Home Health Certification and Plan of Care

Order ID: 1163/1159

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
89287948	07/01/2026	From: 07/01/2026 To: 08/29/2026	1702	497754

6. Patient's Name and Address

Luis Sotelo Parada
14410 MERIDIAN DR,
WOODBRIDGE, VA 22191
571-477-9928

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 05/17/1957 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	07/01/26

13. ICD	Other Pertinent Diagnoses	Date
G57.02	Lesion of sciatic nerve left lower limb	07/01/26
I10.	Essential (primary) hypertension	07/01/26
E78.5	Hyperlipidemia unspecified	07/01/26
E11.9	Type 2 diabetes mellitus without complications	07/01/26
M54.9	Dorsalgia unspecified	07/01/26
E66.9	Obesity unspecified	07/01/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/01/26
Z79.51	Long term (current) use of inhaled steroids	07/01/26
Z95.2	Presence of prosthetic heart valve	07/01/26

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

Mycelex - Clotrimazole 1 % Top Cream / Apply to affected area(s) topical twice a day for 2 weeks
NORVASC 5 MG / 1 Tablet by mouth twice a day
LIPITOR 20 MG / 1 Tablet by mouth once a day for cholesterol and heart protection
NIZORAL 2 % Top Shampoo topical three times per week Use to shampoo scalp, lather and leave on scalp 3 to 5 minutes
Glucophage Xr - Metformin Hydrochloride SR 500 mg/tablet / Take 2 tablets by mouth in the morning with a meal for Diabetes
COZAAR 25 MG / 1 Tablet by mouth once a day
Flonase Allergy Relief - Fluticasone Propionate 50 mcg/actuation / Use 1 Spray Each nostril once a day
ATROVENT 21 mcg (0.03 %) / Use 2 Sprays Each nostril twice a day
TYLENOL 500 mg/tablet / Take 1-2 tablets by mouth as necessary 3 times a day
MECLIZINE 25 MG / 1 Tablet by mouth three times a day as needed for nausea
Aspercreme 4 % Top PTMD Patch / Apply 1 Patch to skin transdermal once a day may remain in place for up to 12 hours in a 24-hour period
Bacitracin - Bacitracin 500 unit/gram Top Ointment / Apply to affected area(s) topical twice a day

14. DME and Supplies:

wheelchair, walker

15. Safety Measures:

no straining, no lifting, wheelchair precautions, standard precautions, hand rails, fall precautions, walker precautions, medication safety, emergency phone # clearly displayed, transfer with assist, supervision at all times, cardiac precautions, bathroom safety, ambulates with device, activity supervision, ambulates with assistance

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

ampicillin penicillin

18.A. Functional Limitations

Ambulation, Legally Blind, Endurance!Hearing

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated, Walker, Wheelchair, Cane

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

Clinical Condition Requiring Homecare:

The patient presents following recent hospitalization and cardiothoracic surgery with a significant decline from a previously independent level of function, compounded by chronic cervical pain, bilateral shoulder pain, chronic low back pain with left-sided sciatica, polyneuropathy, and multiple comorbidities including obesity, osteoarthritis, type 2 diabetes mellitus, hyperlipidemia, cardiomegaly, aneurysm, and degenerative cervical disc disease. Assessment demonstrates generalized weakness, impaired balance, decreased cervical and lumbar range of motion, reduced postural control, impaired transfers and gait, decreased activity tolerance/endurance, fatigue, pain, and impaired functional mobility, resulting in limitations with ADLs, household mobility, and increased fall risk. The patient currently requires CGA to SBA for functional transfers and household ambulation without an assistive device, demonstrates decreased gait speed, shortened step length, impaired safety awareness, and requires frequent verbal cueing for pacing, breathing techniques, and adherence to sternal precautions. The patient is alert and oriented 3, has no vision or hearing deficits, is Spanish-speaking and requires translation, and is alone during the day while his wife works. OT evaluation revealed the patient is independent to modified independent/supervision with ADLs and transfers, has adequate bilateral upper extremity strength, no fine motor deficits, and no further skilled OT needs; therefore, OT services were discontinued after the evaluation. Skilled home health physical therapy remains medically necessary to address pain management, improve strength, balance, posture, flexibility, endurance, gait, transfers, stair negotiation, safety awareness, and overall functional mobility to maximize independence, reduce fall risk, prevent further functional decline, and decrease the likelihood of rehospitalization.
<o:p></o:p> Date of

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Ron Menorca
14139 Potomac Mills Rd
Woodbridge, VA 22192
PHONE: 7034908400 FAX: NPI: 1124407275

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 : 06/28/2026

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;">Physician Face-to-Face Date:
06/28/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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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;">Clinical Condition Requiring
Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat A DX: Encounter for surgical aftercare following surgery on
the circulatory system<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
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<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
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class="16">1 - SOC -
<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;">SN<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"> Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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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;">PT Eval Notes:
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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;">OT Eval
Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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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;">Physician:<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;"> Menorca, Ron

SN Careplans

SN WK1: 1 (07/01/26-07/04/26) ,WK3: 1 (07/12/26-07/18/26) ,WK4: 1 (07/19/26-07/25/26) ,WK5: 1 (07/26/26-08/01/26)

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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: A1250 - Lack of Necessary Transportation, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M2102c - Med Admin, M1400 - Dyspnea, dependent edema, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, B1000 - Vision Deficit, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, #1 - Observable Surgical Wound - Other - Midline Chest - , #2 - Observable Surgical Wound - Other - Right upper chest - Patient has moderate swelling under the surgical incision causing him discomfort. Patient states the swelling keeps increasing daily., #3 - Observable Surgical Wound - Other - Lower abdomen - 3 small 1 inch incisions close together from pulled drains

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Midline Chest -: Leave wounds OTA, physician-ordered wound care: #2 - Observable Surgical Wound - Other - Right upper chest - Patient has moderate swelling under the surgical incision causing him discomfort. Patient states the swelling keeps increasing daily.: Leave wounds OTA, physician-ordered wound care: #3 - Observable Surgical Wound - Other - Lower abdomen - 3 small 1 inch incisions close together from pulled drains: Leave wounds OTA, cough/deep breathing exercises, incentive spirometer, teach/coordinate/arrange medication packaging and/or administration

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, patient self-administers medications as

SN Goals

PATIENT-STATED GOAL: Patient wants to go back to being more independent.

GOALS
patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/01/2026

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prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (07/01/26-07/04/26) ,WK4: 1 (07/19/26-07/25/26) ,WK5: 1 (07/26/26-08/01/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170E1 - 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: diaphragmatic breathing, walking program, sit-to-stands, standing marches, heel raises, mini squats, standing hip abduction, tandem stance, and weight shifts while maintaining sternal precautions., 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, 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

PT Goals

PATIENT-STATED GOAL: To improve stair negotiation & ambulation

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

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

OT Careplans

OT WK1: 1 (07/01/26-07/04/26)

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: cough/deep breathing exercises, incentive spirometer, home exercise program, 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, 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: To improve

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

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
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/01/2026