Home Health Certification and Plan of Care

Order ID: 1163/1034

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1X10A95KA39	05/07/2026	From: 05/07/2026 To: 07/05/2026	1500	497754

6. Patient's Name and Address
Ellen Bussey
2347 Rosedown Drive,
Reston, VA 21091-
703-200-0370

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 12/17/1942 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S72.111D	Disp fx of greater trochanter of r femr 7thD	05/07/26

13. ICD	Other Pertinent Diagnoses	Date
M47.812	Spondylosis w/o myelopathy or radiculopathy cervical region	05/07/26
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	05/07/26
G89.29	Other chronic pain	05/07/26
G30.9	Alzheimer's disease unspecified	05/07/26
F02.84	Dem in other dis classd elswhr unsp severity with anxiety	05/07/26
I10.	Essential (primary) hypertension	05/07/26
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	05/07/26
I48.91	Unspecified atrial fibrillation	05/07/26
E78.00	Pure hypercholesterolemia unspecified	05/07/26
D47.2	Monoclonal gammopathy	05/07/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/07/26
H40.9	Unspecified glaucoma	05/07/26
D50.9	Iron deficiency anemia unspecified	05/07/26
M10.9	Gout unspecified	05/07/26
E03.9	Hypothyroidism unspecified	05/07/26
G43.909	Migraine unsp not intractable without status migrainosus	05/07/26
G47.00	Insomnia unspecified	05/07/26
M81.0	Age-related osteoporosis w/o current pathological fracture	05/07/26
E55.9	Vitamin D deficiency unspecified	05/07/26
Z91.81	History of falling	05/07/26

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

SYNTHROID 125 mcg oral in the morning Hypothyroidism
NORVASC eq 10 mg base 1 Tablet oral Daily HTN
Glucophage - Metformin Hydrochloride 500 mg 1 Tablet by mouth twice a day DM
XALATAN Ophthalmic Solution 0.005 % / 1 drop both eyes Nightly Glaucoma
ZOLOFT eq 100 mg base 1 Tablet oral Daily Depression
PRAVACHOL 40 mg 1 Tablet oral Nightly HLD
DESYREL 200 mg oral Nightly PRN Insomnia
CATAPRES 0.2 mg oral 3 times daily HTN
Cozaar - Losartan Potassium 100 mg 1 tablet by mouth once a day

14. DME and Supplies:
rolling walker, diabetic supplies

15. Safety Measures:
walker precautions, standard precautions, medication safety, fall precautions, emergency phone # clearly displayed, diabetic precautions, bathroom safety, ambulates with assistance, activity supervision

16. Nutrition:
soft, cardiac diet, diabetic

17. Allergies:
NSAIDs!aspirin!sulfa drugs!baclofen, codeine, duloxeline, morphine

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: 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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Displaced fracture of greater trochanter of right femur, subsequent encounter for closed 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 an 83-year-old White female referred to home health services following recent urgent care and hospital encounters for altered mental status secondary to accidental overdose of CBD/THC gummies ordered online. The patient was found at home by family members in a confused state. Past medical history is significant for dementia, progressive cognitive decline, osteoarthritis, and right total knee replacement. The patient currently resides alone in a single-family home; however, her granddaughter and family recently moved into the residence following hospitalization to provide increased supervision and assistance. Family reports concerns regarding the patient's medication management and safety awareness, including a history of medication misuse/overdose. The granddaughter has attempted to separate and supervise medications, though the patient has reportedly been resistant to these interventions. Family also reports the patient occasionally manipulates pain complaints with unfamiliar healthcare staff in attempts to obtain additional pain medication. Daughter and granddaughter are serving as the primary caregivers at this time and are considering transition to an assisted living facility due to progressive decline in cognition and functional status. On assessment, the patient was alert, awake, and oriented to person, place, and time. Neurological assessment revealed positive facial symmetry, equal bilateral hand grasps, and pupils equal, round, and reactive to light. The patient is hard of hearing and declines use of hearing aids. Respiratory assessment demonstrated posterior lung fields clear to auscultation; however, audible breathing with use of accessory muscles was noted, although the granddaughter denied any new respiratory episodes or acute distress. Abdomen was soft and non-tender with active bowel sounds present in all four quadrants. The patient remains continent of bowel and bladder. Mobility assessment revealed unsteady gait requiring use of a walker/rollator for ambulation and increased fall risk. The patient complained of right leg pain with limited relief from current pain medication regimen. She is able to feed herself with setup assistance but demonstrates decreased appetite and spends the majority of the day in bed per caregiver report. Functional assessment identified the need for moderate assistance with activities of daily living, transfers,

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Michelle Tran
1890 Metro Center Dr
Reston, VA 20190
PHONE: 7037091500 FAX: 17037091699 NPI: 1679913230

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 : 05/04/2026

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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and household mobility. Physical therapy evaluation identified deficits in bilateral lower extremity strength, balance, endurance, gait mechanics, safety awareness, transfer ability, and overall functional mobility. The patient demonstrates decreased activity tolerance, impaired dynamic standing balance, slowed mobility, generalized weakness, and elevated fall risk secondary to cognitive impairment, osteoarthritis, and deconditioning. Functional limitations significantly impact bed mobility, sit-to-stand transfers, ambulation within the home, and safe negotiation of environmental obstacles without caregiver assistance or supervision. Occupational therapy evaluation was also completed and noted decreased overall strength and endurance affecting performance of daily activities. The patient requires frequent verbal cues and continuous encouragement to initiate and complete tasks. Assessment of ADL performance and transfers was completed, and recommendation was made for installation of a grab bar to improve safety with shower transfers. Skilled home health physical and occupational therapy services are medically necessary to address strengthening, endurance training, balance interventions, gait training, transfer training, safety awareness, fall prevention, caregiver education, and implementation of a safe home exercise program to maximize functional independence, reduce risk of falls and rehospitalization, and improve overall safety within the home environment. Continued interdisciplinary care and close caregiver involvement are recommended due to the patient's cognitive decline, impaired judgment, and ongoing safety concerns.
 Date of Order 05/07/2026 Orders Physician Face-to-Face Date: 05/04/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat, msw due to Displaced fracture of greater trochanter of right femur, subsequent encounter for closed 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 Tran, Michelle

SN Careplans

SN WK1: 1 (05/07/26-05/09/26) ,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, 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, 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: A1250 - Lack of Necessary Transportation, 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, B0200 - Hearing Deficit

PROCEDURES: cough/deep breathing exercises: Understand, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion: Family involved, glucose testing via monitor: Doesn't monitor, coordinate/arrange preparation of missing meals: Family assist, coordinate/arrange home modifications for hearing impaired, i.e. alarms: Refused hearing aids, coordinate/arrange transportation services: 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, * 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, patient's transportation needs are met, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: I want my pain to go away

GOALS
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
* 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/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

patient's transportation needs are met

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (05/07/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK5: 1 (05/31/26-06/06/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06.

PT Goals

PATIENT-STATED GOAL: To perform stair negotiation safely

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Signature of Physician:

Date

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

Date
05/07/2026

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Independent, Toilet Transfer - 06. Independent, 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

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

OT Careplans

OT WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK5: 1 (05/31/26-06/06/26)

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 - 05. Setup or clean-up assistance, 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: Patient states she wants to get stronger

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

Oral Hygiene - 05. Setup or clean-up assistance

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	05/07/2026