# Home Health Certification and Plan of Care

**Order ID: 1163/1196**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 6KA0GM3XA00 | 07/24/2026 | From: 07/24/2026 To: 09/21/2026 | 1788 | 497754 |

**6. Patient's Name and Address**
Anne Olson
7840 Brompton Street,
SPRINGFIELD, VA 22152-
571-241-6169

**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 07/02/1944 | 9.Sex Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| M80.021D | Age-rel osteopor w crnt path fx r humer 7thD | 07/24/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I48.91 | Unspecified atrial fibrillation | 07/24/26 |
| I10. | Essential (primary) hypertension | 07/24/26 |
| G25.0 | Essential tremor | 07/24/26 |
| F01.50 | Vascular dementia unsp severity without beh/psych/mood/anx | 07/24/26 |
| F39. | Unspecified mood [affective] disorder | 07/24/26 |
| H81.09 | Meniere's disease unspecified ear | 07/24/26 |
| K42.9 | Umbilical hernia without obstruction or gangrene | 07/24/26 |
| G25.9 | Extrapyramidal and movement disorder unspecified | 07/24/26 |
| Z79.01 | Long term (current) use of anticoagulants | 07/24/26 |
| Z87.440 | Personal history of urinary (tract) infections | 07/24/26 |
| Z87.891 | Personal history of nicotine dependence | 07/24/26 |
| Z90.710 | Acquired absence of both cervix and uterus | 07/24/26 |
| Z96.653 | Presence of artificial knee joint bilateral | 07/24/26 |
| Z91.81 | History of falling | 07/24/26 |

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

Lactase Oral Tablet 9000 UNIT (Lactase) 1 tablet by mouth with meals for Enzyme supplement give with meals
ACETAMINOPHEN 500 mg/tablet / Give 2 tablet by mouth every 8 hours for Pain
Carbidopa And Levodopa - Carbidopa: Levodopa 25-100 mg/tablet / Give 0.5 tablet by mouth four times a day for Parkinson's Disease
Diclofenac Sodium - Diclofenac Sodium External Gel 1% / Apply 2 gram to Right shoulder topically every 6 hours as needed for Pain
DONEPEZIL HYDROCHLORIDE 10 MG / 1 Tablet by mouth at bedtime for Dementia
ELIQUIS 5 MG / 1 Tablet by mouth two times a day for A-fib
GABAPENTIN 100 MG / 1 Capsule by mouth three times a day for Neuropathy
LOSARTAN POTASSIUM 50 MG / 1 Tablet by mouth one time a day for HTN
MEMANTINE HYDROCHLORIDE 10 MG / 1 Tablet by mouth one time a day for Dementia
Ondansetron Hydrochloride - Ondansetron Hydrochloride 4 MG / 1 Tablet by mouth every 8 hours as needed for Nausea
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg/tablet / Give 0.5 tablet by mouth every 6 hours as needed for Pain Scale 4-10
PRIMIDONE 50 MG / 1 Tablet by mouth three times a day for Tremor
Aspercreme External Patch 4 % / Apply 2 patches to Right shoulder topical once a day for Pain. Apply in AM and remove at bedtime and remove per schedule
Sertraline Hcl - Sertraline Hydrochloride 100 MG / 1 Tablet by mouth at bedtime for Depression
Bisacodyl Suppository 10 MG / Insert 1 suppository rectal once a day every 24 hours as needed for Constipation
Multiple Vitamins-Minerals Give 1 tablet by mouth once a day for Supplement

**14. DME and Supplies:**
wheelchair, rolling walker, bath bench, hoyer lift, grab bars

**15. Safety Measures:**
wheelchair precautions, standard precautions, hand rails, walker precautions, fall precautions, bleeding precautions, ambulates with device, smoke detectors , medication safety, emergency phone # clearly displayed, ambulates with assistance, transfer with assist, medical alert/lifeline, bathroom safety, anticoagulant precautions, activity supervision

**16. Nutrition:**
Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**
penicillin tilactase dairy products wound dressing adhesive

**18.A. Functional Limitations**
Bowel/Bladder Incontinence, Endurance, Ambulation

**18.B. Activities Permitted**
Up As Tolerated, Walker

**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: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

**20. Prognosis:** fair

**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 Age-related osteoporosis with current pathological fracture, right humerus, subsequent encounter 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

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 07/24/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Seema Sharma
5510 Alma Lane
Springfiedl, VA 22150
PHONE: 7036425990 FAX: 17036423858 NPI: 1801053541

**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 : 07/23/2026

**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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| Anne Olson<br>7840 Brompton Street,<br>SPRINGFIELD, VA 22152-<br>571-241-6169 | Grace Home Healthcare, LLC<br>9735 Main Street Suite 200 Fairfax,<br>Fairfax, VA 22031-3736<br>703-865-7370<br>1073904009 |

Clinical Condition Requiring Homecare:

The patient is an 82-year-old female admitted to home health services following hospitalization and rehabilitation for a displaced comminuted right proximal humerus fracture sustained during a fall, currently managed nonoperatively with a right upper extremity sling. She was pleasant, with a blood pressure of 120/69, and was alert and oriented, although forgetfulness was noted secondary to vascular dementia. Throughout the visit, the patient was emotionally distressed and cried frequently while discussing her recent fall, hospitalization, and functional decline, requiring emotional support and additional time to complete the comprehensive assessment. Her husband and daughter were present throughout the visit, assisting with history, communication, and caregiving. During rehabilitation, the patient experienced a vasovagal episode with near syncope during a bowel movement, which resolved with intravenous fluids and ondansetron, and she was subsequently treated for a urinary tract infection with Bactrim. Her past medical history includes essential hypertension, atrial fibrillation, vascular dementia, Parkinsonian/essential tremor, generalized muscle weakness, chronic pain due to trauma, age-related osteoporosis with pathological fracture of the right humerus, heart murmur, Meniere disease, extrapyramidal and movement disorder, unspecified mood disorder, umbilical hernia, recurrent falls, and difficulty walking. The patient ambulates with a walker but requires close supervision and assistance due to impaired balance, generalized weakness, orthostatic hypotension, and high fall risk. Orthostatic precautions, fall prevention, proper walker and sling use, pain management, hydration, bowel management, infection prevention, bleeding precautions related to anticoagulation, and signs and symptoms requiring physician notification were reviewed with the patient and caregivers, who demonstrated understanding. Medication reconciliation was completed with no discrepancies noted, and vital signs were obtained and documented. Physical therapy evaluation revealed impaired right upper extremity function, decreased strength, balance, transfers, gait, activity tolerance, safety awareness, and reduced independence with mobility and activities of daily living, supporting the need for skilled therapy focusing on lower extremity strengthening, transfer and gait training, wheelchair mobility, balance, caregiver education, and orthopedic precautions. Occupational therapy evaluation identified decreased right upper extremity range of motion, strength, functional mobility, and ADL performance, with recommendations including grab bars, weighted utensils, adaptive equipment training, therapeutic exercises, and ADL retraining to maximize safety and functional independence. The patient sleeps in a lift recliner, does not wear hearing aids despite a history of Meniere disease, has a follow-up appointment scheduled for 8/21, and continues to require skilled nursing services for ongoing cardiopulmonary and neurological assessment, monitoring of orthostatic hypotension, pain and fracture healing, medication management, cognitive assessment, caregiver education, coordination of care, and interventions aimed at reducing the risk of falls and rehospitalization.<o:p></o:p>   Date of Order<o:p></o:p> 07/24/2026<o:p></o:p> Physician Face-to-Face Date: 07/23/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Age-related osteoporosis with current pathological fracture, right humerus, subsequent encounter for fracture with routine healing<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: Sharma, Seema

## SN Careplans

SN WK1: 1 (07/24/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26) ,WK7: 1 (08/30/26-09/05/26) ,WK8: 1 (09/06/26-09/12/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, 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, blood pressure systolic ortho-1 < 100 > 100, blood pressure diastolic ortho-1 < 100 > 100

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) 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

## SN Goals

PATIENT-STATED GOAL: Patient states she wants to get stronger

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 4 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 07/24/2026 |

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Advance Directive:Vernon Olson Spouse

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M1720 - Anxiety, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, dizziness/syncope, lightheadedness, M1400 - Dyspnea, M1600 - UTI, limited range of motion, limited strength, muscle weakness, balance deficit, Pain Effect on Sleep, Pain Interference with Therapy activities, difficulty sleeping, pain radiating to arms/legs, involuntary movement of extremity, weak hand grips, Pain Interference with ADLs, loss of appetite, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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

## PT Careplans

PT WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26)

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: ankle pumps, seated heel/toe raises, seated marches, LAQ, seated hip abduction, hip adduction pillow squeezes, sit-to-stands with assistance, supported standing weight shifts, finger opening/closing, wrist ROM, elbow flexion/extension, table slides, scapular retraction, and gentle R shoulder ROM to 90 only., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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

## PT Goals

PATIENT-STATED GOAL: Return to household ambulation modified RPE scale < 4/10

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 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26)

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: equipment training, work simplification/energy conservation, 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, 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, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance

## OT Goals

PATIENT-STATED GOAL: I want to be able to move my R arm higher

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

Oral Hygiene - 05. Setup or clean-up assistance

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

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

Signature of Physician:

Date



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

Date
07/24/2026

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

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

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Eating - 05. Setup or clean-up assistance

| Signature of Physician: | Date |
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