

Home Health Certification and Plan of Care				Order ID: 1163/1024		
1. Patient s HI claim No.		2. Start Of Care Date	3. Certification Period		4. Medical Record No.	5. Provider No.
844488637		04/27/2026	From: 04/27/2026 To: 06/25/2026		1473	497754
6. Patient's Name and Address Richard Graves 4 Blake Way, Stafford, VA 22556 540-379-8881			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 09/19/1958 9.Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged			
11. ICD	Principal Diagnosis		Date	ROXICODONE 5 mg 5 mg / 1 Tablet by mouth every 4 hours for Pain (6-10) as needed		
Z47.1	Aftercare following joint replacement surgery		04/27/26	Metformin Hcl - Metformin Hydrochloride ER 500 mg / 1 Tablet by mouth two times a day for DM		
13. ICD	Other Pertinent Diagnoses		Date	ELIQUIS 5 mg / 1 Tablet by mouth two times a day for A Fib		
L89.313	Pressure ulcer of right buttock stage 3		04/27/26	Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin:		
I10.	Essential (primary) hypertension		04/27/26	Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide:		
E83.42	Hypomagnesemia		04/27/26	Pyridox 50000 UNIT / 1 Tablet by mouth one time a day every Thu for		
E11.65	Type 2 diabetes mellitus with hyperglycemia		04/27/26	Vitamin D deficiency until 07/14/2026		
E78.5	Hyperlipidemia unspecified		04/27/26	Aspirin Ec - Aspirin 81 mg / 1 Tablet by mouth one time a day for Stroke prevention		
I48.91	Unspecified atrial fibrillation		04/27/26	ENTRESTO 24-26 mg / 1 Tablet by mouth two times a day for CHF		
G90.09	Other idiopathic peripheral autonomic neuropathy		04/27/26	Ondansetron Hydrochloride - Ondansetron Hydrochloride 4 mg / 1 Tablet by mouth every 6 hours as needed for Nausea		
G47.33	Obstructive sleep apnea (adult) (pediatric)		04/27/26	OMEGA-3 500 mg/capsule / Give 2 capsule by mouth one time a day for Supplement		
D64.9	Anemia unspecified		04/27/26	Metoprolol Succinate - Metoprolol Succinate ER 100 mg / 1 Tablet by mouth twice a day for HTN		
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs		04/27/26	Insulin Glargine Solution Pen-Injector 100 UNIT/ML / Inject 25 unit subcutaneous in the evening for DM hold for BS Less than 180		
Z79.84	Long term (current) use of oral hypoglycemic drugs		04/27/26	GABAPENTIN 300 mg 1 Capsule by mouth three times a day for Neuropathic pain		
Z79.4	Long term (current) use of insulin		04/27/26	CYANOCOBALAMIN 1000 mcg / 1 Tablet by mouth one time a day B12 deficiency for 30 Days		
Z79.01	Long term (current) use of anticoagulants		04/27/26	Atorvastatin Calcium - Atorvastatin Calcium 10 mg / 1 Tablet by mouth in the evening for HLD		
Z79.82	Long term (current) use of aspirin		04/27/26			
Z96.653	Presence of artificial knee joint bilateral		04/27/26			
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits		04/27/26			
14. DME and Supplies: walker, hand held shower, grab bars				15. Safety Measures: walker precautions, supervision at all times, standard precautions, smoke detectors , medication safety, fall precautions, hand rails, diabetic precautions, bathroom safety, , ambulates with device, ambulates with assistance		
16. Nutrition: diabetic,				17. Allergies: no known allergies		
18.A. Functional Limitations Ambulation, Endurance				18.B. Activities Permitted Walker, Up As Tolerated		
19. Mental & Psychosocial 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 SN: family/caregiver will be responsible for managing treatment PT: family/caregiver will be responsible for managing treatment OT: patient will be responsible for managing treatment		
Homebound status: After undergoing Right total knee replacement, 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: <div>The patient is a 67-year-old White male who recently underwent a planned right total knee replacement on 03/25/2026, with a prior history of left knee arthroplasty on 07/03/2025. His past medical history is significant for type 2 diabetes mellitus (currently managed without insulin), hypertension, atrial fibrillation, hyperlipidemia, osteoarthritis, and peripheral neuropathy. Following hospitalization and a rehabilitation stay, the patient was discharged home, where he resides with his wife in a single-family residence. His wife serves as the primary caregiver, although she is away during daytime hours due to work commitments. On assessment, the patient is alert and oriented to person, place, time, and situation, with intact neurological status demonstrated by symmetrical facial movements, equal bilateral hand grasps, and pupils equal and reactive to light. He is noted to be hard of hearing and utilizes hearing aids. Respiratory assessment reveals clear lung sounds bilaterally without use of accessory muscles. The abdomen is soft and non-tender with active bowel sounds in all four quadrants. The patient is continent of bowel and bladder. Bilateral ankle edema is present, and he has been instructed on lower extremity elevation to reduce swelling. The surgical incision to the right knee appears intact and is healing appropriately. The patient reports knee pain, which is currently managed with prescribed medication and provides satisfactory relief. Functionally, the patient demonstrates generalized weakness, decreased lower extremity strength, impaired balance, and reduced activity tolerance, contributing to an unstable gait and increased fall risk. He requires moderate assistance for transfers and ambulation and utilizes a front-wheeled walker for mobility. He is currently unable to safely navigate stairs to access the full bathroom on the upper level of the home and is sleeping on the first floor in a recliner chair. Adaptive equipment, including a toilet frame, is in place to support safety. The patient requires assistance with lower body dressing and sponge bathing due to mobility limitations. Skilled physical therapy services are indicated and medically necessary to address deficits in strength, gait mechanics, balance, and overall functional mobility, with the goal of improving safety and facilitating a return to prior level of function. Occupational therapy evaluation was completed; however, the patient has requested to defer OT services for two weeks to focus on improving mobility and strength, with plans to reassess the need for continued OT intervention thereafter. Education has been provided regarding fall prevention, proper use of assistive devices, blood glucose monitoring, and edema management. The plan of care includes ongoing skilled nursing and therapy services to monitor recovery, manage comorbid conditions, and support functional independence within the home environment.</div><div> </div><div>Date of Order</div><div>04/27/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 04/13/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Right total knee replacement</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a						
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 04/27/2026					25. Date HHA Received Signed POT	
24. Physician's Name and Address Nather Ansari 1075 Garrisonville Rd Stafford, VA 22556 PHONE: 5402889888 FAX: 15402880054 NPI: 1689663320				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 : 04/13/2026		
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. PAGE 1 of 3		

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walker, or a wheelchair to leave home</div><div>
</div><div>1 - SOC - SN Notes: soc</div><div>PT Eval Notes:</div><div>OT Eval Notes:</div><div>
</div><div>Physician</div><div>Ansari, Nather</div>

SN Careplans	SN Goals
SN WK1: 1 (04/27/26-05/02/26) ,WK2: 1 (05/03/26-05/09/26) ,WK3: 1 (05/10/26-05/16/26) ,WK4: 1 (05/17/26-05/23/26) 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:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, limited range of motion, limited endurance, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, B0200 - Hearing Deficit PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, glucose testing via monitor: Wife assist, coordinate/arrange preparation of missing meals: Wife prepared, coordinate/arrange home modifications for hearing impaired, i.e. alarms: Patient is not wearing 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, * 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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	PATIENT-STATED GOAL: I want to be able to go upstairs in my 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 * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * 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 Goals
PT WK1: 1 (04/27/26-05/02/26) ,WK2: 2 (05/03/26-05/09/26) ,WK3: 1 (05/10/26-05/16/26) ,WK4: 1 (05/17/26-05/23/26) ,WK5: 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: quad sets (310 with 5-second hold), straight leg raises (310), heel slides (310), long arc quads (310), sit-to-stands from a chair (38-10), standing marches (310), and supported mini squats (38-10), to be performed daily as tolerated with emphasis on slow, controlled movements and proper form, gait training on uneven surfaces, 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 - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent	PATIENT-STATED GOAL: To perform STS independently GOALS Chair to Bed to Chair - 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/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 - 06. Independent Toilet Transfer - 05. Setup or clean-up assistance Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/27/2026

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		Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 - Step (curb) - 06. Independent 4 Steps - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent		
OT Careplans OT WK1: 1 (04/27/26-05/02/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with Therapy activities, 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, * 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent		OT Goals PATIENT-STATED GOAL: I want to get back to doing for myself, 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 Oral Hygiene - 06. Independent Toileting Hygiene - 05. Setup or clean-up assistance Shower/Bathe Self - 04. Supervision or touching assistance Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance Eating - 06. Independent Upper Body Dressing - 06. Independent		

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