Home Health Certification and Plan of Care

Order ID: 1163/1127

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
56355899	06/26/2026	From: 06/26/2026 To: 08/24/2026	1676	497754

6. Patient's Name and Address

Patricia Olson
14055 Central Loop Apt 418,
WOODBRIDGE, VA 22193-
908-309-4680

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 10/15/1951 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G89.29	Other chronic pain	06/26/26

13. ICD	Other Pertinent Diagnoses	Date
M54.2	Cervicalgia (M54.2)	06/26/26
M25.511	Pain in right shoulder	06/26/26
M25.512	Pain in left shoulder	06/26/26
M54.42	Lumbago with sciatica left side	06/26/26
G62.9	Polyneuropathy unspecified	06/26/26
R13.10	Dysphagia unspecified	06/26/26
I10.	Essential (primary) hypertension	06/26/26
E03.9	Hypothyroidism unspecified	06/26/26
J44.89	Other specified chronic obstructive pulmonary disease	06/26/26
F41.9	Anxiety disorder unspecified	06/26/26
F32.A	Depression unspecified	06/26/26
H54.8	Legal blindness as defined in USA	06/26/26
H35.30	Unspecified macular degeneration	06/26/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/26/26
K76.0	Fatty (change of) liver not elsewhere classified	06/26/26
G56.00	Carpal tunnel syndrome unspecified upper limb	06/26/26
M19.90	Unspecified osteoarthritis unspecified site	06/26/26
M48.00	Spinal stenosis site unspecified	06/26/26
M47.9	Spondylosis unspecified	06/26/26
G25.81	Restless legs syndrome	06/26/26
M10.9	Gout unspecified	06/26/26
K43.2	Incisional hernia without obstruction or gangrene	06/26/26
K57.90	Dvrtclos of intest part unsp w/o perf or abscess w/o bleed	06/26/26
R21.	Rash and other nonspecific skin eruption	06/26/26
R32.	Unspecified urinary incontinence	06/26/26
E66.9	Obesity unspecified	06/26/26
Z68.42	Body mass index [BMI] 45.0-49.9 adult	06/26/26
Z79.890	Hormone replacement therapy	06/26/26
Z79.891	Long term (current) use of opiate analgesic	06/26/26

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

Simvastatin - Simvastatin 20 mg 1 tablet by mouth at bedtime HLD
Pantoprazole - Pantoprazole Sodium 20 mg 1 tablet by mouth once a day Gerd
Oxybutynin - Oxybutynin 10 miligram by mouth once a day Overactive bladder
ONDANSETRON 4 mg 1 Tablet Oral twice a day Nausea or Vomiting
Montelukast Sodium - Montelukast Sodium 10 mg 1 tablet by mouth once a day Allergic
Lisinopril - Lisinopril 20 mg 1 tablet by mouth once a day HTN
LEVOTHYROXINE 112 MIcrograms by mouth in the morning Hypothyroidism
Duloxetine Hydrochloride - Duloxetine Hydrochloride 20 mg 2 tablets by mouth twice a day Depression
Bupropion Hydrochloride - Bupropion Hydrochloride 300 mg 1 tablet by mouth once a day Depression
ALLOPURINOL 100 mg 1 tablet by mouth once a day Gout
ACYCLOVIR 400 mg 1 tablet by mouth every 6 hours Rash as needed

14. DME and Supplies:

walker, grab bars, 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:

oxycodone

18.A. Functional Limitations

Legally Blind, 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: Yes

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

Homebound status:

Due to diagnosis of Other chronic pain, 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 06/26/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Stuart Hopkins
14139 Potomac Mills Road
Woodbridge, VA 22192
PHONE: 7034908400 FAX: 17034907635 NPI: 1962569996

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 : 06/18/2026

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.

Home Health Certification and Plan of Care

Order ID: 1163/1127

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
56355899	06/26/2026	From: 06/26/2026 To: 08/24/2026	1676	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Patricia Olson 14055 Central Loop Apt 418, WOODBRIDGE, VA 22193- 908-309-4680	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 74-year-old White female referred by her primary care provider for home health services following her relocation from Florida to Virginia, where she now lives alone in an apartment adjacent to her daughter, Kelly, who assists with instrumental activities of daily living (IADLs) and medication management. The patient has had no recent hospitalizations and established care with a new physician for increased chronic pain. She requires weekly assistance with medication organization due to recent medication changes and current discrepancies between her Florida medication list and updated prescriptions from a Virginia pharmacy. The physician's office has been notified of the medication confusion, and the patient plans to obtain the updated medication list from her daughter, who is currently out of the country, so medications can be accurately prefilled during the next nursing visit. The patient utilizes an automated medication dispensing device and was instructed on its use. She is alert and oriented 4, legally blind with vision limited to movement and shadows, and ambulates with a walker. Physical assessment revealed symmetrical facial movement, equal bilateral hand grasps, clear posterior lung sounds without accessory muscle use, no lower extremity edema, a soft, mildly distended, non-tender abdomen with active bowel sounds in all four quadrants, and bowel and bladder continence. She reports chronic cervical, bilateral shoulder, and low back pain with left-sided sciatica that is managed with her current pain regimen, along with polyneuropathy affecting both hands. Her medical history is significant for COPD, bilateral knee and hip replacements, left rotator cuff tear, hernia, obesity, osteoarthritis, chronic pain, and a history of falls. The patient is independent with eating, modified independent with upper and lower body dressing, and uses a shower chair and grab bars for bathing safety. She demonstrates decreased bilateral upper extremity range of motion and strength, impaired balance, reduced posture, decreased activity tolerance, and impaired functional mobility, warranting continued skilled nursing, occupational therapy, and physical therapy to improve strength, mobility, ADL performance, transfers, pain management, medication safety, and fall prevention while reducing the risk of functional decline and hospitalization. The patient received the influenza vaccine in October 2025 and declined the pneumococcal vaccine.
<o:p></o:p> Date of Order<o:p></o:p> 06/26/2026<o:p></o:p> Physician Face-to-Face Date: 06/18/2026<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: Other chronic pain<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: Hopkins, Stuart

SN Careplans

SN WK1: 1 (06/26/26-06/27/26)

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, 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight

SN Goals

PATIENT-STATED GOAL: I need my pain to be control

GOALS
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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient/caregiver recalls

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/26/2026

Home Health Certification and Plan of Care

Order ID: 1163/1127

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
56355899	06/26/2026	From: 06/26/2026 To: 08/24/2026	1676	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Patricia Olson 14055 Central Loop Apt 418, WOODBRIDGE, VA 22193- 908-309-4680	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Loss, M1400 - Dyspnea, limited range of motion, limited endurance, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, coordinate/arrange preparation of missing meals: Daughter managed, coordinate/arrange resources for vision-impaired: Blindness, see shadows and daughter availability, coordinate/arrange transportation services: Daughter 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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, meal preparation is available to patient for all meals

* 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
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

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

patient's transportation needs are met

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 5 (06/26/26-06/27/26) ,WK2: 5 (06/28/26-07/04/26)

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: chin tucks, cervical AROM, UT/levator stretches, scapular retractions, cervical isometrics, sit-to-stands, standing marches, heel raises, hip abduction, mini squats, tandem stance, and daily walking program., home exercise program: HEP: chin tucks, cervical AROM, upper trapezius stretch, levator scapulae stretch, scapular retractions, shoulder rolls, doorway pectoral stretch, cervical isometrics, seated rows with resistance band, sit-to-stands, standing marches, heel raises, hip abduction, hip extension, mini squats, tandem stance, single-leg stance with support, weight shifts, ankle pumps, hamstring stretch, calf stretch, and daily walking program as tolerated., gait training/stair training, transfers training

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

PT Goals

PATIENT-STATED GOAL: Patient desire to improve in balance and LE strength

GOALS
Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 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 - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

OT Careplans

OT WK2: 1 (06/28/26-07/04/26) ,WK3: 1 (07/05/26-07/11/26) ,WK4: 1 (07/12/26-07/18/26) ,WK5: 1 (07/19/26-07/25/26) ,WK6: 1 (07/26/26-08/01/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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

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 - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, 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

OT Goals

PATIENT-STATED GOAL: I want to improve my ROM in my L arm

GOALS
Toilet Transfer - 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 - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/26/2026

Home Health Certification and Plan of Care

Order ID: 1163/1127

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
56355899	06/26/2026	From: 06/26/2026 To: 08/24/2026	1676	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Patricia Olson 14055 Central Loop Apt 418, WOODBRIDGE, VA 22193- 908-309-4680	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

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

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/26/2026