Home Health Certification and Plan of Care

Order ID: 1163/1235

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H79030624	08/25/2026	From: 08/25/2026 To: 10/23/2026	1825	497754

6. Patient's Name and Address
Gerald Kesten
1900 N Hancock ST,
ARLINGTON, VA 22201
703-966-2804

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 09/20/1938 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N18.4	Chronic kidney disease stage 4 (severe)	08/25/26

13. ICD	Other Pertinent Diagnoses	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/25/26
R62.51	Failure to thrive (child)	08/25/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/25/26
Z79.01	Long term (current) use of anticoagulants	08/25/26

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

Levothyroxine Sodium - Levothyroxine Sodium 25 MCG / 1 Tablet by mouth daily in the morning on an empty stomach
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG / 1 Capsule by mouth daily
Amiodarone Hcl - Amiodarone Hydrochloride 100 MG / 1 Tablet by mouth daily
CALCITRIOL 0.25 MCG / 1 Capsule by mouth daily
ALPRAZOLAM 0.25 MG / 1 Tablet by mouth 1 times per day
FAMOTIDINE 40 MG / 1 Tablet by mouth one time
FUROSEMIDE 40 MG / 1 Tablet by mouth daily
ROSUVASTATIN CALCIUM 10 MG / 1 Tablet by mouth daily
ELIQUIS 2.5 MG / 1 Tablet by mouth twice
JARDIANCE 10 MG / 1 Tablet by mouth daily
Tafamidis (Vyndamax) 61 MG / 1 Capsule by mouth daily

14. DME and Supplies:
walker, cane

15. Safety Measures:
ambulates with device, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
Cane, Walker

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 Chronic kidney disease stage 4 (severe), 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:

Home health physical therapy evaluation was completed for an 87-year-old male patient, referred due to recurrent falls and unsteady gait. Patient has a complex medical history significant for coronary artery disease (CAD), atrial fibrillation, peripheral edema, and generalized weakness. Patient demonstrates impaired balance, decreased bilateral lower-extremity strength, reduced activity tolerance, and decreased safety with transfers and household ambulation, resulting in an increased risk of falls and reduced independence with functional mobility. Skilled physical therapy is medically necessary to provide therapeutic exercise, balance and gait training, transfer training, fall-prevention education, assistive-device assessment, and caregiver instruction to improve functional safety, mobility, and independence and reduce the risk of further falls. Rehabilitation potential is considered fair given the patient's advanced age, recurrent falls, and multiple medical comorbidities.<o:p></o:p> <span
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font-size:11.0000pt;mso-font-kerning:1.0000pt;"> <o:p></o:p> <span
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style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;">25<span
style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;">/2026<span
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Physician Face-to-Face Date: 07/29/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:10.5000pt;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:10.5000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat ot-eval & treat dx: Chronic kidney disease stage 4 (severe)<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:10.5000pt;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:10.5000pt;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:10.5000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;font-size:10.5000pt; mso-font-kerning:1.0000pt;"> <span style="font-size: 10.5pt;

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/25/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Aseem Chaudhary
1715 N George Mason Dr Ste 502
Arlington, VA 22205
PHONE: 7035271303 FAX: 17035275221 NPI: 1871667774

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 : 07/29/2026

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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font-family: Calibri;">1 - SOC - PT Notes: Physician: Chaudhary, Aseem

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (08/25/26-08/29/26) ,WK2: 1 (08/30/26-09/05/26) ,WK3: 1 (09/06/26-09/12/26) ,WK4: 1 (09/13/26-09/19/26) ,WK5: 1 (09/20/26-09/26/26)

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

08/25/2026 Problems : GG0170K1 - Walk 150 Feet
GG0130A1 - Eating
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170G1 - Car Transfer
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
M1400 - Dyspnea
M2020 - Oral Med Management
balance deficit
muscle weakness
limited endurance
limited range of motion
limited strength
M2102d - Caregiver Performs Treatment
M2102c - Med Admin

PROCEDURES: home exercise program: Ankle pumps, seated heel raises, seated toe raises, LAQ, seated marching, seated hip abduction, pillow hip adduction, seated hamstring curls, glute sets, sit-to-stands, standing marching, standing heel raises, standing hip abduction, standing hip extension, standing hamstring curls, mini squats, side stepping, weight shifting, supported tandem stance, supported single-leg stance,, 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, 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 - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04.

PT Goals

PATIENT-STATED GOAL: To ambulate household distance with least restrictive assistance device without falling

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 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 - 06. Independent

Car Transfer - 06. Independent

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

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/25/2026

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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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, 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

Signature of Physician:	Date
	PAGE 3 of 3
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