Home Health Certification and Plan of Care

Order ID: 1163/1013

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01051121	04/13/2026	From: 04/13/2026 To: 06/11/2026	1391	497754

6. Patient's Name and Address
Richard Schick
13906 Napa Drive,
MANASSAS, VA 20112-
571-228-8230

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 01/17/1945 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	04/13/26

13. ICD	Other Pertinent Diagnoses	Date
I50.43	Acute on chronic combined systolic and diastolic hrt fail	04/13/26
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	04/13/26
E11.9	Type 2 diabetes mellitus without complications	04/13/26
E78.5	Hyperlipidemia unspecified	04/13/26
I48.91	Unspecified atrial fibrillation	04/13/26
Z79.01	Long term (current) use of anticoagulants	04/13/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/13/26
Z91.81	History of falling	04/13/26

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

Jardiance - Empagliflozin 25 mg , Take 0.5 tablet by mouth once a day DM
LASIX 40 mg 40 mg / 1 Tablet by mouth in the evening HTN
GLUCOPHAGE 500 mg Take 2 tablet by mouth in the morning DM
Glucophage - Metformin Hydrochloride 500 mg 1 Tablet by mouth in the evening DM
Amiodarone - Amiodarone Hydrochloride 200 mg 1 tab by mouth once a day Afib
LIPITOR eq 80 mg base 1 Tablet by mouth at bedtime HLD
SINEMET 25 mg;100 mg 25-100 mg / 1 Tablet by mouth three times a day Parkinson take 7am, 1pm 7pm
Acetaminophen - Acetaminophen 325 mg 2 tablets As needed by mouth every 6 hours Mild pain
Vitamin D-3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 500mg 1 tab by mouth once a day Supplement
PRADAXA 150 mg 1 Capsule by mouth every 12 (twelve) hours Afib

14. DME and Supplies:
walker

15. Safety Measures:
walker precautions, bedrails up while in bed, diabetic precautions, medication safety, fall precautions, ambulates with assistance

16. Nutrition:
2gm sodium, cardiac diet

17. Allergies:
lisinopril red dye yellow dye

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, 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: 3. Often, 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
SN: family/caregiver will be responsible for managing treatment
PT: patient will be responsible for managing treatment
OT: family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive heart disease with heart failure, 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 81-year-old White male admitted to home health services following a recent hospitalization due to a fall with head strike, resulting in a right-sided head hematoma, as well as exacerbation of congestive heart failure (CHF). His past medical history is significant for CHF, Parkinson's disease, type 2 diabetes mellitus, hypertension, hyperlipidemia, atrial fibrillation, and mild acute kidney injury. During hospitalization, the patient underwent surgical intervention for symptomatic bradycardia with placement of a pacemaker via the right groin; the insertion site currently demonstrates resolving ecchymosis without complications. The patient also sustained bilateral elbow skin tears, which are now dry with healing scab formation. He denies pain at the time of assessment. The patient is alert and oriented to person, place, time, and situation, with intact facial symmetry, equal bilateral hand grasps, and pupils equal, round, and reactive to light. He is hard of hearing and does not use hearing aids, and wears corrective lenses. Neuropathy is noted in the balls of both feet. Cardiovascular assessment reveals bilateral lower extremity edema with faint peripheral pulses; the patient was educated on the importance of lower extremity elevation. He reports fatigue and occasional shortness of breath with activity, consistent with decreased endurance. Abdominal assessment is soft and non-tender with active bowel sounds in all four quadrants. The patient is continent of bowel and bladder. Functionally, the patient demonstrates generalized weakness, impaired balance, decreased endurance, and reduced activity tolerance compared to his prior level of function, placing him at high risk for falls and rehospitalization. He ambulates with a walker/rollator and requires assistance for safety with mobility. Occupational therapy evaluation indicates the patient is independent with self-feeding and has no fine motor deficits; however, he presents with decreased bilateral upper extremity strength and endurance impacting performance of daily activities. He utilizes adaptive equipment including a shower chair and grab bars for bathing, and sleeps in a bed with lower extremities elevated to assist with edema management. He requires assistance with instrumental activities of daily living, which is currently provided by his daughter, who is staying with him following the recent death of his spouse. Education was provided on fall prevention, safe use of assistive devices, energy conservation techniques, and disease management, including monitoring for worsening CHF symptoms. The patient was also instructed on the importance of adhering to activity recommendations and gradually increasing endurance. A plan of care has been established for skilled physical and occupational therapy services to address strength deficits, balance and gait instability, endurance limitations, and safety awareness, with the goal of restoring functional independence and reducing fall risk. Skilled services are medically necessary to monitor the patient's cardiopulmonary status, support recovery following pacemaker placement and recent fall, and prevent further functional decline and rehospitalization.
 Date of Order 04/13/2026 Orders Physician Face-to-Face Date: 04/01/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Hypertensive heart disease with heart failure 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 Ortiz Perez, Juan

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/13/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Juan Ortiz Perez
14139 Potomac Mills Rd
Woodbridge, VA 22192
PHONE: 7039862400 FAX: NPI: 1992118061

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 : 04/01/2026

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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Richard Schick 13906 Napa Drive, MANASSAS, VA 20112- 571-228-8230	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

SN WK1: 1 (04/13/26-04/18/26) ,WK2: 1 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26)

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, 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0700 - Social Isolation, M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, muscle weakness, limited endurance, limited range of motion, limited strength, balance deficit

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, home exercise program: Eval and treat by therapy, coordinate/arrange preparation of missing meals: Daughter managed, coordinate/arrange long-term socialization activities: 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, * strategies to increase caloric intake, 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, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: I don't want to fall again

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
* strategies to increase caloric intake
* 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

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (04/13/26-04/18/26) ,WK2: 1 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26) ,WK4: 1 (05/03/26-05/09/26) ,WK5: 1 (05/10/26-05/16/26) ,WK6: 1 (05/17/26-05/23/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Ankle pumps, long arc quads, seated marching, sit to stands, standing hip abduction, standing hip extension, heel raises, marching in place, weight shifting side to side, short distance walking inside home, 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, 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, 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

PT Goals

PATIENT-STATED GOAL: To improve balance and no longer fall

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

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

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

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

04/13/2026

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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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, 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

PATIENT-STATED GOAL: I want to get stronger and get back to feeling like myself

GOALS
Toilet Transfer - 06. Independent

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

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Chair to Bed to Chair - 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/13/2026