Home Health Certification and Plan of Care

Order ID: 1163/1206

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
05081526	08/13/2026	From: 08/13/2026 To: 10/11/2026	1836	497754

6. Patient's Name and Address

Robin Mason
1751 Rosaleigh Court,
VIENNA, VA 22182-
704-941-9058

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 11/15/1975 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I34.0	Nonrheumatic mitral (valve) insufficiency	08/13/26

13. ICD	Other Pertinent Diagnoses	Date
N18.6	End stage renal disease	08/13/26
D63.1	Anemia in chronic kidney disease	08/13/26
I27.20	Pulmonary hypertension unspecified	08/13/26
I73.9	Peripheral vascular disease unspecified	08/13/26
I88.8	Other nonspecific lymphadenitis	08/13/26
B49.	Unspecified mycosis	08/13/26
N25.81	Secondary hyperparathyroidism of renal origin	08/13/26
I82.612	Acute embolism and thombos of superfic veins of l up extrem	08/13/26
I82.A22	Chronic embolism and thrombosis of left axillary vein	08/13/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/13/26
E78.5	Hyperlipidemia unspecified	08/13/26
M81.0	Age-related osteoporosis w/o current pathological fracture	08/13/26
Z99.2	Dependence on renal dialysis	08/13/26
Z79.01	Long term (current) use of anticoagulants	08/13/26
Z86.718	Personal history of other venous thrombosis and embolism	08/13/26

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

ELIQUIS 2.5 MG Tablet Oral 2 times daily Indication: VTE treatment (full dose)
ZYRTEC 10 MG Tablet Oral Daily
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1,000 Units Tablet Oral Daily Admin Instructions: Cholecalciferol (vitamin D3) 1,000 units is equivalent to 25 mcg
SENSIPAR 30 MG Tablet Oral Daily after dinner
PEPCID 20 MG Tablet Oral Daily
LIDOCARE 4% Patch 2 patch transdermal once a day Every 24 hours. Admin Instructions: Apply to R arm and groin. Patch may remain in place for up to 12 hours within a 24 hour period. Remove patch before MRI.
PROAMATINE 10 MG Tablet Oral 3 times daily
PROTONIX EC 40 MG tablet Oral Daily Admin Instructions: Do not crush or chew.
NOXAFIL Delayed Release 400 MG Tablet Oral Daily Admin Instructions: Posaconazole delayed release tablet and suspension do NOT have 1:1 dosing conversion. When switching between formulations dosing MUST be properly adjusted.
CRESTOR 10 MG Tablet Oral Daily
RENVELA 800 MG Tablet Oral 3 times daily with meals Admin Instructions: Do not crush or chew. Contents will expand in water and clog NG/OG/G/J tubes.
Tylenol - Acetaminophen 650 MG Tablet by mouth as necessary Every 4 hours. PRN Reason: Moderate pain (4-6). May also be administered per patient/Legally Authorized Health Care Decision-Maker (LAHD) preference for >6 score ., Mild pain (1-3). May also be administered per patient/Legally Authorized Health Care Decision-Maker (LAHD) preference for >3 pain score., Temperature > 38 C (100.4 F) Other (pain), Headaches PRN Comment: as needed for pain. Admin Instructions: ** CAUTION - Maximum acetaminophen does not to exceed 4000 mg/24 hours from all sources ** camphor-menthol (SARNA) topical lotion 0.5-0.5 % topical as necessary 2 times daily. PRN Reason: Irritation Admin Instructions: Apply to areas of itchy.
Debrox - Debrox 6.5 % Otic solution / 3 drop Both Ears otic as necessary 2 times daily. PRN Reason: Other PRN Comment: Ear Wax
Voltaren - Diclofenac Sodium 1 % Topical Gel / 2 g topical as necessary 4 times daily. PRN Comment: for pain, as needed Admin Instructions: Apply to back. Place one order per joint. Gently rub into skin. Do not bathe for at least 1 hour.
Glucagen - Glucagon Hydrochloride Recombinant Injection 1 MG intramuscular as necessary Once. PRN Comment: Hypoglycemia Management. Admin Instructions: Administer for blood glucose < = 70 mg/dL if patient has no functional IV and cannot take oral carbs.
Imodium - Loperamide Hydrochloride 2 MG Capsule by mouth as necessary 4 times daily. PRN Reason: Diarrhea. Admin Instructions: No more than 16 mg per day.
Melatonin - Melatonin 3 MG Tablet by mouth as necessary Nightly. PRN Reason: Sleep. Admin Instructions: Administer 1 hour before bedtime.
Gas-X - Senna Chewable 80 MG Tablet by mouth as necessary 3 times daily. PRN Reason: Gas Pain, Flatulence
white petrolatum (AQUAPHOR) topical ointment - topical as necessary 2 times daily. PRN Reason: Dry Skin. Admin Instructions: Apply to dry skin.

14. DME and Supplies:
walker, cane

15. Safety Measures:
ambulates with device, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
shellfish!tree nuts, such as cashews or walnuts

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
Walker, 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: 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
PT: family/caregiver will be responsible for managing treatment
OT: patient will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/13/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Xiaodong Luo
1001 Sam Perry Blvd
Fredericksburg, VA 22401
PHONE: 5407417604 FAX: NPI: 1043206808

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 : 08/07/2026

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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Homebound status: Due to diagnosis of Nonrheumatic mitral (valve) insufficiency, 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:

An initial home health visit was attempted; however, no one answered the door. The clinician was subsequently able to speak with the patient by telephone. The patient requested that the visit be rescheduled for Thursday, 08/13/2026. The patient is a 50-year-old male seen for home health physical and occupational therapy following a prolonged hospitalization complicated by acute-on-chronic severe mitral regurgitation, cardiogenic/distributive shock, acute hypoxemic respiratory failure requiring mechanical ventilation, pulmonary edema and pleural effusions, end-stage renal disease requiring hemodialysis, pulmonary hypertension, chronic vasoplegia, and significant medical deconditioning. His hospitalization included Impella cardiac support with subsequent removal, right heart catheterization, and management of complex cardiovascular and renal complications. The patient has a history of ESRD and reports receiving hemodialysis three times weekly on Monday, Wednesday, and Friday for approximately four years. Additional medical history includes anemia, chronic kidney disease, osteoporosis, T4 vertebral fracture, and chronic hypotension. He is alert and oriented x4. Prior to his recent hospitalization, the patient reports being independent with all activities of daily living, functional mobility, and transfers. He currently resides with his sister, brother-in-law, and their family in the basement level of their home. He requires standby assistance to safely negotiate the stairs and utilizes a front-wheeled walker, single-point cane, and rollator for mobility as needed. A bed rail is used to assist with bed mobility and transfers. The patient has a shower bench available but reports that he is not currently using it. He remains independent with eating and demonstrates no reported fine-motor deficits. Following his prolonged hospitalization, the patient now presents with decreased bilateral lower-extremity strength, impaired functional mobility, reduced endurance and activity tolerance, balance deficits, and increased risk for falls. Occupational therapy assessment additionally identified decreased overall strength and endurance affecting the patient's ability to safely and independently complete higher-level daily activities, including meal preparation and laundry. Skilled physical therapy is medically necessary to address the patient's significant deconditioning and functional limitations through progressive strengthening, transfer training, gait and stair training, balance activities, endurance conditioning, energy-conservation techniques, home exercise program instruction, and safety/fall-prevention education. Skilled occupational therapy is indicated to improve overall strength, endurance, functional independence, and performance of ADLs and IADLs. OT will focus on therapeutic exercises, endurance training, functional mobility and safety, and IADL retraining, particularly meal preparation and laundry tasks, with the goal of progressing the patient toward his prior level of independence. Given his extensive cardiovascular and renal disease, chronic hypotension, dialysis dependence, and recent critical illness, therapy will emphasize appropriate activity pacing, energy conservation, safety with mobility, and monitoring of tolerance to activity to minimize fall risk and reduce the likelihood of further functional decline or rehospitalization.
 Date of Order 08/13/2026 Orders Physician Face-to-Face Date: 08/07/2026 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat, ot-eval & treat due to Nonrheumatic mitral (valve) insufficiency 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 OT Eval Notes:
 Physician Luo, Xiaodong

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (08/13/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK5: 1 (09/06/26-09/12/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

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: GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, GG0170K1 - Walk 150 Feet, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, limited strength, limited range of motion, limited endurance, Pain Interference with ADLs, Pain Interference with Therapy activities, balance deficit, Pain Effect on Sleep

PROCEDURES: home exercise program: Ankle pumps, seated heel/toe raises, seated marches, LAQ, seated hip abduction, hip adduction pillow squeezes, sit-to-stands, standing marches, standing hip abduction, standing hip extension, standing hamstring

PT Goals

PATIENT-STATED GOAL: Perform household ambulatory tolerance with modified RPE scale < 5/10

GOALS
Shower/Bathe Self - 05. Setup or clean-up 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

08/13/2026

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curls, mini squats, supported weight shifting, balance exercises with UE support, and short-distance walking program as tolerated., 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 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 - 05. Setup or clean-up 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

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

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

OT Careplans

OT WK1: 1 (08/13/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, 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 get stronger and get back to feeling like myself

GOALS
Shower/Bathe Self - 05. Setup or clean-up 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 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	08/13/2026