Tablet by mouth once a day Allergic
Fosamax - Alendronate Sodium eq 70 mg base 1 Tablet by mouth once a week Urinary retention
Albuterol Sulfate And Ipratropium Bromide - Albuterol Sulfate: Ipratropium Bromide 0.5- 2.5 mg 3 ml. Give 1 vial inhalant every 8 hours Wheezing as needed
Levothyroxine Sodium - Levothyroxine Sodium 0.112 mg **see current annual edition, 1.8 description of special situations, levothyroxine sodium 150 mcg 1 tablet by mouth in the morning Hypothyroidism
Losartan Potassium - Losartan Potassium 100 mg 1 Tablet by mouth once a day HTN
Lidocaine - Lidocaine 4% 1 patch transdermal once a day Moderate pain

14. DME and Supplies:
walker, grab bars

15. Safety Measures:
walker precautions, standard precautions, medication safety, fall precautions, ambulates with device, ambulates with assistance

16. Nutrition:
cardiac diet

17. Allergies:
morphine lactose citrus

18.A. Functional Limitations
Hearing, Ambulation, Endurance

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: 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: 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

Homebound status: Due to diagnosis of Fracture superior rim of left pubis subsequent 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 94-year-old White female with a past medical history significant for hypertension, age-related osteoporosis, dementia, and a recent history of falls, who sustained pelvic and sacral fractures (including left pubic fracture) following a fall in February 2026 at her son's home. The patient underwent surgical intervention with subsequent rehabilitation, and the surgical wound is now healed. She currently resides in a single-family home with her daughter, who serves as the primary caregiver, along with other family members. The patient is alert and oriented to person and place (A&O x2) with noted confusion, forgetfulness, and reduced safety awareness, though she is easily redirected. Neurological assessment reveals intact facial symmetry, equal and strong bilateral hand grasps, and pupils equal, round, and reactive to light. The patient is hard of hearing without the use of hearing aids. Respiratory assessment demonstrates clear lung sounds posteriorly without use of accessory muscles. Abdominal examination is soft and non-tender with active bowel sounds in all four quadrants. The patient reports occasional urinary incontinence but denies dysuria or discomfort. Functionally, the patient presents with significant mobility limitations, decreased strength, impaired balance, and reduced endurance, contributing to a high risk for falls. She ambulates with a front-wheeled walker with noted postural instability, including inward bending, and utilizes a brace for right foot drop. The patient requires assistance and supervision for transfers and mobility and is considered homebound due to the considerable and taxing effort required to leave the home safely. Cognitive deficits further impair her ability to safely navigate her environment. She is independent with self-feeding following setup and is able to complete upper and lower body dressing with setup assistance. However, she requires verbal cues and encouragement for oral hygiene and thorough completion of toileting hygiene tasks. Family provides assistance with all instrumental activities of daily living, including medication management, which is overseen by the daughter. The home environment is equipped with assistive devices, including a bedside commode and shower chair, and plans are in place to install grab bars in the shower to enhance safety. Vital signs are being monitored and logged at home, with the daughter managing medications effectively; therefore, skilled nursing services are not requested at this time per patient and caregiver preference. Occupational therapy evaluation indicates decreased bilateral upper extremity strength and endurance, impacting independence with activities of daily living. A plan of care has been

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Riley Dubois
10701 Rosemary Dr
Manassas, VA 20109
PHONE: 7032573000 FAX: NPI: 1538556220

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 : 03/17/2026

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: 1163/1007

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01124555	04/20/2026	From: 04/20/2026 To: 06/18/2026	1302	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Betty Bornstein 9555 Ada Rd, MARSHALL, VA 20115- 540-364-1547	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

established to provide skilled occupational and physical therapy services focused on therapeutic exercise, ADL retraining, transfer training, balance and endurance improvement, and fall prevention strategies to maximize safety and functional independence within the home. Skilled therapy services are medically necessary to address current deficits, reduce fall risk, and prevent further functional decline.
 Date of Order 04/20/2026 Orders Physician Face-to-Face Date: 03/17/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat hha-adl's due to Fracture superior rim of left pubis subsequent 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: OT Eval Notes: Physician Dubois, Riley

SN Careplans

SN WK1: 1 (04/20/26-04/25/26)

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), 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, 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

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, M1610 - Urinary Incontinence, B0200 - Hearing Deficit

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion: Eval and treat by therapy, coordinate/arrange preparation of missing meals: Daughter managed, coordinate/arrange home modifications for hearing impaired, i.e. alarms: Doesn't wear hearing aids at this time

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, 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

SN Goals

PATIENT-STATED GOAL: I want my mother to gain her strength back

GOALS
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
* 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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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 WK1: 1 (04/20/26-04/25/26) ,WK2: 1 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26) ,WK4: 1 (05/10/26-05/16/26) ,WK5: 1 (05/17/26-05/23/26) ,WK6: 1 (05/24/26-05/30/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, 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

PROCEDURES: home exercise program: supine heel slides, quad sets with 3-5 second holds, straight leg raises in all planes, seated long arc quads, standing heel raises with support, mini squats to chair, hip abduction and extension in standing, hamstring and calf stretching 30 seconds holds, seated marches, sit-to-stand practice from firm surface, weight shifting in standing, and short distance walking program, gait training/stair 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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk

PT Goals

PATIENT-STATED GOAL: To stand upright

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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/20/2026

Home Health Certification and Plan of Care

Order ID: 1163/1007

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01124555	04/20/2026	From: 04/20/2026 To: 06/18/2026	1302	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Betty Bornstein 9555 Ada Rd, MARSHALL, VA 20115- 540-364-1547	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (04/20/26-04/25/26)

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, 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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate 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: Improve Ind with toileting hygiene task

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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/20/2026