Home Health Certification and Plan of Care

Order ID: 1163/534

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
U8611633701	11/20/2025	From: 11/20/2025 To: 01/18/2026	714	497754

6. Patient's Name and Address

Leighann Vincent
13248 Nancy Ct,
VIENNA, VA 22183-
703-730-8230

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 03/29/1978 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
D64.9	Anemia unspecified	11/20/25

13. ICD	Other Pertinent Diagnoses	Date
R80.9	Proteinuria unspecified	11/20/25
E11.29	Type 2 diabetes mellitus w oth diabetic kidney complication	11/20/25
I10.	Essential (primary) hypertension	11/20/25
J45.909	Unspecified asthma uncomplicated	11/20/25
M79.7	Fibromyalgia	11/20/25
N83.202	Unspecified ovarian cyst left side	11/20/25
Z79.4	Long term (current) use of insulin	11/20/25

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

Isosorbide Mononitrate - Isosorbide Mononitrate 30 mg tablet,1 tab(s) by mouth once a day Sig: 1 tab(s) orally once a day (in the morning) Start Date: 10/23/2025
Prasugrel - Prasugrel 10 mg tablet,1 tab(s) by mouth once a day
Isosorbide Mononitrate - Isosorbide Mononitrate 30 mg tablet, 1 tab(s) by mouth once a day 1 tab(s) orally daily Start Date: 08/05/2025
Rosuvastatin Calcium - Rosuvastatin Calcium 40 mg tablet, 1 tab(s) by mouth once a day 1 tab(s) orally once a day
Vitamin B - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox TAKE 1 CAPSULE by mouth once a day Taking Triphrocaps Vitamin B Complex with C and Folic Acid capsule, Sig: TAKE 1 CAPSULE BY MOUTH EVERY DAY FOR 90 DAYS
Lantus Solostar - Insulin Glargine Recombinant Pen 100 units/mL solution, 14 units subcutaneously subcutaneous twice a day Taking Lantus Solostar Pen 100 units/mL solution, Sig: 14 units subcutaneously twice a day Start Date: 12/27/2024, Notes: E11.65
Metoprolol - Hydrochlorothiazide: Metoprolol Succinate 25 mg capsule , 1 tab(s) by mouth once a day
Saxagliptin - Saxagliptin 5 mg tablet, 1 tab(s) by mouth once a day 1 tab(s) orally once a day Start Date: 01/27/2025
Albuterol Inhaler - Albuterol 90 mcg/inh , 2 puff(s) inhalant four times a day Taking albuterol CFC free 90 mcg/inh aerosol with adapter, Sig: 2 puff(s) inhaled 4 times a day as needed Start Date: 03/13/2012, Notes: need refill
Pantoprazole - Pantoprazole Sodium 40 mg, 1 tab(s) by mouth once a day Taking Albuterol Suifate 2.5 mg/3 mL (0.083%) solution, 2.5 mg/3 mL (0.083%) ,3 mL by nebulizer inhalant every 6 hours Taking Albuterol Suifate 2.5 mg/3 mL (0.083%) solution, Sig: 3 mL by nebulizer every 6 hours Start Date: 08/30/2024
Valsartan - Valsartan 40 mg tablet, 1 tab(s) by mouth twice a day Taking valsartan 40 mg tablet, Sig: 1 tab(s) orally 2 times a day
VITAMIN D3 1 tab (2000 IU) by mouth once a day with water and a meal
magnesium supplement 250 mg by mouth once a day daily with water and a meal
Berberine hydrochloride 1,500 mg by mouth three times a day 3 caps daily 1 before ea meal
Cephalexin - Cephalexin eq 500 mg base 1 tab by mouth four times a day for 7 days
Bayer Aspirin - Aspirin 1 tab, 81 mg by mouth as necessary take 4 to 8 tabs every 4 hours not to exceed 48 tabs in 24 hours unless directed by a doctor
vision shield advance eye supplement 2 soft gels by mouth once a day take 2 soft gels daily; vit c, vit e, zinc, copper, lutein, zeaxanthin
triphrocaps softgel 1 caps by mouth once a day

14. DME and Supplies:

grab bars, walker, wheelchair, rolling walker, diabetic supplies, bath bench, 4 wheeled walker

15. Safety Measures:

walker precautions, , non-slip surface in tub, , , diabetic precautions, cardiac precautions, bathroom safety, , aspiration precautions, ambulates with device,

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

penicillin codeine darvocet bactrim lisinopril benicar tramdol morphine

18.A. Functional Limitations

Ambulation, Endurance

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: 0. Never, SOCIAL ISOLATION: 1. Rarely, 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

patient will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 11/20/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sohail Moussavi
12731 Marblestone Dr Ste 200
Woodbridge, VA 22192
PHONE: 7038974700 FAX: 17038976603 NPI: 1265521611

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 : 10/23/2025

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: 1163/534

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
U8611633701	11/20/2025	From: 11/20/2025 To: 01/18/2026	714	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Leighann Vincent 13248 Nancy Ct, VIENNA, VA 22183- 703-730-8230	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Homebound status: Due to diagnosis of Anemia 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 47-year-old female referred to home health physical therapy following a recent hospitalization for aspiration pneumonia and ongoing right lower-extremity wound care; her past medical history is significant for two prior comas, two myocardial infarctions, insulin-dependent type 2 diabetes mellitus, hypertension, asthma, fibromyalgia, chronic anemia with multiple blood transfusions (Oct 2024, Mar 2025, Aug 2025), and a traumatic RLE injury from an electric scooter that has required ongoing wound management since October 2025. The wound clinic has reported concern for possible multiple myeloma, which remains unconfirmed by the primary care provider. She lives with her mother in a multilevel home but has stair lifts available; she ambulates indoors and outdoors with either a rolling walker or a rollator (prefers the rollator for ease), and requires additional time and activity pacing to complete basic ADLs. On evaluation she demonstrated decreased bilateral lower-extremity strength, reduced endurance and standing tolerance, impaired balance, and deficits in functional mobility that limit independence and increase fall risk; these impairments necessitate assistance with grooming, dressing, bathing, toileting, and medication/meal management. Interventions during the start-of-care PT visit included instruction and demonstration of a home exercise program (seated and standing lower-extremity therapeutic exercises), transfer and ambulation training with assistive device, pacing strategies, and respiratory capacity training with incentive spirometry; patient and family participated in education and verbalized understanding. Ongoing skilled physical therapy is recommended to increase lower-extremity strength, endurance, standing and walking tolerance, balance, and safe functional mobility with the goal of preventing further decline and maximizing return to prior level of function; continued coordination with wound care, primary care, and the patient's medical team is advised to address the unresolved diagnostic concerns and optimize medical management.
 Date of Order 11/20/2025 Orders Physician Face-to-Face Date: 10/23/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Anemia 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: soc Physician Moussavi, Sohail

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (11/20/25-11/22/25) ,WK2: 1 (11/23/25-11/29/25) ,WK3: 1 (11/30/25-12/06/25) ,WK4: 1 (12/07/25-12/13/25) ,WK5: 1 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 60 > 100, respiratory rate < 8 > 24, blood pressure systolic < 100 > 150, blood pressure diastolic < 60 > 90, O2 saturation < 90 > 100, pain < 0 > 6

CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area

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: 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, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M2020 - Oral Med Management, M1400 - Dyspnea, limited endurance, limited strength, muscle weakness, Pain Effect on Sleep, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, #1 - Other - Other - Right Lower extremity -

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver. , incentive spirometer, home exercise program: Seated therex BLE, 1-2x10, 1-2x/daily: sit to stands, marches, LAQ, clams, hip add with pillow squeezes x3-5 sec holds, HR/TR, standing tolerance exercises, gait training/stair training, transfers training, therapeutic

PT Goals

PATIENT-STATED GOAL: To feel stronger and better balanced in BLE to be able to sit/stand with ease and to tol walk around home/between rooms with improved strength, endurance and tolerance for standing and walking.

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

Car Transfer - 06. Independent

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

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

Sit to Stand - 06. Independent

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/20/2025

Home Health Certification and Plan of Care

Order ID: 1163/534

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
U8611633701	11/20/2025	From: 11/20/2025 To: 01/18/2026	714	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Leighann Vincent 13248 Nancy Ct, VIENNA, VA 22183- 703-730-8230	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

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, * 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, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Sit to Stand - 06. Independent, Car Transfer - 06. Independent, 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/20/2025