Home Health Certification and Plan of Care

Order ID: 1163/964

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H58706599	03/27/2026	From: 03/27/2026 To: 05/25/2026	1326	497754

6. Patient's Name and Address
Richard Seaman
13090 Cavendish Run Ct,
Catharpin, VA 20143-
804-761-3513

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 06/24/1941 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	03/27/26

13. ICD	Other Pertinent Diagnoses	Date
Z95.2	Presence of prosthetic heart valve	03/27/26
I48.0	Paroxysmal atrial fibrillation	03/27/26
I11.0	Hypertensive heart disease with heart failure	03/27/26
I50.32	Chronic diastolic (congestive) heart failure	03/27/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	03/27/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/27/26
I71.21	Aneurysm of the ascending aorta without rupture	03/27/26
M81.0	Age-related osteoporosis w/o current pathological fracture	03/27/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/27/26
E78.5	Hyperlipidemia unspecified	03/27/26
E11.610	Type 2 diabetes mellitus w diabetic neuropathic arthropathy	03/27/26
E03.9	Hypothyroidism unspecified	03/27/26
H91.93	Unspecified hearing loss bilateral	03/27/26
F40.240	Claustrophobia	03/27/26
M62.59	Muscle wasting and atrophy NEC multiple sites	03/27/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/27/26
Z79.82	Long term (current) use of aspirin	03/27/26
Z79.1	Long term (current) use of non-steroidal non-inflam (NSAID)	03/27/26
Z79.890	Hormone replacement therapy	03/27/26
Z85.46	Personal history of malignant neoplasm of prostate	03/27/26
Z96.82	Presence of neurostimulator	03/27/26
Z96.611	Presence of right artificial shoulder joint	03/27/26
Z96.643	Presence of artificial hip joint bilateral	03/27/26
Z96.653	Presence of artificial knee joint bilateral	03/27/26

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

Sacubitril-Valsartan Oral Tablet 24-26 mg / 1 Tablet by mouth twice a day for HTN
Metoprolol Succinate - Metoprolol Succinate eq 50 mg tartrate 1 Tablet by mouth once a day for HTN
Cholecalciferol Oral Tablet 10 MCG (400 UNIT) / 1 Tablet by mouth in the morning for Vitamin D Deficiency
Senna - Senna 8.6 mg / 1 Tablet by mouth in the morning for Bowel regimen hold for loose stool
Multiple Vitamins-Minerals 1 Tablet by mouth once a day for Supplement
Potassium Chloride - Potassium Chloride 20meq 1 Tablet by mouth once a day for Hypokalemia
MELOXICAM 7.5 mg / 1 Tablet by mouth once a day Muscles spams
Magnesium Oxide - Simethicone 250 mg / 1 Tablet by mouth in the morning for Hypomagnesemia
FUROSEMIDE 40 mg 1 Tablet by mouth twice a day for CHF
Dapagliflozin Propanediol Oral Tablet 10 mg / 1 Tablet by mouth once a day for DM2
Aspirin Ec - Aspirin 81 mg / 1 Tablet by mouth in the morning for CVA prophylaxis
Omeprazole - Omeprazole 40 mg 1 Capsule by mouth in the morning for GERD
Levothyroxine Sodium - Levothyroxine Sodium 0.112 mg 1 Tablet by mouth in the morning for Hypothyroidism
Atorvastatin Calcium - Atorvastatin Calcium 20 mg / 1 Tablet by mouth at bedtime for HLD
Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 5 mg 1 Tablet by mouth every 8 hours as needed for Muscle Spasms

14. DME and Supplies:
walker, reacher, , long leg brace, hand held shower, grab bars, commode, 4 wheeled walker

15. Safety Measures:
walker precautions, supervision at all times, medication safety, , hand rails, fall precautions, bathroom safety, ambulates with assistance

16. Nutrition:
cardiac diet

17. Allergies:
azithromycin morphine vancomycin poison ivy extract

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Wheelchair, 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: 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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Encounter for surgical aftercare following surgery on the circulatory system, 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 84-year-old White male recently discharged home following hospitalization, surgery, and a subsequent rehabilitation stay. He currently resides in the basement level of his daughter's home, while his daughter and her family occupy the upper level. Upon the nurse's arrival, the patient was in the basement area and was later joined by his son-in-law. The patient was alert, awake, and oriented to person, place, and time. He is hard of hearing and utilizes one hearing aid in the left ear. Neurological assessment revealed positive facial symmetry and pupils equal, round, and reactive to light. The patient presented with weak hand grasps, contracted fingers, and trace edema in the extremities. Education was provided regarding limb elevation to assist with edema management. The lower extremities were noted to have abnormalities consistent with weakness and limited mobility. Abdominal assessment revealed a distended but soft and non-tender abdomen with active bowel sounds in all four quadrants. The patient is incontinent of bladder but denies dysuria, burning, or other urinary discomfort. He denies pain at the time of assessment. The patient uses a specialized walker with arm supports (bilateral platform walker) for ambulation. A prior surgical incision to the groin was reported but not visible during the visit. The family reported that a wheelchair and hospital bed were scheduled for delivery on the day of the visit to assist with mobility and safety within the home. The patient's daughter manages and prepares his medications. The patient is able to feed himself with setup assistance and remained pleasant and cooperative throughout the assessment. The patient's medical history is significant for congestive heart failure, coronary artery disease, atrial fibrillation, Charcot-Marie-Tooth disease, age-related osteoporosis, gait instability, and generalized

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Meghna Lama
13575 Heathcote Blvd Ste 210
Gainesville, VA 20155
PHONE: 5712484620 FAX: 15712484374 NPI: 1497322721

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 : 03/17/2026

27. Attending Physician's Signature and Date Signed **05/07/2026**: 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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muscle weakness. Due to recent hospitalization and cardiac procedure, the patient currently demonstrates generalized weakness, deconditioning, impaired balance, reduced endurance, and decreased functional mobility. These deficits have resulted in increased dependence with transfers, ambulation, and activities of daily living, placing the patient at elevated risk for falls and potential rehospitalization within the home environment. Occupational therapy evaluation was completed to assess functional performance with activities of daily living and transfers. The patient is able to complete upper and lower body dressing with increased time and effort. He currently receives assistance from a private caregiver twice weekly for support with activities of daily living and instrumental activities of daily living. Bilateral upper extremity weakness and limited active range of motion contribute to difficulty with certain functional tasks, including self-feeding. Occupational therapy interventions will focus on improving bilateral upper extremity strength and range of motion, as well as training in the use of adaptive equipment, including built-up utensils, to improve independence and ease with self-feeding. Therapeutic exercises and endurance training will also be implemented to enhance safety and performance with daily activities. Skilled physical therapy services are medically necessary to address deficits in strength, balance, gait stability, and functional mobility. The patient requires assistance with transfers and ambulation and demonstrates reduced activity tolerance related to his cardiac history and post-operative status. Physical therapy interventions will focus on strengthening, balance retraining, gait training with the platform walker, and functional mobility training to improve safety and maximize independence in the home environment. Education has been provided to the patient and family regarding fall prevention and safe mobility strategies. The interdisciplinary plan of care includes continued skilled nursing oversight, physical therapy, and occupational therapy services aimed at improving strength, mobility, and endurance while supporting the patient's ability to safely remain in the home and reduce the risk of further functional decline or rehospitalization.
 Date of Order 03/27/2026 Orders Physician Face-to-Face Date: 03/17/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN, PT, OT due to Encounter for surgical aftercare following surgery on the circulatory system 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 Lama, Meghna

SN Careplans

SN WK1: 1 (03/27/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26)

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:Do not resuscitate (DNR) orders

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence, muscle weakness, swelling of affected area, limited endurance, limited range of motion, limited strength, weak hand grips, balance deficit, B0200 - Hearing Deficit, #1 - Abrasion - Anterior Right Knee -

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, home exercise program: Eval and treat by therapy, coordinate/arrange preparation of missing meals: Daughter managed, coordinate/arrange home modifications for hearing impaired, i.e. alarms: Wears hearing aids

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, * strategies to increase caloric intake, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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/C O2 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

SN Goals

PATIENT-STATED GOAL: I need to get the other hearing aid

GOALS
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/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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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 WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-04/30/26)

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: cough/deep breathing exercises, gait training/stair training, transfers

PT Goals

PATIENT-STATED GOAL: To perform STS independently

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/27/2026

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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 - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance	* 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 - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance Toilet Transfer - 05. Setup or clean-up assistance 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 Car Transfer - 05. Setup or clean-up assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance
OT Careplans OT WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, 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, * 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 - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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: I want to be able to hold my utensils better for eating 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 Sit to Stand - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance Toilet Transfer - 05. Setup or clean-up assistance 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	03/27/2026