Home Health Certification and Plan of Care

Order ID: 1163/296

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
21345844	09/22/2025	From: 09/22/2025 To: 11/19/2025	433	497754

6. Patient's Name and Address
Jan Ann Aledro Pineda
7616 Matera Street Apt 201,
FALLS CHURCH, VA 22043-
513-767-2403

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 01/12/1981 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
C50.212	Malig neoplasm of upper-inner quadrant of left female breast	09/22/25

13. ICD	Other Pertinent Diagnoses	Date
C79.32	Secondary malignant neoplasm of cerebral meninges	09/22/25
C77.3	Sec and unsp malig neoplasm of axilla and upper limb nodes	09/22/25
G43.719	Chronic migraine w/o aura intractable w/o stat migr	09/22/25
E78.5	Hyperlipidemia unspecified	09/22/25
H49.21	Sixth [abducent] nerve palsy right eye	09/22/25
H54.7	Unspecified visual loss	09/22/25

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

Acetazolamide - Acetazolamide take 500 mg capsule by mouth twice a day 500 mg, oral, BID
Diamox - Acetazolamide take 500 mg tablet by mouth twice a day
Keppra - Levetiracetam take 500 mg tablet by mouth twice a day
Lidoderm Patch - Lidocaine 5% , take 1 patch topical once a day
Glycolax - Polyethylene Glycol 3350 Take 17 g powder by mouth once a day
Morphine - Morphine Sulfate 15mg by mouth every 6 hours As Needed For Pain
Famotidine - Famotidine 20mg by mouth twice a day
Sumatriptan Succinate - Sumatriptan Succinate 100mg by mouth as necessary
Promethazine Plain - Promethazine Hydrochloride 25mg by mouth every 6 hours As Needed For Nausea/Vomiting

14. DME and Supplies:
commode, wheelchair, walker

15. Safety Measures:
walker precautions, , ambulates with device, aspiration precautions, ambulates with assistance, wheelchair precautions, , seizure precautions, bathroom safety, activity supervision

16. Nutrition:
regular

17. Allergies:
Dexamethasone

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Up As Tolerated, Walker

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: poor

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Malignant Neoplasm Of Upper-Inner Quadrant Of Left Female Breast, 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 44-year-old Filipino female who resides with her husband in an apartment complex. She is alert and oriented to person, place, and time. The admission packet was reviewed, and consent was signed. Her husband is her designated power of attorney, and she is a full code. She was diagnosed with metastatic carcinoma in January 2024 and has undergone a double mastectomy with chemotherapy and radiation. One month ago, she experienced a seizure along with double vision in the left eye and blurry vision in the right eye. The cancer has metastasized to the leptomeninges. An Ommaya reservoir was surgically inserted in the intraventricular space for chemotherapy administration, which she receives every Tuesday and Friday. She has a known allergy to dexamethasone. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, her skin is warm and dry, mucous membranes are pink, breath sounds are clear bilaterally, and the abdomen is soft and non-tender with active bowel sounds in all quadrants. No lower extremity swelling was observed. She ambulates with a walker, though her gait is unsteady and unbalanced. Her appetite is poor, but she supplements her intake with Ensure at each meal. Her mother-in-law, who lives nearby, assists with caregiving while her husband is at work. The family has been informed that even with chemotherapy, her life expectancy is less than one year. Vital signs are stable.
 Date of Order 09/22/2025 Orders Physician Face-to-Face Date: 09/10/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Malignant Neoplasm Of Upper-Inner Quadrant Of Left Female Breast 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: Physician Tennyson, Ashley

SN Careplans

SN WK1: 1 (09/22/25-09/27/25)

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

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 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:Durable power of attorney for health care/Medical power of attorney

SN Goals

PATIENT-STATED GOAL: Feel better and do not want to have another seizure

GOALS
patient/caregiver recalls
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 09/22/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Ashley Tennyson
12255 Fair Lakes Pkwy
Fairfax, VA 22033
PHONE: 7032876400 FAX: NPI: 1811283385

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 : 09/10/2025

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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PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, M1033 - Exhaustion, nausea/vomiting, constipation, limited strength, limited endurance, Pain Interference with ADLs, daytime fatigue, difficulty sleeping, headache, balance deficit, seizures, Pain Interference with Therapy activities, Pain Effect on Sleep, loss of appetite

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

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, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * strategies to increase caloric intake, related medication(s) purpose, schedule, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * migraine/headache prevention including lifestyle changes home remedies dietary modifications to reduce or eliminate triggers alternative medicines such as acupuncture and biofeedback, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* migraine/headache prevention including lifestyle changes
* home remedies
* dietary modifications to reduce or eliminate triggers
* alternative medicines such as acupuncture and biofeedback
* 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 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
* 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
* strategies to increase caloric intake
* 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 is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/22/2025