Home Health Certification and Plan of Care

Order ID: 1163/225

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4VX9KP5JJ44	07/31/2025	From: 07/31/2025 To: 09/28/2025	222	497754

6. Patient's Name and Address
Vimala Polam
22586 Forest View Ct,
ASHBURN, VA 20148-
703-400-8058

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 07/16/1957 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M72.2	Plantar fascial fibromatosis	07/31/25

13. ICD	Other Pertinent Diagnoses	Date
S86.811D	Strain of musc/tend at lower leg level right leg subs	07/31/25
M76.51	Patellar tendinitis right knee	07/31/25
J30.1	Allergic rhinitis due to pollen	07/31/25
E66.9	Obesity unspecified	07/31/25
Z68.32	Body mass index [BMI] 32.0-32.9 adult	07/31/25

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

Fosamax - Alendronate Sodium 70 Mg, Take 1 tablet by mouth once a day Every 7 days on an empty stomach with a full glass of water.do not take anything else by mouth or lie down for 30 minutes.
Zestril - Lisinopril 2.5 Mg, Take 1 tablet by mouth once a day
Actos - Pioglitazone Hydrochloride 15 Mg, Take 1 tablet by mouth once a day
Crestor - Rosuvastatin Calcium 10 Mg, Take 1 tablet by mouth once a day
Vitamin D - Ergocalciferol Take 5,000 IU , Tablet by mouth once a day after dinner.
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Tablet by mouth once a day

14. DME and Supplies:
cane, bath bench

15. Safety Measures:
standard precautions, medication safety, fall precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
allergic rhinitis due to pollen

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Exercises Prescribed, Up As Tolerated

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: good

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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status:
Due to diagnosis of Plantar Fascial Fibromatosis , 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 68-year-old female who presents to the agency with a four-month history of right foot/heel and right knee pain, along with a two-month history of gradually progressive right wrist and hand pain of insidious onset without identifiable precipitating factors or injury. She reports using a knee brace, which provides partial relief, as well as topical Bengay and acetaminophen for pain management. The patient does not read or understand English; however, one of her three daughters is consistently present during home visits to provide interpretation. Her past medical history is significant for patellar tendonitis, plantar fasciitis, osteoporosis, Paget's disease, an unspecified strain of muscle/tendon of the right lower leg, allergic rhinitis due to pollen, obesity, hyperlipidemia, and hypertension. On assessment, the patient demonstrates decreased strength, endurance, standing tolerance, gait steadiness, balance, and overall functional mobility. She remains independent in basic activities of daily living including bathing, grooming, dressing, toileting, transfers, meal preparation, and oral medication management. However, she requires intermittent supervision by her husband or daughters for safety during ambulation and stair negotiation. The Timed Up and Go (TUG) test was performed, with a score of 14 seconds, consistent with a moderate fall risk. Education was provided on safe home setup and mobility strategies to reduce risk of falls. A home exercise program (HEP) was initiated and reviewed with the patient, her husband, and daughter, including therapeutic exercises targeting the right hip, knee, and ankle musculature to improve strength, stability, and mobility. The patient would benefit from ongoing skilled physical therapy services to address deficits in strength, endurance, gait, balance, and functional mobility. The goals of therapy are to improve safety, reduce fall risk, increase independence, and support the patient's ability to return to her prior level of function.
 Date of Order 07/31/2025 Orders Physician Face-to-Face Date: 07/18/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat due to Plantar Fascial Fibromatosis 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: PT FU Eval Notes: Physician Maitri, Mysore

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/31/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Mysore Maitri
22505 Landmark Ct #210B
Ashburn , VA 20148
PHONE: 7038583140 FAX: 15716656469 NPI: 1073697082

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 : 07/18/2025

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.

Home Health Certification and Plan of Care

Order ID: 1163/225

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4VX9KP5JJ44	07/31/2025	From: 07/31/2025 To: 09/28/2025	222	497754

6. Patient's Name and Address
Vimala Polam
22586 Forest View Ct,
ASHBURN, VA 20148-
703-400-8058

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

PT WK1: 1 (07/31/25-08/02/25) ,WK2: 2 (08/03/25-08/09/25) ,WK3: 2 (08/10/25-08/16/25) ,WK4: 2 (08/17/25-08/23/25) ,WK5: 2 (08/24/25-08/30/25)

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 < 88 > 100, pain < 0 > 6

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

HOSPITALIZATION RISKS: 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: GG0130G1 - Lower Body Dressing, 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, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, M2020 - Oral Med Management, M1400 - Dyspnea, limited strength, muscle weakness, swelling of affected area, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: Therapeutic exercises , Medication Review: Medications reviewed with patient/caregiver. , Standing balance exercises , seated strengthening exercises, home exercise program: Standing therex 2X10 RLE: SLR hip abd, marches, gr. toe stretch at wall 3x30" 3x/day, standing HS/calf stretch on bottom step 3x30" 3x/day Seated therex 2x10 RLE: LAQs with red tb, gr. toe stretch 3x30" 3x/day, seated HS/gastroc stretch with strap 3x30" 3x/day, red tb clams, seated hip add pillow squeezes, seated pl fascia frozen water bottle roll outs, R wrist extensors stretch 3x30" 3x/day, long-sitting or supine HS stretch with strap 3x30" 3x/day, long-sitting quad sets 2x10 x 5 sec holds, equipment training, gait training on uneven surfaces, 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, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PATIENT-STATED GOAL: To be able to walk around home, up/down stairs and outdoors without feeling pain and inflammation in R knee and R foot/arch. As well as sit and stand for 15-30 minutes without pain and stiffness in R knee.

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
* 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

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 _ Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Signature of Physician:

Date

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

Date
07/31/2025