Home Health Certification and Plan of Care

Order ID: 1163/1031

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
990030349	05/05/2026	From: 05/05/2026 To: 07/03/2026	1482	497754

6. Patient's Name and Address
Concepcion Buenaventura
2147 S. Oxford Street,
ARLINGTON, VA 22204-
703-859-3851

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 12/08/1935 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M62.59	Muscle wasting and atrophy NEC multiple sites	05/05/26

13. ICD	Other Pertinent Diagnoses	Date
J96.01	Acute respiratory failure with hypoxia	05/05/26
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	05/05/26
I50.32	Chronic diastolic (congestive) heart failure	05/05/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	05/05/26
N18.5	Chronic kidney disease stage 5	05/05/26
D63.1	Anemia in chronic kidney disease	05/05/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/05/26
I48.0	Paroxysmal atrial fibrillation	05/05/26
M81.0	Age-related osteoporosis w/o current pathological fracture	05/05/26
E78.00	Pure hypercholesterolemia unspecified	05/05/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/05/26
F32.A	Depression unspecified	05/05/26
Z79.82	Long term (current) use of aspirin	05/05/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/05/26

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

Acetaminophen - Acetaminophen 325 mg 2 tablets by mouth every 6 hours Mild pain as needed
ASPIRIN 81 mg / 1 Capsule by mouth one time a day for Heart Prophylaxis
CALCITRIOL 0.25mcg 1 capsule by mouth one time a day every Mon, Wed, Fri for Hypocalcemia
CARVEDILOL 6.25 mg tablet by mouth two times a day for Hypertension
Procrit - Epoetin Alfa 20,000 unit, 1 ml subcutaneous once a week Anemia
EZETIMIBE 10 mg tablet by mouth one time a day for Hyperlipidemia
ISOSORBIDE DINITRATE 30 mg 2 tablets by mouth one time a day for HTN
MIRTAZAPINE 15 mg tablet by mouth at bedtime Insomnia
NIFEDIPINE 90 mg tablet by mouth one time a day for Hypertension Do not crush, chew, or split
NITROGLYCERIN 0.4 mg/hr tablet sublingually every 5 minutes as needed for Chest Pain Call 911 and seek help immediately if chest pain does not resolve after 2nd dose. Max is 3 doses only.
PANTOPRAZOLE 40 mg tablet by mouth in the morning Gerd
Restasis - Cyclosporine 0.05 perc 1 drop both eyes once a day Dry eyes
Crestor - Rosuvastatin Calcium 10 mg 1 Tablet by mouth at bedtime HLD
Sodium Bicarbonate - Sodium Bicarbonate 650 mg 1 tablet by mouth once a day Supplement

14. DME and Supplies:
cane

15. Safety Measures:
standard precautions, medication safety, , hand rails, fall precautions, bathroom safety, ambulates with device, ambulates with assistance,

16. Nutrition:
regular,

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Cane, 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: Yes

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: Due to diagnosis of Muscle wasting and atrophy nec multiple sites, 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:

Patient is a 90-year-old Filipino female referred to home health services following hospitalization and subsequent rehabilitation stay secondary to acute respiratory failure with hypoxia, pulmonary edema, generalized weakness, and significant muscle wasting/atrophy. Her past medical history is significant for congestive heart failure (CHF), chronic kidney disease stage 5, atrial fibrillation, hypertension, osteoarthritis, gastroesophageal reflux disease (GERD), anemia, impaired mobility, difficulty walking, and generalized deconditioning. Patient resides alone in a multilevel townhouse; however, she receives ongoing assistance from family, friends, and a male roommate/caregiver who assists with instrumental activities of daily living (IADLs). Her son is identified as the primary caregiver and is available to assist with care needs and coordination. Patient is considered homebound due to considerable effort required to leave the home related to weakness, impaired mobility, cardiopulmonary limitations, poor endurance, and elevated fall risk. Upon assessment, patient was alert, awake, and oriented to person, place, time, and situation (A&O x4). Neurological assessment revealed positive facial symmetry and equal bilateral hand grasps. Lung sounds were clear to auscultation in the posterior lobes. Trace bilateral lower extremity edema was noted. Abdomen was soft and non-tender with active bowel sounds present in all four quadrants. Patient reported occasional urinary incontinence. She ambulates with use of a cane and additionally has both a front-wheeled walker (FWW) and single-point cane (SPC) available for mobility support. Patient reports difficulty navigating stairs within the home environment. During visit, patient complained of stomach pain and admitted to not taking prescribed medications as ordered. Education was provided regarding medication compliance, symptom management, and importance of adherence to prescribed treatment regimen. Patient verbalized understanding. Skin assessment revealed no evidence of breakdown or pressure injuries at this time. Physical therapy evaluation identified decreased bilateral lower extremity strength, impaired balance, gait instability, postural weakness, reduced endurance, and poor activity tolerance requiring frequent rest breaks during functional mobility tasks. These deficits significantly limit safety and independence with transfers, ambulation, stair negotiation, and ADL performance while increasing fall risk. Skilled physical therapy is medically necessary to address strengthening, gait training, balance retraining, transfer training, endurance building, postural control, safety awareness, and fall prevention in order to maximize functional independence, reduce caregiver burden, and decrease risk for rehospitalization. Occupational therapy evaluation was also completed to assess ADL performance and functional transfers. Patient remains independent with self-feeding and demonstrates no fine motor deficits; however, she presents with decreased bilateral upper extremity strength and reduced endurance impacting daily functional activities and overall participation in ADLs. Skilled occupational therapy is indicated for therapeutic exercise instruction, upper extremity strengthening, endurance training, energy conservation strategies, and ADL retraining to maximize safety and functional performance within the home environment. Rehabilitation potential is fair due to advanced age, multiple comorbidities, cardiopulmonary compromise, and generalized deconditioning, though patient may benefit from continued skilled interdisciplinary home health services to support safety, independence, and quality of life.
 Date of Order 05/05/2026 Orders Physician Face-to-Face Date: 04/17/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat , ot-eval & treat, hha-adl's due to Muscle wasting and atrophy nec multiple sites 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 Wong, Joshua

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Joshua Wong
200 N Glebe Rd
Arlington, VA 22203
PHONE: 7032431300 FAX: 17032431151 NPI: 1811301146

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 : 04/17/2026

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.

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Concepcion Buenaventura 2147 S. Oxford Street, ARLINGTON, VA 22204- 703-859-3851	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

SN Careplans

SN WK1: 1 (05/05/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 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: 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, 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: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, 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: cough/deep breathing exercises: Understand, coordinate/arrange preparation of missing meals: Family assist

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, 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 to be strong, I'm too weak

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
* 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 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 (05/05/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 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: HEP includes seated marching, LAQ, ankle pumps, heel raises, toe raises, hip abduction with resistance band, sit-to-stands from chair, standing marches with UE support, mini squats at counter, standing hip flexion/abduction/extension, and short distance walking program to be performed daily as tolerated with emphasis on upright posture, slow controlled movements, breathing techniques, energy conservation, and fall prevention/safety awareness., 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: Ambulate household distance with <4/10 pain level

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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

Car Transfer - 06. Independent

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/05/2026

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4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

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

OT Careplans

OT WK1: 1 (05/05/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26)

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 - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

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

GOALS
Shower/Bathe Self - 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/05/2026