Home Health Certification and Plan of Care

Order ID: 1163/1024

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
844488637	04/27/2026	From: 04/27/2026 To: 06/25/2026	1473	497754

6. Patient's Name and Address
Richard Graves
4 Blake Way,
Stafford, VA 22556
540-379-8881

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 09/19/1958 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	04/27/26

13. ICD	Other Pertinent Diagnoses	Date
L89.313	Pressure ulcer of right buttock stage 3	04/27/26
I10.	Essential (primary) hypertension	04/27/26
E83.42	Hypomagnesemia	04/27/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	04/27/26
E78.5	Hyperlipidemia unspecified	04/27/26
I48.91	Unspecified atrial fibrillation	04/27/26
G90.09	Other idiopathic peripheral autonomic neuropathy	04/27/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	04/27/26
D64.9	Anemia unspecified	04/27/26
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	04/27/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/27/26
Z79.4	Long term (current) use of insulin	04/27/26
Z79.01	Long term (current) use of anticoagulants	04/27/26
Z79.82	Long term (current) use of aspirin	04/27/26
Z96.653	Presence of artificial knee joint bilateral	04/27/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	04/27/26

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

ROXICODONE 5 mg 5 mg / 1 Tablet by mouth every 4 hours for Pain (6-10) as needed
Metformin Hcl - Metformin Hydrochloride ER 500 mg / 1 Tablet by mouth two times a day for DM
ELIQUIS 5 mg / 1 Tablet by mouth two times a day for A Fib
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50000 UNIT / 1 Tablet by mouth one time a day every Thu for Vitamin D deficiency until 07/14/2026
Aspirin Ec - Aspirin 81 mg / 1 Tablet by mouth one time a day for Stroke prevention
ENTRESTO 24-26 mg / 1 Tablet by mouth two times a day for CHF
Ondansetron Hydrochloride - Ondansetron Hydrochloride 4 mg / 1 Tablet by mouth every 6 hours as needed for Nausea
OMEGA-3 500 mg/capsule / Give 2 capsule by mouth one time a day for Supplement
Metoprolol Succinate - Metoprolol Succinate ER 100 mg / 1 Tablet by mouth twice a day for HTN
Insulin Glargine Solution Pen-Injector 100 UNIT/ML / Inject 25 unit subcutaneous in the evening for DM hold for BS Less than 180
GABAPENTIN 300 mg 1 Capsule by mouth three times a day for Neuropathic pain
CYANOCOBALAMIN 1000 mcg / 1 Tablet by mouth one time a day B12 deficiency for 30 Days
Atorvastatin Calcium - Atorvastatin Calcium 10 mg / 1 Tablet by mouth in the evening for HLD

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

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

16. Nutrition:
diabetic,

17. Allergies:
no known allergies

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

Homebound status: After undergoing Right total knee replacement, 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 a 67-year-old White male who recently underwent a planned right total knee replacement on 03/25/2026, with a prior history of left knee arthroplasty on 07/03/2025. His past medical history is significant for type 2 diabetes mellitus (currently managed without insulin), hypertension, atrial fibrillation, hyperlipidemia, osteoarthritis, and peripheral neuropathy. Following hospitalization and a rehabilitation stay, the patient was discharged home, where he resides with his wife in a single-family residence. His wife serves as the primary caregiver, although she is away during daytime hours due to work commitments. On assessment, the patient is alert and oriented to person, place, time, and situation, with intact neurological status demonstrated by symmetrical facial movements, equal bilateral hand grasps, and pupils equal and reactive to light. He is noted to be hard of hearing and utilizes hearing aids. Respiratory assessment reveals clear lung sounds bilaterally without use of accessory muscles. The abdomen is soft and non-tender with active bowel sounds in all four quadrants. The patient is continent of bowel and bladder. Bilateral ankle edema is present, and he has been instructed on lower extremity elevation to reduce swelling. The surgical incision to the right knee appears intact and is healing appropriately. The patient reports knee pain, which is currently managed with prescribed medication and provides satisfactory relief. Functionally, the patient demonstrates generalized weakness, decreased lower extremity strength, impaired balance, and reduced activity tolerance, contributing to an unstable gait and increased fall risk. He requires moderate assistance for transfers and ambulation and utilizes a front-wheeled walker for mobility. He is currently unable to safely navigate stairs to access the full bathroom on the upper level of the home and is sleeping on the first floor in a recliner chair. Adaptive equipment, including a toilet frame, is in place to support safety. The patient requires assistance with lower body dressing and sponge bathing due to mobility limitations. Skilled physical therapy services are indicated and medically necessary to address deficits in strength, gait mechanics, balance, and overall functional mobility, with the goal of improving safety and facilitating a return to prior level of function. Occupational therapy evaluation was completed; however, the patient has requested to defer OT services for two weeks to focus on improving mobility and strength, with plans to reassess the need for continued OT intervention thereafter. Education has been provided regarding fall prevention, proper use of assistive devices, blood glucose monitoring, and edema management. The plan of care includes ongoing skilled nursing and therapy services to monitor recovery, manage comorbid conditions, and support functional independence within the home environment.
 Date of Order 04/27/2026 Orders Physician Face-to-Face Date: 04/13/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Right total knee replacement Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Nather Ansari
1075 Garrisonville Rd
Stafford, VA 22556
PHONE: 5402889888 FAX: 15402880054 NPI: 1689663320

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 : 04/13/2026

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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walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Ansari, Nather

SN Careplans

SN WK1: 1 (04/27/26-05/02/26) ,WK2: 1 (05/03/26-05/09/26) ,WK3: 1 (05/10/26-05/16/26) ,WK4: 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: 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, limited range of motion, limited endurance, 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: Demonstrated understanding, glucose testing via monitor: Wife assist, coordinate/arrange preparation of missing meals: Wife prepared, coordinate/arrange home modifications for hearing impaired, i.e. alarms: Patient is not wearing aids at this time

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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: I want to be able to go upstairs in my bed

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

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

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (04/27/26-05/02/26) ,WK2: 2 (05/03/26-05/09/26) ,WK3: 1 (05/10/26-05/16/26) ,WK4: 1 (05/17/26-05/23/26) ,WK5: 1 (05/24/26-05/30/26)

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: home exercise program: quad sets (310 with 5-second hold), straight leg raises (310), heel slides (310), long arc quads (310), sit-to-stands from a chair (38-10), standing marches (310), and supported mini squats (38-10), to be performed daily as tolerated with emphasis on slow, controlled movements and proper form, gait training on uneven surfaces, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 05. Setup or clean-up assistance, 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

PT Goals

PATIENT-STATED GOAL: To perform STS independently

GOALS
Chair to Bed to Chair - 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

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/27/2026

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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 WK1: 1 (04/27/26-05/02/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with Therapy activities, 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 - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to get back to doing for 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 - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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