Home Health Certification and Plan of Care

Order ID: 1163/247

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01254115	08/29/2025	From: 08/29/2025 To: 10/27/2025	373	497754

6. Patient's Name and Address
Winifred Peterson
15951 Loves Mill Ln Apt 3203,
GAINESVILLE, VA 20155-
571-636-1076

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 09/05/1949 | 9.Sex Female

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

There are no Medications for this Plan of Care

11. ICD	Principal Diagnosis	Date
S82.61XD	Disp fx of lateral malleolus of r fibula 7thD	08/29/25

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	08/29/25
I50.32	Chronic diastolic (congestive) heart failure	08/29/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	08/29/25
N18.32	Chronic kidney disease stage 3b	08/29/25
D63.1	Anemia in chronic kidney disease	08/29/25
E78.5	Hyperlipidemia unspecified	08/29/25
J44.9	Chronic obstructive pulmonary disease unspecified	08/29/25
J96.11	Chronic respiratory failure with hypoxia	08/29/25
E11.3219	Type 2 diab with mild nonp rtnop with macular edema unsp	08/29/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/29/25
E03.9	Hypothyroidism unspecified	08/29/25
F41.1	Generalized anxiety disorder	08/29/25
H35.3131	Nexdtve age-related mclr degn bilateral early dry stage	08/29/25
F33.9	Major depressive disorder recurrent unspecified	08/29/25
G47.00	Insomnia unspecified	08/29/25
E66.01	Morbid (severe) obesity due to excess calories	08/29/25
Z68.37	Body mass index [BMI] 37.0-37.9 adult	08/29/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/29/25
Z86.0100	Personal history of colonic polyps	08/29/25
Z91.81	History of falling	08/29/25

14. DME and Supplies:
cane, 4 wheeled walker, walker, grab bars, commode, wheelchair, rolling walker, diabetic supplies

15. Safety Measures:
fall precautions, medical alert/lifeline, wheelchair precautions, standard precautions, no stair use, hand rails, cardiac precautions, bathroom safety, activity supervision

16. Nutrition:
low sodium, diabetic,

17. Allergies:
pcn

18.A. Functional Limitations
Endurance, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted
Exercises Prescribed, Wheelchair

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: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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
another facility/provider will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Displaced Fracture Of Lateral Malleolus Of Right Fibula, Subsequent Encounter For Closed 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.

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/29/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Farah Abdulsalam
1890 Metro Center Dr
Reston, VA 20190
PHONE: 7037091500 FAX: NPI: 1417952367

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 : 09/04/2025

27. Attending Physician's Signature and Date Signed **09/12/2025**: 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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Clinical Condition Requiring Homecare:

The patient is a 75-year-old Caucasian female residing in an assisted living facility, where she is currently chairfast. She sustained a right ankle injury after falling out of bed, resulting in a closed displaced fracture of the lateral malleolus of the fibula. A closed reduction was performed, and a cast was applied. Following a three-week stay in acute rehabilitation, she was discharged and has since returned to a temporary residential unit within the assisted living wing of her senior living facility. Her past medical history is significant for hypertension, chronic kidney disease, congestive heart failure, type 2 diabetes mellitus with mild non-proliferative diabetic retinopathy and macular edema, anemia secondary to CKD, chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease, obstructive sleep apnea, insomnia, anxiety, and major depressive disorder. She also carries a history of hypoxemia requiring oxygen support. At present, she uses supplemental oxygen at 2 L/min via nasal cannula, primarily at night, and reports not using it continuously during the day. On assessment, the patient was alert and oriented 4. Vital signs were stable. She remained on oxygen support at 2 L/min with even, unlabored respirations and no acute respiratory distress noted. Her right ankle cast was intact with no signs of drainage, skin breakdown, or compromise to circulation. No edema was observed in the exposed areas, and pedal pulses were palpable. She continues to be chairfast and requires assistance with transfers and activities of daily living. Medication reconciliation was completed, and treatments were reviewed with the patient, who verbalized understanding. Education was provided regarding safe oxygen use, cast care, skin integrity monitoring, and fall prevention strategies. The plan of care includes continued monitoring of her cardiopulmonary status, diabetes management, cast site integrity, and oxygen use, as well as reinforcement of safety and fall prevention measures within her assisted living environment. Ongoing interdisciplinary coordination with nursing, rehabilitation services, and facility caregivers will support the patient's recovery, optimize function, and prevent complications.
 Date of Order 08/29/2025 Orders Physician Face-to-Face Date: 09/04/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Displaced Fracture Of Lateral Malleolus Of Right Fibula, Subsequent Encounter For Closed 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 - SN Notes: OT Eval Notes: PT Eval Notes: Physician Abdulsalam, Farah

SN Careplans

SN WK1: 1 (08/29/25-08/30/25) ,WK2: 2 (08/31/25-09/06/25) ,WK3: 2 (09/07/25-09/13/25) ,WK4: 1 (09/14/25-09/20/25)

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, blood sugar < 60 > 300

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, D0160 - Depression, D0700 - Social Isolation, M2020 - Oral Med Management, M1400 - Dyspnea, weak pulses in feet, swelling in legs/around eyes, dependent edema, abnormal blood pressure, swelling in the arms/legs, abnormal BS < 70/140 > mg/dL, constipation, diarrhea, muscle weakness, swelling of affected area, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, weak hand grips, daytime fatigue, Pain Interference with Therapy activities, obesity

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, monitor intake & output, home exercise program: na, coordinate/arrange long-term socialization activities

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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, * 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, * 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, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, * how to keep journal of food and fluid intake healthy meal plan

SN Goals

PATIENT-STATED GOAL: I would like to be able to walk

GOALS
patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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/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

Signature of Physician:

Date

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

Date
08/29/2025

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tips exercise program nutritional knowledge, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, 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
* 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 keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* 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
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

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

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

PT Careplans

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

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver. , cough/deep breathing exercises, home exercise program: seated, 2-3x/10 1-2x/day (unless otherwise notated): ankle IV/EV and HR/TR (in and outside of boot), ankle pumps 3x10, ankle ABC 1 set, LAQ, clams, hip add pillow squeezes, marches, SLR hip flex, standing tolerance exercises, gait training/stair training, transfers training, therapeutic exercises

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 - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching 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, Picking Up Object - 04. Supervision or touching assistance, Medication Review

PT Goals

PATIENT-STATED GOAL: To feel stronger in L foot/ankle/LE to be able to tol walk around home/between rooms with RW and boot with improved strength, endurance and tolerance for standing and walking. As well as be so to return to her indep wing of her senior community residence home.;To feel stronger in R foot/ankle/LE to be able to tol walk around home/between rooms with Rollator and boot with improved strength, endurance and tolerance for standing and walking. As well as be so to return to her indep wing of her senior community residence home.

GOALS
Sit to Stand - 04. Supervision or touching 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

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Car Transfer - 04. Supervision or touching 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

Picking Up Object - 04. Supervision or touching assistance

Medication Review

OT Careplans

OT Goals

Signature of Physician:

Date

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

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OT WK2: 1 (08/31/25-09/06/25) ,WK3: 1 (09/07/25-09/13/25) ,WK4: 1 (09/14/25-09/20/25) ,WK5: 1 (09/21/25-09/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: cough/deep breathing exercises, equipment training, work simplification/energy conservation

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, Oral Hygiene - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: I want to be able to do more for myself and get my Independence back

GOALS
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

Oral Hygiene - 05. Setup or clean-up assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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