Home Health Certification and Plan of Care

Order ID: 1163/1087

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H66312195	06/08/2026	From: 06/08/2026 To: 08/06/2026	1595	497754

6. Patient's Name and Address
Rafael Gomez
585 Kalmia Square NE,
Leesburg, VA 20176-
703-728-3417

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 01/11/1943 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G30.1	Alzheimer's disease with late onset	06/08/26

13. ICD	Other Pertinent Diagnoses	Date
F02.A0	Dem in other dis classd elswhr mild w/o beh/psych/mood/anx	06/08/26
G31.9	Degenerative disease of nervous system unspecified	06/08/26
E78.2	Mixed hyperlipidemia	06/08/26
E03.9	Hypothyroidism unspecified	06/08/26
I10.	Essential (primary) hypertension	06/08/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/08/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	06/08/26
I73.9	Peripheral vascular disease unspecified	06/08/26
H02.529	Blepharophimosis unspecified eye unspecified lid	06/08/26
Z85.46	Personal history of malignant neoplasm of prostate	06/08/26
Z79.82	Long term (current) use of aspirin	06/08/26
Z91.81	History of falling	06/08/26

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

XYZAL 5 mg 1 Tablet by mouth in the evening for Allergy
TOPROL-XL eq 50 mg tartrate 1 Tablet by mouth in the evening HTN
Calcium With Vitamin D - Calcium Acetate 1 Tablet by mouth twice a day Supplement
ASPIRIN 81 MG chewable tablet / 1 Tablet by mouth daily Prophylactic
ARICEPT 10 mg 1 Tablet by mouth once at bedtime for Dementia
FLOMAX 0.4 mg 1 Capsule by mouth once daily BPH
SYNTHROID 88 mcg / 1 Tablet by mouth once daily Hypothyroidism
MULTIVITAMIN 1 capsule by mouth once daily Supplement
LIPITOR eq 40 mg base 1 Tablet by mouth at bedtime HLD

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

15. Safety Measures:
walker precautions, standard precautions, medication safety, fall precautions, bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:
cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, 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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Alzheimer's disease with late onset, 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 83-year-old Hispanic male with a history of a pelvic fracture sustained after a fall in March 2026 and was referred to home health services for strengthening and rehabilitation. He resides in a townhouse with his wife, and his daughters are actively involved in his care and available to provide assistance as needed. Upon assessment, the patient was alert, awake, and oriented to person and place, although mild confusion and forgetfulness were noted, consistent with his diagnosis of mild late-onset Alzheimer's dementia. He was easily redirected throughout the visit and was at home with his daughters when the nurse arrived. Neurological assessment revealed positive facial symmetry, equal and strong bilateral hand grasps, and pupils that were equal and reactive to light. Respiratory assessment demonstrated clear posterior lung fields on auscultation without use of accessory muscles or signs of respiratory distress. Cardiovascular assessment showed no bilateral lower extremity edema. Abdominal examination revealed a soft, non-tender abdomen with active bowel sounds present in all four quadrants. The patient remains continent of both bowel and bladder. The patient ambulates with a walker or cane but requires supervision due to impaired balance, gait instability, decreased safety awareness, and increased fall risk. He is able to feed himself with meal setup assistance, while medication management is provided by his daughters. The patient reported bilateral knee pain, which he manages with topical analgesic ointment, reporting satisfactory relief. The patient was recently referred to home health physical therapy following hospitalization related to multiple falls, progressive weakness, balance deficits, and decline in functional mobility associated with mild late-onset Alzheimer's dementia, brain atrophy, and cogwheel rigidity. Physical therapy evaluation identified decreased lower extremity strength, reduced endurance, impaired balance, gait instability, difficulty with transfers and ambulation, diminished safety awareness, and limitations in performing daily functional activities independently. These deficits have significantly impacted his ability to safely navigate his home environment and have increased his risk for future falls and rehospitalization. Skilled physical therapy services are medically necessary to address lower extremity strengthening, balance retraining, gait training, transfer training, functional mobility, fall prevention strategies, safety awareness, and development and progression of an individualized home exercise program aimed at maximizing independence and reducing fall risk. Patient and family were educated regarding safety precautions, fall prevention measures, supervision requirements during mobility, and the importance of adherence to the prescribed therapy program. The patient's daughters expressed interest in obtaining overnight home health aide services to provide additional support and supervision during nighttime hours. The nurse acknowledged the request and will communicate with the agency to explore available aide services and coordinate appropriate resources as part of the ongoing plan of care.
 Date of Order 06/08/2026 Orders Physician Face-to-Face Date: 04/21/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Alzheimer's disease with late onset 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:
 Physician Dolcich, Augustine

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Augustine Dolcich
11800 Sunrise Valley Dr Sute 700
Reston, VA 20191
PHONE: 7038341473 FAX: 17033187463 NPI: 1346234648

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 : 04/21/2026

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 Careplans

SN WK1: 1 (06/08/26-06/13/26) ,WK2: 1 (06/14/26-06/20/26) ,WK3: 1 (06/21/26-06/27/26)

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, 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, 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: M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit

PROCEDURES: cough/deep breathing exercises: Confusion, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion: Family involved, coordinate/arrange preparation of missing meals: Family assist

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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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, 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 my father to get his strength back

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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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 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 (06/08/26-06/13/26) ,WK2: 1 (06/14/26-06/20/26) ,WK3: 1 (06/21/26-06/27/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, 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, GG0130B1 - Oral Hygiene, 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

PROCEDURES: home exercise program: HEP includes seated marches, LAQ, heel/toe raises, hip abd, hip ext, mini squats, sit-to-stands, standing marches, weight shifting, tandem stance, SLS as tolerated, hamstring stretch, gastroc stretch, ankle pumps, walking program, transfer practice, and balance activities with UE support as needed., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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 - 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

PT Goals

PATIENT-STATED GOAL: To improve stair negotiation

GOALS
Chair to Bed to Chair - 06. Independent

Sit to Stand - 06. Independent

Toilet Transfer - 05. Setup or clean-up assistance

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/08/2026

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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

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