Home Health Certification and Plan of Care

Order ID: 1163/400

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4G45CD6WT97	10/22/2025	From: 10/22/2025 To: 12/19/2025	549	497754

6. Patient's Name and Address

Atnafework Gebretsadik
2021 N Nelson St APT 318,
ARLINGTON, VA 22207-
571-244-9438

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 02/03/1939 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S72.011D	Unsp intracap fx right femur subs for clos fx w routn heal	10/22/25

13. ICD	Other Pertinent Diagnoses	Date
Z96.641	Presence of right artificial hip joint	10/22/25
S22.32XD	Fracture of one rib left side subs for fx w routn heal	10/22/25
S42.311D	Greenstick fx shaft of humer r arm 7thD	10/22/25
M19.90	Unspecified osteoarthritis unspecified site	10/22/25
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	10/22/25
N18.6	End stage renal disease	10/22/25
D63.1	Anemia in chronic kidney disease	10/22/25
Q27.30	Arteriovenous malformation site unspecified	10/22/25
E78.5	Hyperlipidemia unspecified	10/22/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/22/25
G62.9	Polyneuropathy unspecified	10/22/25
I70.0	Atherosclerosis of aorta	10/22/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/22/25
G31.9	Degenerative disease of nervous system unspecified	10/22/25
K59.00	Constipation unspecified	10/22/25
B18.2	Chronic viral hepatitis C	10/22/25
M48.061	Spinal stenosis lumbar region without neurogenic claud	10/22/25
Z99.2	Dependence on renal dialysis	10/22/25
Z91.81	History of falling	10/22/25

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

Amlodipine - Amlodipine Besylate 2.5 mg tablet,Take 1 tablet by mouth once a day each day
iron-vitamin C 65 mg iron- 125 mg,Take 1 tablet by mouth once a day
calcium carbonate-vitamin D3 500mg-5 mcg (200 unit) per tablet,Take 1 tablet by mouth in the morning Take 1 tablet by mouth in the morning and 1 tablet before bedtime.
Pantoprazole Sodium - Pantoprazole Sodium 40 mg 1 tab by mouth twice a day for GERD
Calcium Acetate - Calcium Acetate 667 mg, 1 tab by mouth twice a day
Gabapentin - Gabapentin 100 mg 1 tab by mouth twice a day

14. DME and Supplies:

rolling walker, wheelchair, bath bench, commode, walker, 4 wheeled walker

15. Safety Measures:

transfer with assist, wheelchair precautions, , ambulates with device, ambulates with assistance, walker precautions, , , bathroom safety, activity supervision

16. Nutrition:

renal diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Up As Tolerated, Exercises Prescribed,

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: fair

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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Unspecified Intracapsular Fracture Of Right Femur, 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.

Clinical Condition Requiring Homecare: The patient is an 86-year-old Ethiopian female who was admitted to the agency following an open reduction and internal fixation (ORIF) procedure after a right hip hemiarthroplasty performed on July 15, 2025, due to an acute, unspecified right femoral neck fracture. The patient initially presented to Virginia Hospital Center on July 14, 2025, with severe right leg pain and was diagnosed with the fracture. Following the hemiarthroplasty, she required a postoperative blood transfusion secondary to anemia and was subsequently transferred to Carlin Springs Rehabilitation Center for further recovery. During her rehabilitation stay, the patient sustained an additional unspecified fall that resulted in a right humeral shaft fracture, which required ORIF with bone grafting. She continues to wear a right shoulder sling for immobilization. Her past medical history is significant for arteriovenous malformation (AVM), end-stage renal disease (ESRD) requiring dialysis, hypertension, hyperlipidemia, osteoarthritis, atherosclerotic heart disease of native coronary arteries without angina, aortic atherosclerosis, gastroesophageal reflux disease (GERD), lumbar and sacral spinal stenosis without neurogenic claudication, history of appendicitis with laparoscopic appendectomy, previous falls, and a left 10th rib fracture. The patient resides alone in an apartment and utilizes interpreter services for communication, as she speaks Amharic. A private caregiver and home health aide (HHA) assist her Monday through Friday from 8:00 a.m. to 5:00 p.m. She is currently fully dependent on her HHA for all activities of daily living (ADLs), including grooming, dressing, bathing, toileting, medication management, meal preparation, and transfers. Although she has been cleared to bathe in a tub or shower, she is unable to access the tub safely and therefore performs sponge baths at the sink. Prior to this recent hospitalization, the patient and her caregiver report that she was independent in all ADLs and functional mobility. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented to person and place, denied vision or hearing impairment, and required assistance from her caregiver for translation. She demonstrated significant decreases in lower extremity strength, joint mobility, activity tolerance, endurance, and standing and ambulation capacity. A home exercise program (HEP) was initiated during this visit, with seated and standing bilateral lower

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/22/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Kaveh Parvaresh
611 S Carlin Springs Rd Ste 309
Arlington , VA 22204
PHONE: 7036718444 FAX: 17036712476 NPI: 1497702948

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 : 10/06/2025

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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extremity therapeutic exercises, transfer training, and ambulation instruction. Education was provided to both the patient and caregiver regarding home safety, appropriate mobility techniques, and exercise performance. Both verbalized understanding and agreement with the plan. The patient would benefit from continued skilled physical therapy services to improve strength, endurance, balance, and overall functional mobility, enhance safety with transfers and ambulation, and maximize independence in daily activities with the goal of returning to her prior level of function.
 Date of Order 10/22/2025 Orders Physician Face-to-Face Date: 10/06/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Unspecified Intracapsular Fracture Of Right Femur, 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 - PT Notes: soc OT Eval Notes:
 Physician Parvaresh, Kaveh

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (10/22/25-10/25/25) ,WK2: 1 (10/26/25-11/01/25) ,WK3: 1 (11/02/25-11/08/25) ,WK4: 1 (11/09/25-11/15/25) ,WK5: 1 (11/16/25-11/22/25) ,WK6: 1 (11/23/25-11/29/25)

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 > 7

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

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, 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, GG0170F1 - Toilet Transfer, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, Pain Effect on Sleep, Pain Interference with ADLs

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver. , home exercise program: Seated and/or supine therex 10-20 reps: marches, hip add pillow squeezes, hip AROM, HR/TR, ankle pumps, iso quad sets, iso glute max squeezes, heel slides, clams, sit to stands, standing tolerance exercises, gait training/stair training, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: * 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, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, 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, Picking Up Object - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To be able to return to walking between rooms, asc/desc stairs within home, and be able to step into tub shower to bathe in his bathroom

GOALS
patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* 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

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

Picking Up Object - 04. Supervision or touching assistance

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

10/22/2025

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PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

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

PATIENT-STATED GOAL: I want to be able to use my right arm again to eat and get dressed

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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/22/2025