Home Health Certification and Plan of Care

Order ID: 1163/214

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H78932556	08/25/2025	From: 08/25/2025 To: 10/23/2025	308	497754

6. Patient's Name and Address

Munawar Sultana
1135 S. Thomas St Apt. A,
ARLINGTON, VA 22204-
202-747-8909

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 03/03/1954 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G30.9	Alzheimer's disease unspecified	08/25/25

13. ICD	Other Pertinent Diagnoses	Date
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	08/25/25
R27.0	Ataxia unspecified	08/25/25
I10.	Essential (primary) hypertension	08/25/25
E11.9	Type 2 diabetes mellitus without complications	08/25/25
E78.5	Hyperlipidemia unspecified	08/25/25
N32.81	Overactive bladder	08/25/25
G47.00	Insomnia unspecified	08/25/25
Z79.51	Long term (current) use of inhaled steroids	08/25/25

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

Mometasone Furoate - Mometasone Furoate 0.1 % , On the skin topical twice a day on the skin twice a day , Apply small amount as advised.
Rosuvastatin Calcium - Rosuvastatin Calcium 5 Mg, Take 1 tablet by mouth once a day
Amlodipine - Amlodipine Besylate 2.5 Mg , Take 1 tablet by mouth once a day
Olmesartan Medoxomil - Olmesartan Medoxomil 20 Mg, Take 1 tablet by mouth once a day
Fluticasone - Fluticasone Furoate 50 Mcg, Inhale 1 puff nasal twice a day
Breo Ellipta - Fluticasone Furoate: Vilanterol Trifenatate 100 Mcg - 25 mcg, Inhale 1 puff inhalant once a day inhale 1 puff by inhalation route once daily at the same time each day.
Pantoprazole - Pantoprazole Sodium 40 Mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth every day not crush, chew or split.
Ibu-Tab 200 - Ibuprofen 200 mg 1 tab by mouth as necessary
Triple Antibiotic Ointment - Neosporin Ointment 1 ounce tube topical as necessary
Robitussin - Chlorpheniramine Polistirex: Hydrocodone Polistirex 1 caps by mouth as necessary 20 ml every 4 hours as needed
Vitron C 1 tab by mouth once a day 65 mg elemental iron + 125 mg Vit C
B Complex - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 1 tab by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 5,000 IU by mouth once a day take with a fat-containing meal
Montelukast Sodium - Montelukast Sodium 10 Mg, Take 1 tablet by mouth once a day in the evening
Sertraline Hcl - Sertraline Hydrochloride 1 tab, 25 mg by mouth once a day combined dosage of sertraline 75mg daily
Donepezil Hydrochloride - Donepezil Hydrochloride 1 tab, 10 mg by mouth after meal after breakfast

14. DME and Supplies:

grab bars, bath bench, hospital bed, , walker

15. Safety Measures:

bathroom safety, ambulates with device, diabetic precautions, standard precautions, fall precautions, medication safety, non-slip surface in tub, walker precautions, transfer with assist, supervision at all times, hand rails, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Exercises Prescribed, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, 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: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Alzheimer'S Disease Unspecified, 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: The patient is a 71-year-old female who presented with weakness and ataxia following a bathroom fall two weeks ago, attributed to a history of cerebellar ataxia. She was evaluated in the emergency department, where an occipital laceration was repaired with four sutures; she was discharged the same day. Past medical history includes cerebellar ataxia, Alzheimer's disease, dementia, hypertension, and hyperlipidemia. Per family, she experienced rapid decline in strength and function in 2022-2023 with progression of cerebellar ataxia, and underwent corrective surgery in 2024 for overlapping toes; a two-month hospitalization/rehabilitation period during that time further accelerated her decline. She now demonstrates right greater than left toe deformities, mild toe/forefoot walking, and a rushed gait cadence, increasing fall risk. She lives with her husband in a ground-level apartment due to inability to negotiate stairs; prior to the recent fall she ambulated independently at home with a rolling walker. At today's start-of-care visit, the patient's nephew and caregiver reported that she now requires continuous supervision and contact-guard assistance for transfers and ambulation with a rolling walker. She exhibits decreased strength and endurance, reduced standing tolerance, impaired gait steadiness and balance, and limited overall functional mobility. She is fully dependent on caregiver/family assistance for basic grooming, bathing, dressing, toileting, and toilet transfers; she is unable to feed herself or self-administer medications and requires physical assistance for oral medication management, as well as consistent verbal cues to take small bites, chew, and swallow before the next bite. Education was provided on safe home setup and mobility strategies, transfer and pivot techniques, appropriate body mechanics, and rolling-walker sequencing during sit-to-stand and ambulation with pacing and planned rest breaks. A home exercise program for seated bilateral lower-extremity strengthening was initiated with caregiver involvement. The patient would

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/25/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Muhammad Ali
6715 Little River Turnpike Suite 304
Annandale, VA 22003
PHONE: 7039980766 FAX: 17039313562 NPI: 1699707653

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 : 08/14/2025

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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benefit from ongoing skilled physical therapy to improve strength and endurance, increase standing tolerance, enhance gait stability and balance, and promote safer, more independent functional mobility to prevent further decline.
 Date of Order 08/25/2025 Orders Physician Face-to-Face Date: 08/14/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat due to Alzheimer'S Disease Unspecified 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: Physician Ali, Muhammad

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (08/25/25-08/30/25) ,WK2: 2 (08/31/25-09/06/25) ,WK3: 2 (09/07/25-09/13/25) ,WK4: 2 (09/14/25-09/20/25) ,WK5: 2 (09/21/25-09/27/25) ,WK6: 1 (09/28/25-10/04/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 60 > 100, respiratory rate < 10 > 24, blood pressure systolic < 100 > 150, blood pressure diastolic < 60 > 90, O2 saturation < 90 > 100, pain < 0 > 6

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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, 9. Other risk(s) not listed in 1- 8

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: GG0130B1 - Oral Hygiene, 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, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0130A1 - Eating, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0170F1 - Toilet Transfer, GG0170E1 - Chair to Bed to Chair, M1700 - Cognition, M1745 - Behavioral Issues, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1400 - Dyspnea, balance deficit, impaired speech, B1000 - Vision Deficit

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver. , seated strengthening exercises, home exercise program: seated marches, LAQ, HR/TR, clams, hip add pillow squeezes, BLE 2x10 3-4x/week, equipment training, standing tolerance exercises, dynamic standing balance exercises, gait training/stair training, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: * how to manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, patient's transportation needs are met, Upper Body Dressing - 01. Dependent, Lower Body Dressing - 01. Dependent, Toileting Hygiene - 03. Partial/moderate assistance, Sit to Stand - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 03. Partial/moderate 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, Medication Review

PT Goals

PATIENT-STATED GOAL: Family express on behalf of pt: To be able to walk around home/between rooms with RW with improved steadiness of gait and strength in presence of cerebellar ataxia, dementia and Alzheimer's dz diagnoses

GOALS
patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

Upper Body Dressing - 01. Dependent

Lower Body Dressing - 01. Dependent

Toileting Hygiene - 03. Partial/moderate assistance

Chair to Bed to Chair - 03. Partial/moderate assistance

Toilet Transfer - 05. Setup or clean-up assistance

1 - Step (curb) - 04. Supervision or touching assistance

Medication Review

Sit to Stand - 03. Partial/moderate assistance

Car Transfer - 03. Partial/moderate 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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/25/2025