Home Health Certification and Plan of Care

Order ID: 1163/1046

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3HD8TP5PR34	05/08/2026	From: 05/08/2026 To: 07/06/2026	1515	497754

6. Patient's Name and Address

Marilyn McKeown
4252 S. 35th Street,
Arlington, VA 22206-
703-786-3403

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 01/15/1947 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M12.811	Oth specific arthropathies NEC right shoulder	05/08/26

13. ICD	Other Pertinent Diagnoses	Date
M12.812	Oth specific arthropathies NEC left shoulder	05/08/26
I10.	Essential (primary) hypertension	05/08/26
M16.0	Bilateral primary osteoarthritis of hip	05/08/26
M17.0	Bilateral primary osteoarthritis of knee	05/08/26
M47.819	Spondylosis without myelopathy or radiculopathy site unsp	05/08/26
M19.041	Primary osteoarthritis right hand	05/08/26
M19.042	Primary osteoarthritis left hand	05/08/26
E78.5	Hyperlipidemia unspecified	05/08/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/08/26
F32.A	Depression unspecified	05/08/26
Z85.3	Personal history of malignant neoplasm of breast	05/08/26

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

Sanctura - Trospium Chloride 20 mg 1 Tablet by mouth twice a day UTI
Tums - Simethicone 1 Tablet by mouth once a day Upset stomach
VERAPAMIL 120 MG 1 tablet by mouth once a day HTN
Vitamin D - Ergocalciferol 1000 mcg 1 table by mouth once a day Supplement
ACETAMINOPHEN 325 mg 2 tablets by mouth every 8 hours Mild pain as needed
Albuterol - Albuterol 90 mcg 2 puff inhalant every 6 hours Wheezing
Benadryl - Diphenhydramine Hydrochloride 25 mg 1 Tablet by mouth once a day Itching
CELEXA eq 40 mg base 1 tablet Oral once a day Depression
RESTASIS 0.05 perc 1 drop Ophthalmic every 12 hours Dry eyes
ATIVAN 0.5 mg 1 Tablet Oral once a day Anxiety as needed
Multiple Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 Tablet by mouth once a day Supplement
Crestor - Rosuvastatin Calcium 10 mg 1 Tablet by mouth in the morning HLD

14. DME and Supplies:

wound care supplies, , walker, rolling walker, , reacher, commode

15. Safety Measures:

walker precautions, standard precautions, no constrictive clothing, medication safety, hand rails, fall precautions, emergency phone # clearly displayed, bathroom safety, ambulates with assistance

16. Nutrition:

cardiac diet

17. Allergies:

adhesive tape beta adrenergic blockers codeine erythromycin propoxyphene sh

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: 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
OT: patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Other specific arthropathies, not elsewhere classified, right shoulder, 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 79-year-old White female referred for home health services following planned right reverse total shoulder replacement surgery performed on 05/07/2026. Patient was discharged home with a right shoulder non-removable dressing and postoperative precautions in place. She is alert and oriented x4 with positive facial symmetry and is noted to be hard of hearing, utilizing bilateral hearing aids, and also wears prescription glasses. Assessment reveals left hand grasp strength greater than the right secondary to recent surgical intervention. Mild right upper extremity edema is present, and patient utilizes a specialized arm brace/sling for support as instructed. Patient reports ongoing right shoulder pain, which is currently managed with Tramadol and relieved with prescribed pain medication. Posterior lung fields are clear to auscultation bilaterally. Abdomen is soft, non-tender, with positive bowel sounds in all four quadrants. Patient remains continent of bowel and bladder. She ambulates independently with supervision and uses a single-point cane for additional support and safety during mobility. Patient resides in a multilevel townhouse with her husband, who serves as the primary caregiver and assists with IADL tasks and moderate care needs. Patient has requested assistance from a home health aide for additional support with ADLs, and nursing staff will follow up with the agency office regarding services. Prior to surgery, patient was independent with ADLs, functional transfers, mobility, and driving. Occupational therapy evaluation was completed, and patient reports attending a follow-up orthopedic appointment on 05/16/2026, during which the surgeon advised that the sling may be removed while at home and worn primarily when out in the community. Patient demonstrates understanding of non-weight-bearing precautions to the right upper extremity. Functional assessment reveals patient is now able to complete total body dressing tasks with setup assistance and standby assistance. Patient is currently sponge bathing, and education/recommendation was provided regarding use of a shower chair or transfer bench to improve safety during bathing tasks. Patient remains independent with eating and demonstrates no fine motor deficits. At this time, patient presents with decreased right upper extremity range of motion, strength, and functional use following surgery, impacting safety and independence with daily activities. Skilled occupational therapy services are medically necessary to address deficits in upper extremity mobility, strength, ADL performance, safety awareness, and functional activity tolerance in order to facilitate return to prior level of function and reduce risk of complications or further decline. Education was provided regarding postoperative precautions, safe mobility, adaptive strategies for ADLs, pain management, edema management, and fall prevention. Plan is to continue skilled OT services for instruction and progression of passive range of motion exercises followed by active-assisted and active range of motion exercises per physician protocol, along with therapeutic exercise, ADL retraining, safety education, and functional mobility training to maximize independence and promote safe recovery. Patient is scheduled for follow-up appointment on 06/17/2026 and will be four weeks postoperative on 06/07/2026.
 Date of Order 05/08/2026 Orders Physician Face-to-Face Date: 04/07/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, ot-eval & treat due to Other specific arthropathies, not elsewhere classified, right shoulder 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 OT Eval Notes:
 Physician Kittredge, Ben

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 05/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Ben Kittredge
6355 Walker Lane
Alexandria, VA 22310
PHONE: 7038105210 FAX: 17038105418 NPI: 1134147978

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 : 04/07/2026

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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SN WK1: 1 (05/08/26-05/09/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK5: 1 (05/31/26-06/06/26)

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: 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

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: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, 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 preparation of missing meals: Husband managed, coordinate/arrange home modifications for hearing impaired, i.e. alarms: Wears 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, * 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, * 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, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: I need help until I get better

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
* 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

meal preparation is available to patient for all meals

OT Careplans

OT 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) ,WK7: 1 (06/14/26-06/20/26) ,WK8: 1 (06/21/26-06/27/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400, Pain Interference with Therapy activities, GG0130A1 - Eating, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene

PROCEDURES: equipment training, work simplification/energy conservation, 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, 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 regain my strength and ROM in my R arm

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Signature of Physician:

Date

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

Date
05/08/2026

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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

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