Home Health Certification and Plan of Care

Order ID: 1163/1181

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01124555	07/17/2026	From: 07/17/2026 To: 09/14/2026	1302	497754

6. Patient's Name and Address

Betty Bornstein
9555 Ada Rd,
MARSHALL, VA 20115-
540-364-1547

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 11/27/1931 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S32.512D	Fx superior rim of left pubis subs for fx w routn heal	07/17/26

13. ICD	Other Pertinent Diagnoses	Date
S32.592D	Oth fracture of left pubis subs for fx w routn heal	07/17/26
S32.19XD	Oth fracture of sacrum subs for fx w routn heal	07/17/26
I10.	Essential (primary) hypertension	07/17/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/17/26
E78.5	Hyperlipidemia unspecified	07/17/26
I65.21	Occlusion and stenosis of right carotid artery	07/17/26
I73.9	Peripheral vascular disease unspecified	07/17/26
E03.9	Hypothyroidism unspecified	07/17/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	07/17/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/17/26
M81.0	Age-related osteoporosis w/o current pathological fracture	07/17/26
Z85.3	Personal history of malignant neoplasm of breast	07/17/26
Z85.850	Personal history of malignant neoplasm of thyroid	07/17/26
Z90.89	Acquired absence of other organs	07/17/26
Z91.81	History of falling	07/17/26

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

Multiple Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 Tablet by mouth once a day Supplement
Norvasc - Amlodipine Besylate eq 5 mg base 1 Tablet by mouth once a day
Omega 3 Fish Oil - Cod Liver Oil 1000 mcg 1 tablet by mouth once a day Supplement
Pepcid - Famotidine 20 mg 1 Tablet by mouth in the morning Gerd
Questran - Cholestyramine eq 4gm resin/packet 1 pack by mouth twice a day Bile acid
Tylenol - Acetaminophen 325MG tablet 2 tablets by mouth every 8 hours Mild pain as needed
Zoloft - Sertraline Hydrochloride eq 100 mg base 1 Tablet by mouth once a day Depression
Acetaminophen - Acetaminophen 500mg 1 tab by mouth every 6 hours Moderate pain as needed
Atenolol - Atenolol 50 mg 1 Tablet by mouth once a day HTN
Atorvastatin Calcium - Atorvastatin Calcium 10 mg 1 tablet by mouth at bedtime HLD
Cetirizine Hydrochloride - Cetirizine Hydrochloride 10 mg 1 Tablet by mouth once a day Allergic
Fosamax - Alendronate Sodium eq 70 mg base 1 Tablet by mouth once a week Urinary retention
Albuterol Sulfate And Ipratropium Bromide - Albuterol Sulfate: Ipratropium Bromide 0.5- 2.5 mg 3 ml. Give 1 vial inhalant every 8 hours Wheezing as needed
Levothyroxine Sodium - Levothyroxine Sodium 0.112 mg **see current annual edition, 1.8 description of special situations, levothyroxine sodium 150 mcg 1 tablet by mouth in the morning Hypothyroidism
Losartan Potassium - Losartan Potassium 100 mg 1 Tablet by mouth once a day HTN
Lidocaine - Lidocaine 4% 1 patch transdermal once a day Moderate pain

14. DME and Supplies:
rolling walker, cane

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

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
morphine lactose citrus

18.A. Functional Limitations
Ambulation, Endurance!Hearing!Dyspnea With Minimal Exertion

18.B. Activities Permitted
Walker, Cane, Exercises Prescribed

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: 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 Fracture superior rim of left pubis subsequent for fracture with routine healing, 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 was admitted to home health physical therapy for the start of care due to significant deficits in strength, balance, gait, functional mobility, endurance, and overall safety awareness, resulting in decreased independence with activities of daily living (ADLs) and an increased risk for falls. The comprehensive physical therapy evaluation identified impairments in functional transfers, ambulation, activity tolerance, and mobility, indicating the need for skilled intervention to restore functional capacity and promote safe mobility within the home environment. These deficits adversely affect the patient's ability to safely perform routine daily tasks and increase the likelihood of fall-related injury without ongoing skilled rehabilitation services. The patient demonstrates good rehabilitation potential, evidenced by a willingness to actively participate in therapy, the ability to follow instructions, and an appropriate prior level of function. However, overall progress may be influenced by the patient's current medical condition and existing functional limitations. Skilled home health physical therapy is medically necessary to provide individualized therapeutic exercises, gait and balance training, transfer training, neuromuscular re-education, functional mobility training, patient and caregiver education, instruction in a home exercise program, fall prevention strategies, and home safety recommendations. The plan of care is focused on improving strength, balance, endurance, mobility, and overall functional performance, reducing fall risk, and maximizing the patient's safety and independence to achieve the highest practical level of function within the home setting.
 Date of Order 07/17/2026 Orders Physician Face-to-Face Date: 07/06/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Fracture superior rim of left pubis subsequent for fracture with routine healing Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - PT Notes: soc
 Physician Dubois, Riley

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Riley Dubois
10701 Rosemary Dr
Manassas, VA 20109
PHONE: 7032573000 FAX: NPI: 1538556220

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 : 07/06/2026

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: 1163/1181

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01124555	07/17/2026	From: 07/17/2026 To: 09/14/2026	1302	497754

6. Patient's Name and Address
Betty Bornstein
9555 Ada Rd,
MARSHALL, VA 20115-
540-364-1547

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

PT Careplans

PT WK1: 1 (07/17/26-07/18/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 2 (08/09/26-08/15/26)

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, 8. Currently reports exhaustion

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: GG0130F1 - Upper Body Dressing, 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, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130B1 - Oral Hygiene, GG0170G1 - Car Transfer, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, muscle weakness, limited range of motion, limited strength, Pain Interference with ADLs, Pain Interference with Therapy activities, balance deficit, B0200 - Hearing Deficit, Pain Effect on Sleep

PROCEDURES: home exercise program: Seated marching, LAQ, heel raises, toe raises, sit-to-stands, standing marching, standing hip abduction, standing hip extension, mini squats, hamstring curls, side stepping, tandem stance, single-leg stance as tolerated, standing calf stretch, seated hamstring stretch, diaphragmatic breathing, walking program, transfer practice, and energy conservation techniques., 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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, 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 - 03. Partial/moderate 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

PT Goals

PATIENT-STATED GOAL: To improve stair negotiation and ambulation activities

GOALS
Walk 150 Feet - 04. Supervision or touching assistance

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

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

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

Shower/Bathe Self - 03. Partial/moderate assistance

Oral Hygiene - 05. Setup or clean-up assistance

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

Picking Up Object - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching 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

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 minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
07/17/2026

Home Health Certification and Plan of Care

Order ID: 1163/1181

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01124555	07/17/2026	From: 07/17/2026 To: 09/14/2026	1302	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Betty Bornstein 9555 Ada Rd, MARSHALL, VA 20115- 540-364-1547	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Car Transfer - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/17/2026