# HOME HEALTH CERTIFICATION AND PLAN OF CARE

**Order ID 11631254**

## Patient Details

| Patient's HI Claim No. | Start of Care Date | Certification Period | Medical Record No. | Provider No. |
|---|---|---|---|---|
| 161290037 | 09/03/2026 | 09/03/2026 - 11/01/2026 | 1587 | 497754 |

| Patient's Name and Address | Gender | Date of Birth | Phone Number |
|---|---|---|---|
| **Jiyeon Kim**<br>1611 Sereno Court<br>VIENNA, VA 22182 | Female | 10/28/1965 | 703-981-5907 |
| | Email | | Primary Language: English |

## Clinical Profile

| Provider's Name | Address | Phone Number |
|---|---|---|
| **Grace Home Healthcare, LLC** | 9735 Main Street Suite 200 Fairfax,<br>Fairfax, VA 22031 | 703-865-7370 |
| **NPI**<br>1073904009 | | **Fax Number**<br>571-774-5551 |

**Clinical Condition Requiring Homecare:**

Patient presents for a home health physical therapy Start of Care evaluation with deficits in lower-extremity strength, balance, coordination, postural control, gait, endurance, and overall functional mobility. These impairments contribute to decreased activity tolerance, reduced gait efficiency, difficulty and safety concerns with transfers and household ambulation, decreased independence with ADLs, and increased fall risk. Patient requires skilled cueing and assistance to safely perform functional mobility tasks. Patient is considered homebound due to mobility limitations, decreased endurance and activity tolerance, impaired balance, and the considerable and taxing effort required to safely leave the home. Skilled home health PT is medically necessary to address strength, balance, coordination, gait, transfer training, functional mobility, endurance, safety awareness, and fall prevention, as well as to develop and progress an individualized home exercise program (HEP). Patient demonstrates good rehabilitation potential and is expected to benefit from skilled PT services to maximize functional independence, improve safety and mobility, reduce fall risk and caregiver burden, and promote safe participation in household and community activities.

Date of Order
09/03/2026
Orders
Physician Face-to-Face Date: 08/12/2026
Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat, ot-eval & treat due to Unspecified fracture lower end of r humerus 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
OT Eval Notes:

Physician
Long, Geoffrey

**Physician Statement on Homebound Status:**

Due to diagnosis of Unspecified fracture lower end of r humerus 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.

**ICD-10 CM Principal Diagnosis: S42.401D. Unsp fx lower end of r humerus subs for fx w routn heal**

**Other Pertinent Diagnoses**

| ICD-10 CM | Description | Medications |
|---|---|---|
| S12.000D | Unsp disp fx of first cervcal vert subs for fx w routn heal | Doxycycline - Doxycycline Hyclate 50 MG / 1 Tablet by mouth in the morning and 1 tablet before bedtime.<br>Ibuprofen - Ibuprofen 600 MG / 1 Tablet (600 mg total) by mouth in the morning and 1 tablet (600 mg total) in the evening and 1 tablet (600 mg total) before bedtime. Do all this for 5 days.<br>Naloxone - Naloxone Hydrochloride 4 mg/actuation spray, non-aerosol / Administer 1 spray into one nostril nasal as necessary 1 time if needed (signs of opioid overdose) for up to 1 dose Repeat with new syringe as needed every 2-3 minutes if no response.<br>Dicyclomine - Dicyclomine Hydrochloride 10 MG / 1 Capsule by mouth four times a day before meals and nightly<br>Neosporin Ointment - Neosporin Ointment Apply topically topical in the morning and in the evening and before bedtime.<br>Calcium Carbonate-Vitamin D3 500 mg-5 mcg (200 unit) / 1 Tablet by mouth once a day |
| S52.001D | Unsp fx upper end of r ulna subs for clos fx w routn heal | |
| G56.21 | Lesion of ulnar nerve right upper limb | |
| D32.0 | Benign neoplasm of cerebral meninges | |
| F41.1 | Generalized anxiety disorder | |
| F32.A | Depression unspecified | |
| D31.02 | Benign neoplasm of left conjunctiva | |
| G47.00 | Insomnia unspecified | |
| M79.7 | Fibromyalgia | |
| H40.1111 | Primary open-angle glaucoma right eye mild stage | |
| E55.9 | Vitamin D deficiency unspecified | |
| Z91.81 | History of falling | |
| Z96.1 | Presence of intraocular lens | |

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| **Prognosis**<br>fair | **Mental and Psychosocial Status**<br>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: Yes |
| **Functional Limitations**<br>Endurance | **Activities Permitted**<br>Exercises Prescribed |
| **DME & Supplies**<br>None of the above | **Safety Measures**<br>activity supervision |
| **Nutrition**<br>Z. NO PHYSICIAN-ORDERED DIET | **Allergies**<br>no known allergies |

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| **Advance Directives**<br>No Advance Directive | **Caregiver Status**<br>2. Non-agency caregiver(s) need training/supportive services to provide assistance |
| **Rehabilitation Potential**<br>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. | **DISCHARGE PLAN:**<br>PT: family/caregiver will be responsible for managing treatment |
| **Orders for Discipline and Treatment:**<br>1 - SOC - PT<br><br>OT Eval | |
| | **OT GOALS** |

## PT CAREPLAN

PT frequency WK1: 1 (09/03/26-09/05/26),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)

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: 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
Advance Directive:No Advance Directive

09/03/2026 Problems : GG0170I1 - Walk 10 Feet
GG0130F1 - Upper Body Dressing
GG0130A1 - Eating
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
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
GG0170G1 - Car Transfer
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
muscle weakness
limited endurance
limited range of motion
limited strength
M2102d - Caregiver Performs Treatment
M2102c - Med Admin
D0160 - Depression

PROCEDURES: home exercise program: Seated shoulder flexion, shoulder abduction, biceps curls, triceps extensions, scapular retractions, shoulder rolls, resisted rows, resisted chest press, resisted shoulder external rotation, resisted shoulder internal rotation, horizontal abduction, overhead press, wrist flexion, wrist extension, forearm pronation/supination., 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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 - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing -

## PT NARRATIVE

Pt presents for home health physical therapy Start of Care evaluation with impairments in functional strength, balance, endurance, mobility, and overall activity tolerance contributing to increased difficulty and safety concerns with transfers, household ambulation, and performance of ADLs. Pt demonstrates decreased lower-extremity strength, impaired postural control, reduced gait efficiency, and increased fall risk, requiring skilled cueing and assistance for safe functional mobility. Pt is considered homebound secondary to decreased endurance, mobility limitations, and the considerable effort required to safely leave the home. Skilled home health PT is medically necessary to address strength, balance, gait, transfer training, endurance, safety awareness, fall prevention, and development/progression of an individualized HEP. Pt demonstrates good rehabilitation potential and is expected to benefit from skilled PT services to maximize independence, reduce fall risk, improve functional mobility, and promote safe participation within the home and community.

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Pt presents for home health physical therapy Start of Care evaluation with deficits in strength, balance, endurance, coordination, gait, and functional mobility, resulting in decreased independence and increased risk for falls during transfers, ambulation, and performance of ADLs. Pt demonstrates reduced activity tolerance, impaired postural stability, and need for skilled cueing and assistance to safely complete functional tasks. Skilled PT is medically necessary to address therapeutic exercise, balance training, gait training, transfer training, functional mobility, endurance, safety awareness, fall prevention, and progression of an individualized HEP to maximize independence and reduce caregiver burden.

## PT GOALS

PATIENT-STATED GOAL: To improve BUE strength & ROM

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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
* 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 - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

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| 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent | Toileting Hygiene - 06. Independent<br>Shower/Bathe Self - 06. Independent<br>Lower Body Dressing - 06. Independent<br>Don/Doff Footwear - 06. Independent<br>Eating - 06. Independent<br>Upper Body Dressing - 06. Independent |

**Signature and Date of Verbal SOC Where Applicable:**
Electronically signed by: Charles Messick RN on 09/03/2026

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|---|---|
| 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. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred (or will occur) within timeframe requirements and it is related to the primary reason the patient requires home health services.<br>F2F date: 08/12/2026 | 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. |
| **Certifying Physician or Allowed Practitioner Name and Address** **Geoffrey Long**<br>1890 Metro Center Dr<br>Reston, VA 20190<br>NPI 1962579037 | **Phone Number** 7037091500<br><br>**Fax Number** 17037091697 |

**Physician's Signature and Date Signed**

**X**

**Geoffrey Long, MD**
08/12/2026: Date of physician last face-to-face