Home Health Certification and Plan of Care

Order ID: 1163/1023

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
38171318	02/26/2026	From: 04/27/2026 To: 06/25/2026	1205	497754

6. Patient's Name and Address
Hilda Pardo
3118 Maries Drive,
FALLS CHURCH, VA 22041-
703-887-9561

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 07/01/1930 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M81.0	Age-related osteoporosis w/o current pathological fracture	02/26/26

13. ICD	Other Pertinent Diagnoses	Date
E78.00	Pure hypercholesterolemia unspecified	02/26/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	02/26/26
E11.9	Type 2 diabetes mellitus without complications	02/26/26
M54.16	Radiculopathy lumbar region	02/26/26
I70.0	Atherosclerosis of aorta	02/26/26
G89.29	Other chronic pain	02/26/26
M54.50	Low back pain unspecified	02/26/26
H91.90	Unspecified hearing loss unspecified ear	02/26/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	02/26/26
Z85.3	Personal history of malignant neoplasm of breast	02/26/26
Z85.828	Personal history of other malignant neoplasm of skin	02/26/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	02/26/26
Z79.82	Long term (current) use of aspirin	02/26/26

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

Lipitor - Atorvastatin Calcium eq 40 mg base eq 40 mg base / 1 Tablet by mouth once a day cholesterol
Zestril - Lisinopril 2.5 mg 2.5 mg / 1 Tablet by mouth once a day HTN
Glucophage - Metformin Hydrochloride 500 mg 500 mg 500 mg / 1 Tablet by mouth in the morning Take 1 tablet by mouth every morning with a meal DIABETES
Tylenol - Acetaminophen 0 500 mg / 1 tablet by mouth three times a day Take 500 mg (1 tab) 3 times a dayIf not effective, can take 1000 mg (2 tab) 3 times a day.
Sanctura - Trospium Chloride 0 20 mg / 1 tablet by mouth twice a day Take onehalf tablets by mouth 2 times a day For day time and night time over active bladder urine frequency
Loprox - Ciclopirox 0.77 perc 0.77 perc topical twice a day Apply to affected area(s) 2 times a day
Lasix - Furosemide 20 mg 20 mg by mouth once a day Take 1 tablet by mouth daily As needed for leg swelling
Aspirin - Aspirin 0 81 mg / 1 tablet by mouth once a day 1 by mouth everyday

14. DME and Supplies:
rolling walker, cane

15. Safety Measures:
activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Cane

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: 3+/5, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Age-related osteoporosis without current pathological fracture, 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 95-year-old Hispanic female who was taken to Kaiser Urgent Care by her daughter after the patient reported generalized body aches but was initially unable to clearly describe the cause of her discomfort. She was evaluated and treated with instructions to follow up with her primary care physician. The patient currently resides in a single-family home with her husband, while her daughter serves as the primary caregiver and assists with daily care needs, including medication management. The patient's grandson and his wife also reside in the home in the basement. The patient's daughter plans to contact Emily regarding the initiation of personal care services to provide additional support in the home. On assessment, the patient was alert and awake, with orientation primarily to self and intermittently to person, place, and time. Mild forgetfulness was noted; however, she was easily redirectable. Neurological assessment revealed facial symmetry, equal and strong bilateral hand grasps, and pupils that were equal and reactive to light. The patient wears glasses and is hard of hearing, utilizing hearing aids. Respiratory assessment revealed posterior lung lobes clear to auscultation bilaterally without use of accessory muscles. Cardiovascular assessment noted bilateral lower extremity pitting edema with faint peripheral pulses, and the patient was encouraged to elevate her legs to assist with edema management. The patient is continent of both bowel and bladder and denies burning or painful urination. She reports generalized body pain but states that her prescribed medications provide relief. Functionally, the patient ambulates with a walker but demonstrates an unsteady gait, placing her at increased risk for falls. She is able to feed herself with meal setup assistance. The patient requires verbal cues to initiate tasks and requires assistance with bathing and certain activities of daily living. Although her spouse is present in the home, he has difficulty assisting the patient with daily care tasks due to his own limitations. The plan of care includes continued monitoring of the patient's pain, mobility, and lower extremity edema, with reinforcement of leg elevation and safety precautions to reduce fall risk. Education was provided regarding safe ambulation with a walker, adherence to prescribed medications, and the importance of caregiver support. Coordination with the patient's daughter regarding personal care services is planned to ensure adequate assistance with activities of daily living and to support the patient's ability to remain safely in the home environment.
 Date of Order 04/22/2026 Orders Physician Face-to-Face Date: 02/24/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat HHA daily adl's due to Age-Related Osteoporosis Without Current Pathological Fracture Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: While slight improvements may be noted in tolerance to activity and basic mobility tasks, the patient remains at increased risk for falls and requires continued assistance and/or use of an assistive device for safe ambulation. Limitations persist with transfers, gait mechanics, and endurance, restricting ability to perform higher-level functional tasks and safely access the community. Skilled physical therapy remains medically necessary to further address these impairments, progress functional independence, and reduce fall risk.
 Physician Gomez Castillo, Blanca

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/22/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Blanca Gomez Castillo
1622 N Jackson St
Arlington, VA 22201
PHONE: 7032374000 FAX: NPI: 1821559873

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 : 02/24/2026

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 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) ,WK5: 1 (05/24/26-05/30/26)

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: 3+/5

HOSPITALIZATION RISKS: 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M1033 - Exhaustion, muscle weakness, limited endurance, limited range of motion, limited strength, balance deficit

PROCEDURES: home exercise program: Ankle pumps, quad sets, glute sets, heel slides, hip abduction in supine, bridges, straight leg raises, short arc quads, long arc quads, seated marching, seated knee extension holds, sit to stands, standing hip abduction, standing hip extension, standing hip flexion, mini squats, marching in place, heel raises, toe raises, step taps forward and lateral with support, backward stepping with support, multidirectional weight shifting, semi tandem and tandem stance balance holds with support, and short distance ambulation within the home using assistive device as indicated, to be performed daily as tolerated with emphasis on proper form, controlled pacing, and safety with use of stable support or caregiver supervision as needed, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, 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, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: "Perform STS independently"

GOALS
Chair to Bed to Chair - 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

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

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
04/22/2026