Home Health Certification and Plan of Care

Order ID: 1163/1104

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
381037547	06/15/2026	From: 06/15/2026 To: 08/13/2026	1242	497754

6. Patient's Name and Address

Robert Rogers
12469 Lee Jackson Mem Hwy,
FAIRFAX, VA 22033-
571-556-4283

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 01/16/1937 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	06/15/26

13. ICD	Other Pertinent Diagnoses	Date
I50.31	Acute diastolic (congestive) heart failure	06/15/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	06/15/26
N18.31	Chronic kidney disease stage 3a	06/15/26
D63.1	Anemia in chronic kidney disease	06/15/26
S22.32XD	Fracture of one rib left side subs for fx w routn heal	06/15/26
G30.1	Alzheimer's disease with late onset	06/15/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	06/15/26
I48.91	Unspecified atrial fibrillation	06/15/26
D68.69	Other thrombophilia	06/15/26
I70.0	Atherosclerosis of aorta	06/15/26
E78.5	Hyperlipidemia unspecified	06/15/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/15/26
F41.9	Anxiety disorder unspecified	06/15/26
Z85.46	Personal history of malignant neoplasm of prostate	06/15/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	06/15/26
Z96.0	Presence of urogenital implants	06/15/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	06/15/26
Z91.81	History of falling	06/15/26
Z86.19	Personal history of other infectious and parasitic diseases	06/15/26
Z87.440	Personal history of urinary (tract) infections	06/15/26
Z87.891	Personal history of nicotine dependence	06/15/26

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

MIRTAZAPINE 15 mg 1 Tablet mouth once a day Depression
Pantoprazole Sodium - Pantoprazole Sodium eq 40 mg base 1 Tablet by mouth once a day GERD
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000 IU by mouth once a day Supplement
Acetaminophen - Acetaminophen 500mg 1 tab by mouth every 8 hours Mild pain
Midodrine Hydrochloride - Midodrine Hydrochloride 5 mg 1 Tablet by mouth every 12 hours Hypotension hold for SPB > 110
Toprol - Metoprolol Tartrate 25 mg / 1 Tablet by mouth every 12 hours HTN hold SBP < 100 or Heart rate < 60
Dabigatran Etexilate - Dabigatran Etexilate 75 mg 1tablet by mouth twice a day Afib
Furosemide - Furosemide 20 mg 1 Tablet by mouth every other day CHF every 48 hours
Cozaar - Losartan Potassium 40 mg 1 tab by mouth once a day HTN
Metformin Er - Metformin Hydrochloride 500mg / 1 tablet by mouth in the evening DM2

14. DME and Supplies:

walker, wheelchair, , hand held shower, grab bars, , bath bench

15. Safety Measures:

walker precautions, wheelchair precautions, standard precautions, , medication safety, diabetic precautions, bedrails up while in bed, ambulates with device, fall precautions

16. Nutrition:

regular, diabetic, soft

17. Allergies:

simvastatin

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Up As Tolerated, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 2. On awakening or at night only, 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: 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

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

Homebound status:

Due to diagnosis of Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease, 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/15/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jonathan Menezes
1890 Metro Center Dr
Reston, VA 20190
PHONE: 7037091500 FAX: NPI: 1023329802

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 : 06/03/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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Clinical Condition Requiring Homecare:

The patient is an 89-year-old White male admitted following multiple falls without injury, as his wife was unable to provide the level of care required at home. He currently resides at Arden Courts of Fair Oaks Memory Care in a secured memory care unit with 24-hour staff supervision. The patient was accompanied by his wife during the visit and was unable to sign the tablet due to cognitive impairment; his wife signed on his behalf. The patient was alert and oriented to self only, with confusion noted but easily redirected. He is hard of hearing without hearing aids present. Assessment revealed trace edema, and elevation was encouraged. Lung sounds were clear to auscultation without accessory muscle use. Abdomen was soft and non-tender with positive bowel sounds in all four quadrants. The patient is incontinent of bowel and bladder and denied dysuria or painful urination. He is wheelchair-bound with supervision, requires moderate assistance with ADLs, and facility staff manage all medications. OT evaluation was completed, noting deficits in strength, balance, endurance, transfers, gait, functional mobility, and safety awareness, resulting in increased fall risk and decreased independence with daily activities. The patient is able to feed himself after setup and utilizes both a wheelchair and front-wheeled walker for mobility. The wife was encouraged to bring a bedside commode to improve safety with toilet transfers. Skilled physical and occupational therapy services are medically necessary to address deficits through therapeutic exercise, balance and gait training, transfer training, functional mobility retraining, patient/caregiver education, and development of a home exercise program to maximize safety, reduce fall risk, and improve functional independence with daily activities.<o:p></o:p>   Date of Order<o:p></o:p> 06/15/2026
Order<o:p></o:p> Physician Face-to-Face Date: 06/03/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease<o:p></o:p> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>   1 - SOC - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Menezes, Jonathan

SN Careplans

SN WK1: 1 (06/15/26-06/20/26) ,WK2: 1 (06/21/26-06/27/26) ,WK3: 1 (06/28/26-07/04/26) ,WK4: 1 (07/05/26-07/11/26) ,WK5: 1 (07/12/26-07/18/26)

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: 3. Multiple hospitalizations (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: M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, M1620 - Bowel Incontinence, muscle weakness, swelling of affected area, limited endurance, limited range of motion, limited strength, balance deficit

SN Goals

PATIENT-STATED GOAL: Wife wants patient not to have many fall and received more therapy

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
* 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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/15/2026

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PROCEDURES: cough/deep breathing exercises: Doesn't follow commands, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion: Facility managed

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, * 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, * bowel incontinence management including dietary changes bowel training skin care, 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

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (06/15/26-06/20/26) ,WK2: 2 (06/21/26-06/27/26) ,WK3: 2 (06/28/26-07/04/26) ,WK4: 2 (07/05/26-07/11/26) ,WK5: 2 (07/12/26-07/18/26) ,WK6: 1 (07/19/26-07/25/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: HEP includes seated marches, long arc quads, ankle pumps, heel raises, toe raises, standing hip abduction, standing hip extension, mini squats, sit-to-stands, tandem stance, single-leg stance with support as needed, daily walking program, posture correction exercises, deep breathing exercises, and frequent position changes as tolerated., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To ambulate household distance without falling

GOALS
Toilet Transfer - 06. Independent

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 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 WK1: 1 (06/15/26-06/20/26) ,WK2: 1 (06/21/26-06/27/26) ,WK3: 1 (06/28/26-07/04/26) ,WK4: 1 (07/05/26-07/11/26) ,WK5: 1 (07/12/26-07/18/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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, 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, 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, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: Improve safety with bed to wheelchair/commode transfers

GOALS
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

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Eating - 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

Oral Hygiene - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/15/2026