Home Health Certification and Plan of Care

Order ID: 1163/1044

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01187215	05/04/2026	From: 05/04/2026 To: 07/02/2026	1453	497754

6. Patient's Name and Address

Daniel Lynch
12725 Lee Highway Rm 255,
FAIRFAX, VA 22030-
571-249-6765

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 09/19/1953 | 9.Sex Male

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

Sodium Chloride 0.9% In Plastic Container - Sodium Chloride 1 by mouth as necessary 1 Gm. (15.4 gr.)

11. ICD	Principal Diagnosis	Date
C61.	Malignant neoplasm of prostate	05/04/26

13. ICD	Other Pertinent Diagnoses	Date
C79.51	Secondary malignant neoplasm of bone	05/04/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	05/04/26
E78.5	Hyperlipidemia unspecified	05/04/26
I70.0	Atherosclerosis of aorta	05/04/26
H90.3	Sensorineural hearing loss bilateral	05/04/26
E87.1	Hypo-osmolality and hyponatremia	05/04/26
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	05/04/26
K57.90	Dvrtclos of intest part unsp w/o perf or abscess w/o bleed	05/04/26
Z85.118	Personal history of malignant neoplasm of bronchus and lung	05/04/26
Z79.01	Long term (current) use of anticoagulants	05/04/26
Z97.4	Presence of external hearing-aid	05/04/26

14. DME and Supplies:

walker

15. Safety Measures:

activity supervision

16. Nutrition:

regular

17. Allergies:

cephalexin

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Walker

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

PT: family/caregiver will be responsible for managing treatment
OT: patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Malignant neoplasm of prostate, 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 72-year-old male referred to home health physical therapy following a recent hospitalization for intractable cancer-related pain. Significant past medical history includes prostate cancer, history of lung cancer status post bilateral upper lobectomy, suspected metastatic osseous involvement including the pelvic region, chronic low back pain, and chronic left lower extremity pain. Patient is alert and oriented x4 and utilizes hearing aids. Prior level of function was independent; however, patient now demonstrates a decline in overall functional mobility requiring increased assistance, frequent rest breaks, and reduced tolerance for daily activities secondary to pain, weakness, and fatigue. Patient currently resides at Brightview Senior Living assisted living facility, where staff assist with meals and medication management. Patient also reports support from his ex-wife for transportation and medical appointments, which is beneficial for ongoing care coordination and follow-up treatment needs. Assessment findings indicate decreased functional mobility, impaired strength, reduced endurance, decreased activity tolerance, impaired balance, and pain limiting safe performance of transfers, ambulation, and activities of daily living. Patient ambulates with use of a front-wheeled walker for support and demonstrates elevated fall risk due to generalized weakness, chronic pain, impaired endurance, and overall medical complexity. Occupational therapy evaluation was completed, revealing the patient is modified independent with total body dressing and bathing tasks and independent with self-feeding, with no fine motor deficits noted. However, patient presents with decreased bilateral upper extremity strength and endurance affecting performance of daily functional tasks. Patient reports he is scheduled to begin chemotherapy treatments tomorrow, occurring every two weeks through July, which may further impact endurance and functional tolerance. Skilled physical therapy services are medically necessary to address deficits in strength, balance, gait, endurance, transfer training, and functional mobility, while also providing education regarding pain management strategies, energy conservation, fall prevention, and safety awareness to improve independence and reduce risk of injury or rehospitalization. Skilled occupational therapy services are also indicated to improve bilateral upper extremity strength, endurance, and participation in daily functional activities through therapeutic exercise and endurance training. Rehabilitation potential is considered fair given the patient's complex medical status, ongoing cancer treatment, chronic pain, and need for symptom management, with progress dependent upon overall medical stability and pain control. Plan is to continue skilled PT and OT interventions focused on strengthening, endurance training, gait and balance training, transfer safety, pain management strategies, and maximizing functional independence and safety within the assisted living environment.
 Date of Order 05/04/2026 Orders Physician Face-to-Face Date: 04/30/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat , OT eval and treat due to Malignant neoplasm of prostate 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 - PT Notes: soc OT Eval Notes:
 Physician Frye, Krista

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/04/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Krista Frye
5999 Burke Commons Rd
Arlington, VA 22205
PHONE: 7032497700 FAX: NPI: 1336776228

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 : 04/30/2026

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 (05/04/26-05/09/26) ,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) ,WK6: 1 (06/07/26-06/13/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8

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: 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, GG0170F1 - Toilet Transfer, M1720 - Anxiety, M1700 - Cognition, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, 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, lethargy

PROCEDURES: home exercise program: HEP includes seated marches, long arc quads, ankle pumps, and heel/toe raises for circulation and lower extremity activation; sit to stands from chair focusing on controlled movement; standing hip abduction, hip extension, and mini squats with upper extremity support at countertop; gentle hamstring, calf, and hip flexor stretching within pain-free range; short distance ambulation multiple times daily as tolerated with emphasis on upright posture and safety; deep breathing and pacing strategies to manage fatigue; patient instructed to perform exercises daily as tolerated with rest breaks as needed and to stop if experiencing increased pain, dizziness, or symptoms., 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 06. Independent, Chair to Bed to Chair - 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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching 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

PT Goals

PATIENT-STATED GOAL: To 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

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up 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

Shower/Bathe Self - 04. Supervision or touching assistance

Signature of Physician:

Date

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

Date
05/04/2026

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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) ,WK6: 1 (06/07/26-06/13/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400, 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 - 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

OT Goals

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/04/2026