Home Health Certification and Plan of Care

Order ID: 1163/1049

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H69532943	05/14/2026	From: 05/14/2026 To: 07/12/2026	1550	497754

6. Patient's Name and Address
Brenda Lawrence
781 Bonefish Drive,
Woodbridge, VA 22191-
571-488-8356

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 01/15/1944 | **9.Sex** Female

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
Cozaar - Losartan Potassium 100 mg 1 by mouth once a day

11. ICD	Principal Diagnosis	Date
M51.360	Other intvrt disc degen	05/14/26

13. ICD	Other Pertinent Diagnoses	Date
M46.1	Sacroiliitis not elsewhere classified	05/14/26
I10.	Essential (primary) hypertension	05/14/26
E78.00	Pure hypercholesterolemia unspecified	05/14/26
G60.9	Hereditary and idiopathic neuropathy unspecified	05/14/26
G89.4	Chronic pain syndrome	05/14/26
K21.9	Gastro-esophageal reflux disease without esophagitis	05/14/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	05/14/26
Z79.82	Long term (current) use of aspirin	05/14/26
Z98.1	Arthrodesis status	05/14/26

14. DME and Supplies:
rolling walker, hand held shower, grab bars

15. Safety Measures:
activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Walker, Cane, Exercises Prescribed

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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Other intervertebral disc degeneration, lumbar region with discogenic back pain only, 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 82-year-old female referred to home health physical therapy with diagnoses of lumbar intervertebral disc degeneration, chronic low back pain, lumbar radiculopathy, sacroiliitis, and neuropathy. The patient presents with decreased bilateral lower extremity strength, impaired balance, impaired gait mechanics, reduced functional mobility, decreased activity tolerance, and increased pain, all of which significantly limit safety and independence with activities of daily living and mobility-related tasks. The patient reports chronic axial low back pain that is exacerbated by prolonged standing and ambulation, accompanied by intermittent bilateral lower extremity numbness, tingling, and neuropathic symptoms. Past medical history is significant for lumbar fusion at L3-L5, spinal cord stimulator placement with revision, hypertension, hyperlipidemia, gastroesophageal reflux disease, and chronic pain syndrome. Skilled physical therapy services are medically necessary to address pain management, postural deficits, core stabilization, gait abnormalities, transfer training, balance impairments, fall risk reduction, functional endurance, and overall mobility limitations. Interventions will focus on improving strength, safety, and functional independence while reducing the risk of further decline, falls, and potential hospitalization.
 Date of Order 05/14/2026 Orders Physician Face-to-Face Date: 04/07/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Other intervertebral disc degeneration, lumbar region with discogenic back pain only 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
 Physician Ghazal, Talal

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (05/14/26-05/16/26) ,WK2: 1 (05/17/26-05/23/26) ,WK3: 1 (05/24/26-05/30/26)

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: 7. Currently taking 5 or more medications

PT Goals

PATIENT-STATED GOAL: Perform stair negotiation safely without any falls

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/14/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Talal Ghazal
1635 N George Mason Dr Ste 150
Arlington, VA 22205
PHONE: 5717320044 FAX: 18668501049 NPI: 1700080520

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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Brenda Lawrence 781 Bonefish Drive, Woodbridge, VA 22191- 571-488-8356	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

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: GG0130B1 - Oral Hygiene, 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, 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, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Interference with ADLs, balance deficit, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: home exercise program: HEP includes seated marches, seated LAQ, ankle pumps, glute sets, quad sets, posterior pelvic tilts, TA bracing with diaphragmatic breathing, supine marches, supine hip abduction with theraband, seated hamstring stretch, calf stretch, sit to stands with UE support, standing heel raises at countertop, standing hip abduction at countertop, weight shifting exercises, balance activities at kitchen counter, gait training with AD focusing on posture and step length, frequent walking program inside home as tolerated, fall prevention education, posture correction, and energy conservation techniques., work simplification/energy conservation, gait training on uneven surfaces, gait training/stair 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, 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 - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, 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

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 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 - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

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 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/14/2026