Home Health Certification and Plan of Care

Order ID: 1163/1248

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01058132	09/02/2026	From: 09/02/2026 To: 10/31/2026	1896	497754

6. Patient's Name and Address

Jacqueline Lewis
1012 Wilkes St,
ALEXANDRIA, VA 22314-
703-869-0519

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 07/05/1948 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	09/02/26

13. ICD	Other Pertinent Diagnoses	Date
I50.30	Unspecified diastolic (congestive) heart failure	09/02/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	09/02/26
N18.4	Chronic kidney disease stage 4 (severe)	09/02/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	09/02/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/02/26
I82.409	Acute embolism and thombos unsp deep vn unsp lower extremity	09/02/26
E78.5	Hyperlipidemia unspecified	09/02/26
M10.9	Gout unspecified	09/02/26
K59.00	Constipation unspecified	09/02/26
E66.9	Obesity unspecified	09/02/26
Z68.39	Body mass index [BMI] 39.0-39.9 adult	09/02/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	09/02/26
Z79.82	Long term (current) use of aspirin	09/02/26
Z87.440	Personal history of urinary (tract) infections	09/02/26
Z91.81	History of falling	09/02/26

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

Glucotrol - Glipizide 5 MG / 1 Tablet by mouth one time a day for Glucose Control Give with breakfast
Amlodipine Besylate - Amlodipine Besylate 10 MG / 1 Tablet by mouth one time a day for hypertension
Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 5 MG / 1 Tablet by mouth every 8 hours as needed for muscle spasm Give 10 MG by mouth
Hydralazine Hydrochloride - Hydralazine Hydrochloride 25 MG / 1 Tablet by mouth three times a day for hypertension
Aspirin Ec - Aspirin Delayed Release 81 MG / 1 Tablet by mouth one time a day for Anti-platelet
Senna S - Senna 8.6-50 MG / 1 Tablet by mouth two times a day for Bowel Regimen
DONEPEZIL HYDROCHLORIDE 5 MG Tablet / Give 2 tablet by mouth one time a day for Dementia
ALLOPURINOL 100 MG Tablet / Give 0.5 tablet by mouth every 48 hours as needed for Gout
BISOPROLOL FUMARATE 10 MG / 1 Tablet by mouth one time a day for hypertension
FUROSEMIDE 40 MG / 1 Tablet by mouth one time a day for CHF Management
MEMANTINE HYDROCHLORIDE 5 MG / 1 Tablet by mouth one time a day for Dementia
Atorvastatin Calcium - Atorvastatin Calcium 40 MG / 1 Tablet by mouth one time a day for Hyperlipidemia

14. DME and Supplies:

rolling walker, hand held shower, bath bench, 4 wheeled walker

15. Safety Measures:

walker precautions, smoke detectors , emergency phone # clearly displayed, ambulates with assistance, anticoagulant precautions, bathroom safety, hand rails, medication safety, supervision at all times, transfer with assist, standard precautions, bleeding precautions, ambulates with device, fall precautions, diabetic precautions, cardiac precautions, activity supervision

16. Nutrition:

low sodium, cardiac diet, diabetic

17. Allergies:

penicillin

18.A. Functional Limitations

Bowel/Bladder Incontinence, Endurance, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Up As Tolerated, Walker

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, 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: 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 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease, 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:

Patient is a 78-year-old female seen for home health PT/OT evaluation following hospitalization from 08/11/2026-08/13/2026 for a UTI, with subsequent decline in functional mobility, strength, endurance, and safety. PMH is significant for gout, type 2 diabetes mellitus, stage 4 chronic kidney disease, acute kidney injury, immunodeficiency, dementia/cognitive communication deficit, history of falls, unsteadiness and difficulty walking, muscle wasting/atrophy, low back pain, atherosclerosis of the aorta, hypertension, heart failure, and hyperkalemia. Patient is alert and oriented 4 but demonstrates occasional forgetfulness and decreased safety awareness. She resides with family in a multilevel townhouse requiring negotiation of 13 stairs to access the bedroom. Patient ambulates with a walker and requires assistance/supervision for safe ambulation, transfers, and stair negotiation. Assessment reveals generalized bilateral lower-extremity weakness, impaired balance, gait instability, decreased endurance/activity tolerance, and reduced functional mobility, placing her at increased risk for falls and further functional decline. Patient is able to perform total-body dressing with additional time while seated and is independent with eating, with no fine motor deficits noted; family assists with bathing and IADL tasks. A bedside commode is in place, and a shower chair was recommended to improve safety and support during bathing. Patient attends Nannie Lee Center three times weekly. Fall-prevention and safety education were provided, including consistent use of the walker, keeping pathways clear of obstacles, use of handrails, wearing nonskid footwear, and avoiding stairs without appropriate assistance. Skilled home health PT/OT services are medically necessary to address generalized weakness, balance deficits, gait and transfer impairments, endurance limitations, ADL performance, and safety awareness through therapeutic exercise, strengthening, endurance and balance training, gait and transfer training, fall-prevention strategies, caregiver education, and progression of functional mobility. The plan of care is to maximize safety and independence with daily activities, reduce fall risk and caregiver burden, and facilitate return toward the patient's prior level of function.
 Date of Order 09/02/2026 Orders Physician Face-to-Face Date: 08/28/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat, hha-adl's due to Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease 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 - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Shitaye, Amanuel

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 09/02/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Amanuel Shitaye
6551 Loisdale Ct
Springfiedl, VA 22150
PHONE: 8007777904 FAX: NPI: 1578188199

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 : 08/28/2026

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.

Home Health Certification and Plan of Care

Order ID: 1163/1248

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01058132	09/02/2026	From: 09/02/2026 To: 10/31/2026	1896	497754

6. Patient's Name and Address
Jacqueline Lewis
1012 Wilkes St,
ALEXANDRIA, VA 22314-
703-869-0519

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

SN Careplans

SN frequency WK1: 2 (09/02/26-09/05/26) ,WK2: 2 (09/06/26-09/12/26) ,WK3: 1 (09/13/26-09/19/26) ,WK5: 1 (09/27/26-10/03/26) ,WK7: 1 (10/11/26-10/17/26) ,WK9: 1 (10/25/26-10/31/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 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, 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:Durable power of attorney for health care/Medical power of attorney

09/03/2026 Problems : limited strength (MS)
limited endurance (MS)
frequent urination (GU)
loss of appetite (NU)
obesity (NU)
M1720 - Anxiety
M1600 - UTI
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
balance deficit
muscle weakness
tooth pain/decay/sensitivity
M2102c - Med Admin
M2102f - Patient Supervision
M1745 - Behavioral Issues
M2102d - Caregiver Performs Treatment
M1610 - Urinary Incontinence

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, monitor intake & output, bladder training, 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, * low cholesterol dietary guidelines, 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, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s) purpose, schedule, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s) purpose, schedule, * basic oral hygiene regimen including basic toothbrushing and flossing, related medication(s) purpose, schedule, * how to manage the TPN pump including starting and stopping the infusion flushing the catheter catheter pump maintenance troubleshooting, related medication(s) purpose, schedule, * oral care strategies to achieve optimum nutrition control oral pain/discomfort range of motion exercises to optimize jaw mobility, * oral care strategies to achieve optimum nutrition control oral pain/discomfort range of motion exercises to optimize jaw mobility, related medication(s) purpose, schedule, * strategies to increase caloric intake, 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, * urinary incontinence management including bladder training Kegel exercises skin care, 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 journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: To gain strength

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
* 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

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/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

patient/caregiver recalls
* low cholesterol dietary guidelines
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prescribed dietary modifications
* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prescribed dietary modifications
* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* basic oral hygiene regimen including basic toothbrushing and flossing
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage the TPN pump including starting and stopping the infusion
* flushing the catheter
* catheter pump maintenance
* troubleshooting
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date

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

Date
09/02/2026

Home Health Certification and Plan of Care

Order ID: 1163/1248

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01058132	09/02/2026	From: 09/02/2026 To: 10/31/2026	1896	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Jacqueline Lewis 1012 Wilkes St, ALEXANDRIA, VA 22314- 703-869-0519	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

recalls related medication(s) purpose, schedule

patient/caregiver recalls
* oral care
* strategies to achieve optimum nutrition
* control oral pain/discomfort
* range of motion exercises to optimize jaw mobility
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* oral care
* strategies to achieve optimum nutrition
* control oral pain/discomfort
* range of motion exercises to optimize jaw mobility

patient/caregiver recalls
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* recalls related medication(s) purpose, schedule

PT Careplans

PT frequency WK1: 1 (09/02/26-09/05/26) ,WK2: 1 (09/06/26-09/12/26) ,WK3: 1 (09/13/26-09/19/26) ,WK4: 1 (09/20/26-09/26/26) ,WK5: 1 (09/27/26-10/03/26)

09/04/2026 Problems : GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
GG0170I1 - Walk 10 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170M1 - 1 - Step (curb)
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170P1 - Picking Up Object
GG0170G1 - Car Transfer
GG0170E1 - Chair to Bed to Chair
GG0170L1 - Walk 10 ft on Uneven Surface

PROCEDURES: home exercise program: Ankle pumps, heel slides, quad sets, glute sets, seated marching, LAQ, seated heel/toe raises, sit-to-stands, standing marching, standing hip abduction, standing hip extension, mini squats,, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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: Improve STS transfers without falls and more independent

GOALS
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 frequency WK1: 1 (09/02/26-09/05/26) ,WK2: 1 (09/06/26-09/12/26) ,WK3: 1 (09/13/26-09/19/26) ,WK4: 1 (09/20/26-09/26/26) ,WK5: 1 (09/27/26-10/03/26)

09/03/2026 Problems : M1400 - Dyspnea
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating
GG0130F1 - Upper Body Dressing

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 - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower

OT Goals

PATIENT-STATED GOAL: I want to get stronger and get back to feeling like myself

GOALS
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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/02/2026

Home Health Certification and Plan of Care

Order ID: 1163/1248

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01058132	09/02/2026	From: 09/02/2026 To: 10/31/2026	1896	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Jacqueline Lewis 1012 Wilkes St, ALEXANDRIA, VA 22314- 703-869-0519	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent	Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Upper Body Dressing - 06. Independent Eating - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/02/2026