Home Health Certification and Plan of Care

Order ID: 1163/1136

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100016850	06/30/2026	From: 06/30/2026 To: 08/28/2026	1677	497754

6. Patient's Name and Address
Mary Seifert
42634 Preece Lane,
ASHBURN, VA 20148-
714-833-8534

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 08/29/1949 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M54.16	Radiculopathy lumbar region	06/30/26

13. ICD	Other Pertinent Diagnoses	Date
M43.16	Spondylolisthesis lumbar region	06/30/26
M48.14	Ankylosing hyperostosis [Forestier] thoracic region	06/30/26
M47.812	Spondylosis w/o myelopathy or radiculopathy cervical region	06/30/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	06/30/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	06/30/26
N18.9	Chronic kidney disease u	06/30/26
E03.9	Hypothyroidism unspecified	06/30/26
M48.10	Ankylosing hyperostosis [Forestier] site unspecified	06/30/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	06/30/26
Z79.82	Long term (current) use of aspirin	06/30/26

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

SYNTHROID 112 MCG / 1 Tablet by mouth every morning 30 minutes before a meal
DIOVAN 320 MG / 1 Tablet by mouth daily
NORVASC 10 MG / 1 Tablet by mouth daily
JARDIANCE 25 mg/tablet / Take half tablet by mouth daily
Flonase Allergy Relief - Fluticasone Propionate 50 mcg/actuation Nasl SpSn / Use 1 Spray Each nostril 2 times a day
NIZORAL 2 % Top Shampoo / Apply to affected area(s) topical 2 times a week Use as shampoo
TIMOPTIC 0.5 % Opht Drop / Instill 1 Drop both eyes 2 times a day
TYLENOL 500 mg/tablet / Take 1,000 mg by mouth every 6 hours as needed
FOSAMAX 70 MG / 1 Tablet by mouth every 7 days
TENORMIN 500 MG / 1 Tablet by mouth 2 times a day
APRESOLINE 100 MG / 1 Tablet by mouth 3 times a day with meals
PRAVACHOL 80 MG / 1 Tablet by mouth daily
aspirin (VAZALORE) 81 MG Capsule by mouth not available
VALISONE 0.1 % Top Lotn topical twice a day Two times a day as needed for 2 weeks then two times a day as needed for the rest of the week for 3 weeks

14. DME and Supplies:
walker, , cane

15. Safety Measures:
activity supervision, ambulates with assistance, ambulates with device,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
Lisinopril-hydrochlorothiazide, Non-steroidal Anti-inflammatory Agents

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
Walker, Cane

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Radiculopathy lumbar region, 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 76-year-old female referred for home health physical therapy following a recent hospitalization and physician referral for chronic lumbar radiculopathy associated with L4-L5 spondylolisthesis, cervical spondylosis, diffuse idiopathic skeletal hyperostosis (DISH), and chronic cerebral small vessel ischemic disease. She presents with chronic low back pain radiating into the lower extremities, generalized weakness, impaired balance, decreased bilateral lower extremity strength, reduced endurance, impaired transfers, and an antalgic gait requiring the use of a rollator walker. These deficits in strength, gait mechanics, postural control, and activity tolerance significantly limit her safe household and community mobility, increase her risk for falls, and reduce her independence with activities of daily living. The patient would benefit from continued skilled home health physical therapy to address pain, improve strength, balance, gait, transfers, endurance, and overall functional mobility, establish an individualized home exercise program, maximize safety and independence within the home, and prevent further functional decline and potential rehospitalization.<o:p></o:p>   Date of Order<o:p></o:p> 06/30/2026<o:p></o:p> Physician Face-to-Face Date: 06/22/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat dx: Radiculopathy lumbar region<o:p></o:p> <span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/30/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Richa Katyal
43480 Yukon Dr
Ashburn, VA 20147
PHONE: 8007777904 FAX: NPI: 1073177093

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 : 06/22/2026

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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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">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 - PT Notes:<o:p></o:p> Physician: Katyal, Richa

SN Careplans	SN Goals

PT Careplans

PT WK1: 1 (06/30/26-07/04/26) ,WK2: 1 (07/05/26-07/11/26) ,WK3: 1 (07/12/26-07/18/26) ,WK4: 1 (07/19/26-07/25/26) ,WK5: 1 (07/26/26-08/01/26) ,WK6: 1 (08/02/26-08/08/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 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: GG0130B1 - Oral Hygiene, 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, GG0170G1 - Car Transfer, 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, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, limited endurance, limited range of motion, limited strength, pain radiating to arms/legs, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep

PROCEDURES: home exercise program: Seated marches, LAQ, ankle pumps, sit-to-stands, standing marches, hip abduction, hip extension, heel raises, mini squats, balance training, hamstring and calf stretches, core activation, posture exercises, diaphragmatic breathing,, equipment training, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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, 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, Oral Hygiene - 05. Setup

PT Goals

PATIENT-STATED GOAL: To improve stair negotiation

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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

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

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/30/2026

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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, Eating - 06. Independent

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

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

Eating - 06. Independent

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