Home Health Certification and Plan of Care

Order ID: 1163/1120

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
83259633	06/22/2026	From: 06/22/2026 To: 08/20/2026	1646	497754

6. Patient's Name and Address
Charles Lagoe
856 CONSTELLATION DR,
GREAT FALLS, VA 22066-
703-928-5096

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 03/18/1956 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	06/22/26

13. ICD	Other Pertinent Diagnoses	Date
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	06/22/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	06/22/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	06/22/26
N18.9	Chronic kidney disease u	06/22/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	06/22/26
I70.0	Atherosclerosis of aorta	06/22/26
E11.69	Type 2 diabetes mellitus with other specified complication	06/22/26
E78.5	Hyperlipidemia unspecified	06/22/26
M10.9	Gout unspecified	06/22/26
N20.0	Calculus of kidney	06/22/26
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	06/22/26
E03.9	Hypothyroidism unspecified	06/22/26
E55.9	Vitamin D deficiency unspecified	06/22/26
M81.0	Age-related osteoporosis w/o current pathological fracture	06/22/26
Z98.61	Coronary angioplasty status	06/22/26
Z89.421	Acquired absence of other right toe(s)	06/22/26
Z86.0100	Personal history of colonic polyps	06/22/26
Z85.850	Personal history of malignant neoplasm of thyroid	06/22/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	06/22/26

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

Atorvastatin - Atorvastatin Calcium 40 mg 1 tab by mouth at bedtime HLD
Allopurinol - Allopurinol 300 mg 1 Tablet by mouth in the morning Gout
Furosemide - Furosemide 20 mg 1 Tablet by mouth once a day HTN
Glipizide - Glipizide 5 mg 1 Tablet by mouth in the morning DM
Ezetimibe - Ezetimibe 10 mg 1 Tablet by mouth at bedtime HLD
Prasugrel - Prasugrel 10 mg 1 table by mouth in the morning Blood Thinner
SYNTHROID 200 mcg by mouth Daily 1 tablet Hypothyroidism
Toprol Xl - Metoprolol Tartrate 25 mg / 1 Tablet by mouth once a day HTN < hold heart rate 60, < hold for SBP 100
Rosuvastatin Calcium - Rosuvastatin Calcium 20 mg 1 Tablet by mouth at bedtime HLD
Amilodipine - Amlodipine Besylate 10 mg 1 tablet by mouth in the morning HTN
Albuterol Inhaler - Albuterol 90 mcg/actuation inhalation HFAA by mouth every 4 hours Respiratory distress as needed

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

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

16. Nutrition:
cardiac diet

17. Allergies:
cipro doxycycline mushroom

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
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Encounter for surgical aftercare following surgery on the circulatory system, 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 06/22/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Lellise Shewalena
1890 Metro Center Dr
Reston, VA 20190
PHONE: 7037091500 FAX: NPI: 1336380633

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 : 06/12/2026

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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Charles Lagoe 856 CONSTELLATION DR, GREAT FALLS, VA 22066- 703-928-5096	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Clinical Condition Requiring Homecare:

The patient is a 70-year-old White male who presented to the hospital with chest pain, shortness of breath, and weakness. Following treatment, he was discharged to his single-family home, where he lives with his daughter and three large dogs. The patient is alert and oriented to person, place, and time, with symmetrical facial features. He is hard of hearing and does not use hearing aids. Bilateral hand grasps are equal and strong, and pupils are equal, round, and reactive to light. Bilateral lower extremity edema and faint pedal pulses were noted, and the patient was encouraged to elevate his legs. The abdomen is distended, soft, and non-tender, with active bowel sounds. He is continent of bowel and bladder. The patient ambulates with a walker due to an unsteady gait. He reports right leg pain, which is satisfactorily managed with medication. He is able to feed himself with setup assistance and requires moderate assistance with activities of daily living. No visible skin breakdown was observed. The patient received the influenza vaccine in March 2026, is current on the pneumococcal vaccine, and is adjusting well to his home environment.
<o:p></o:p> Date of Order<o:p></o:p> 06/22/2026<o:p></o:p> Physician Face-to-Face Date: 06/12/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Encounter for surgical aftercare following surgery on the circulatory system<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> Physician: Shewalena, Lellise

SN Careplans

SN WK1: 1 (06/22/26-06/27/26) ,WK3: 1 (07/05/26-07/11/26) ,WK4: 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: 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, 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:Do not resuscitate (DNR) orders

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Demonstrated understanding, glucose testing via monitor: Doesn't monitor, coordinate/arrange preparation of missing meals: Wife managed, coordinate/arrange home modifications for hearing impaired, i.e. alarms: Doesn't have hearing 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, * 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

SN Goals

PATIENT-STATED GOAL: I want the pain to stop

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
* 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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/22/2026

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patient for all meals

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