Home Health Certification and Plan of Care

Order ID: 1163/324

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H57408515	09/29/2025	From: 09/29/2025 To: 11/26/2025	372	497754

6. Patient's Name and Address
Teresa Essiaw
8409 Tackhouse Loop,
GAINESVILLE, VA 20155-
703-869-5102

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 06/17/1948 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I11.0	Hypertensive heart disease with heart failure	09/29/25

13. ICD	Other Pertinent Diagnoses	Date
I50.33	Acute on chronic diastolic (congestive) heart failure	09/29/25
J96.01	Acute respiratory failure with hypoxia	09/29/25
M25.562	Pain in left knee	09/29/25
M25.561	Pain in right knee	09/29/25
M25.571	Pain in right ankle and joints of right foot	09/29/25
G89.29	Other chronic pain	09/29/25
I48.0	Paroxysmal atrial fibrillation	09/29/25
I48.92	Unspecified atrial flutter	09/29/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/29/25
E78.5	Hyperlipidemia unspecified	09/29/25
D50.9	Iron deficiency anemia unspecified	09/29/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/29/25
E66.812	Obesity class 2 (E66.812	09/29/25
Z68.36	Body mass index [BMI] 36.0-36.9 adult	09/29/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	09/29/25
Z79.01	Long term (current) use of anticoagulants	09/29/25
Z79.82	Long term (current) use of aspirin	09/29/25

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

Amlodipine Besylate - Amlodipine Besylate 10 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN Hold for SBP less than 110

Eliquis - Apixaban 5 MG , Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for Paroxysmal Atrial Flutter

Aspirin 81Mg - Aspirin 81 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HX of CVA

Atorvastatin Calcium - Atorvastatin Calcium 10 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for Cholesterol control

Carvedilol - Carvedilol 12.5 MG , Give 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for HTN with meals , hold for SBP less than 110

Diclofenac Sodium - Diclofenac Sodium Gel 1 % , Apply to left knee/ Right ankle topical three times a day Apply to left knee/ Right ankle topically three times a day for pain 2gm per application. Max 8gm per day

Furosemide - Furosemide 40 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for CHF

Lisinopril - Lisinopril 40 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for HTN Hold for SBP less than 110

Pantoprazole Sodium - Pantoprazole Sodium 40 MG , Give 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for GERD

Acetaminophen - Acetaminophen 325 MG , Give 2 tablet by mouth three times a day Give 2 tablet by mouth three times a day for pain

14. DME and Supplies:
wheelchair, rolling walker, bath bench, commode, grab bars, hospital bed, cane

15. Safety Measures:
medication safety, walker precautions, fall precautions, bleeding precautions, ambulates with device, supervision at all times, wheelchair precautions, standard precautions, knee precautions, cardiac precautions, anticoagulant precautions, bathroom safety

16. Nutrition:
cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Speech, Endurance, Ambulation

18.B. Activities Permitted
Wheelchair, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive heart disease with heart failure, 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 77-year-old African American female residing with her son Frank, who is also her primary caregiver. She was admitted to home health services following recent hospitalization and discharge from a skilled nursing facility due to significant muscle weakness, atrophy, and functional decline secondary to a history of multiple cerebrovascular accidents (CVAs), the most recent of which has left her nonverbal with aphasia. Although she does not have advance directives or a designated durable power of attorney, all admission documents were signed by the patient and reviewed with her son. She is currently a full code. Her medical history is complex and includes congestive heart failure (CHF), hypertension, atrial fibrillation, cerebral infarct, transient ischemic attack (TIA), osteoarthritis in both knees, iron deficiency anemia, hyperlipidemia, and muscle wasting. The patient is obese at 341 lbs (5'9") and presents with non-pitting edema in her ankles and feet, but her vital signs are stable. Skin and mucous membranes are within normal limits, and her appetite and swallowing remain intact. Medications were reviewed and reconciled with the caregiver; no known drug allergies were reported. The patient is functionally dependent and uses a wheelchair for all mobility and activities of daily living (ADLs), although she is able to ambulate short distances (up to 10 feet) with a rolling walker and maximum physical assistance. She requires moderate to maximum assistance for transfers, ambulation, and all basic ADLs including bathing, grooming, toileting, dressing, and medication management. Her right upper and lower extremities are significantly impaired due to residual CVA symptoms, and she is unable to maintain a grip on assistive devices without verbal and tactile cueing. She is currently nonverbal but responsive to verbal commands. The patient sleeps in a hospital bed located in the basement of a multi-story home, wears an adult diaper for incontinence protection, and requires close supervision to avoid aspiration during meals. Home exercise program (HEP) was initiated during this session to include supine lower extremity exercises and training for safe transfers and ambulation. Education was provided to both the patient and her son on safe mobility, use of assistive devices, and fall prevention strategies. The patient would benefit from continued skilled physical therapy services to improve strength, endurance, standing tolerance, balance, and functional mobility in order to prevent further decline and promote safety within the home environment.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 09/29/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 08/25/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat dx: Hypertensive

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 09/29/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Parimal Desai
9001 Digges Rd Suite 104
Manassas, VA 20110
PHONE: 7033695000 FAX: 17033695003 NPI: 1134113285

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 : 08/25/2025

27. Attending Physician's Signature and Date Signed **11/12/2025** 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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9735 Main Street Suite 200 Fairfax,
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703-865-7370
1073904009

heart disease with heart failure
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - SN Notes:
 PT Eval Notes: <o:p></o:p> Physician: Desai, Parimal

SN Careplans

SN WK1: 2 (09/29/25-10/04/25) ,WK2: 2 (10/05/25-10/11/25)

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: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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, A1250 - Lack of Necessary Transportation, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, abnormal blood pressure (CR), dependent edema, weak pulses in feet, M1400 - Dyspnea, M1033 - Exhaustion, increased urine output, frequent urination, muscle weakness, swelling of affected area, balance deficit, withdrawal from conversations, obesity

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange transportation services

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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 modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, 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's transportation needs are met, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: Caregiver would like for his mother to be able to walk and talk

GOALS
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
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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 keep home safe for patient with dementia
* coping strategies for the caregiver
* 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's transportation needs are met

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (09/29/25-10/04/25) ,WK2: 1 (10/05/25-10/11/25) ,WK3: 1 (10/12/25-10/18/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, 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., home exercise program: Supine therex BLE, 2x10, 1-2x/daily: clams, heel slides/knee flex, marches, add with pillow squeezes, LAQ, HR/TR, ankle pumps, 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 - 01. Dependent, Chair to Bed to Chair - 01. Dependent, Walk 10 Feet - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance

PT Goals

PATIENT-STATED GOAL: Expressed via caregiver son: To improve strength in BLE to be able to stand and walk again even for short distances around home/between rooms in her basement level living quarters of their home with RW or Rollator

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

Sit to Stand - 01. Dependent

Chair to Bed to Chair - 01. Dependent

Walk 10 Feet - 03. Partial/moderate assistance

1 - Step (curb) - 03. Partial/moderate assistance

Signature of Physician:

Date

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

Date
09/29/2025