Home Health Certification and Plan of Care

Order ID: 1163/633

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
999412278	12/17/2025	From: 12/17/2025 To: 02/14/2026	454	497754

6. Patient's Name and Address
Louise Fairley
5525 Sideburn Rd,
FAIRFAX, VA 22032-
703-503-3347

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 02/22/1955 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
J44.9	Chronic obstructive pulmonary disease unspecified	12/17/25

13. ICD	Other Pertinent Diagnoses	Date
J47.9	Bronchiectasis uncomplicated	12/17/25
E11.9	Type 2 diabetes mellitus without complications	12/17/25
I11.0	Hypertensive heart disease with heart failure	12/17/25
I50.32	Chronic diastolic (congestive) heart failure	12/17/25
I48.91	Unspecified atrial fibrillation	12/17/25
I87.2	Venous insufficiency (chronic) (peripheral)	12/17/25
G81.94	Hemiplegia unspecified affecting left nondominant side	12/17/25
E78.5	Hyperlipidemia unspecified	12/17/25
R32.	Unspecified urinary incontinence	12/17/25
D84.81	Immunodeficiency due to conditions classified elsewhere	12/17/25
M79.7	Fibromyalgia	12/17/25
R41.841	Cognitive communication deficit	12/17/25
E87.1	Hypo-osmolality and hyponatremia	12/17/25
B35.6	Tinea cruris	12/17/25
N32.81	Overactive bladder	12/17/25
K59.00	Constipation unspecified	12/17/25
R13.10	Dysphagia unspecified	12/17/25
Z90.01	Acquired absence of eye	12/17/25
E66.01	Morbid (severe) obesity due to excess calories	12/17/25
Z68.41	Body mass index [BMI] 40.0-44.9 adult	12/17/25
Z79.01	Long term (current) use of anticoagulants	12/17/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	12/17/25
Z86.718	Personal history of other venous thrombosis and embolism	12/17/25
Z86.711	Personal history of pulmonary embolism	12/17/25

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

Klor-Con M10 - Potassium Chloride 10 mEq , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for 4 days
Warfarin - Warfarin Sodium 4 mg , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily (Patient not taking: Reported on 9/18/2025)
Tylenol - Acetaminophen 500 mg , Take 1 to 2 tablets by mouth every 6 hours Take 1 to 2 tablets (500-1,000 mg) by mouth every 6 (six) hours as needed for pain
Lyrica - Pregabalin 300 mg , Take 1 capsule by mouth twice a day Take 1 capsule by mouth 2 times a day
Lipitor - Atorvastatin Calcium 40 mg , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for cholesterol and to help lower risk of heart attack or stroke
Triamcinolone Acetonide (ARISTOCORT/KENALOG) 0.1 % ointments Apply to affected areas topical twice a day Apply to affected area(s) 2 times a day
Mycostatin - Nystatin 100,000 unit/gram , powder Apply to affected area's topical once a day Apply to affected area(s) daily
Lasix - Furosemide 40 mg , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Proventil - Albuterol 2.5 mg /3 mL (0.083 %) , Use 3 mL via nebulize nasal every 4 hours Use 3 mL via nebulizer every 4 hours as needed (1 vial = 3 mL)
Jardiance - Empagliflozin 25 mg , Take 1 tablet by mouth in the morning Take 1 tablet by mouth every morning
Claritin - Loratadine 10 mg , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily as needed
Pepcid - Famotidine 20 mg , Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day (Patient not taking: Reported on 9/18/2025)
LIDOCAINE PAIN RELIEF 4 % Top PTMD Patch 4 % , Apply 1 Patch to skin topical once a day Apply 1 Patch to skin daily as needed , may remain in place for up to 12 hours in a 24-hour period
Restasis - Cyclosporine 0.05 % , Instill 1 Drop in both eyes both eyes twice a day Instill 1 Drop in both eyes 2 times a day
Ditropan Xl - Oxybutynin Chloride 10 mg , Take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Narcan - Naloxone Hydrochloride 4 mg/actuation , Spray in 1 nostril (nasal spray) nasal as necessary Spray in 1 nostril if not breathing/responding. Call 911. If still not breathing/responding,

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/17/2025

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 : 12/02/2025

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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use new spray in 2 to
3 minutes in other
nostril. For suspected
opioid overdose use
only
Albuterol (PROAIR/PROVENTIL/VENTOLIN) 90 mcg/actuation Inhl HFAA 90 mcg/actuation , Inhale 2 to 4 puffs inhalant every 6 hours Inhale 2 to 4 puffs into spacer every 6
hours as needed for
cough/shortness of
breath (rescue
inhaler)
Budesonide-Formoterol (BREYNA) 160-4.5 mcg/actuation Inhl HFAA 160-4.5 mcg/actuation , Inhale 2 puffs inhalant twice a day Inhale 2 puffs by
mouth 2 times a day
Spiriva Respimat - Tiotropium Bromide 2.5 mcg/actuation , Inhale 2 puffs inhalant once a day Inhale 2 puffs by
mouth daily

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

15. Safety Measures:
diabetic precautions, , , cardiac precautions,

16. Nutrition:
diabetic,

17. Allergies:
amitriptyline ampicillin aspirin gabapentin ibuprofen iodine lisinopril orlistat pen gatorade

18.A. Functional Limitations
Bowel/Bladder Incontinence, Endurance,

18.B. Activities Permitted
Bedrest BRP

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: 0. Never, 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
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Chronic Obstructive Pulmonary Disease 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 70-year-old female admitted to home health services for skilled nursing and physical therapy following a cerebrovascular accident (CVA) with resultant left-sided hemiplegia and profound functional decline. She resides in a multi-level home with her husband, who serves as her primary caregiver. The patient is alert and oriented to person, place, time, and situation (A&O x4). A comprehensive head-to-toe nursing assessment revealed skin that is clean, dry, and intact, with no evidence of breakdown. The patient has experienced two recent falls-one at home and one during a rehabilitation stay-without reported injury. She utilizes a continuous glucose monitor (CGM) for blood sugar management. The patient's past medical history is significant for type 2 diabetes mellitus, chronic obstructive pulmonary disease, atrial fibrillation, hypertension, hyperlipidemia, coronary artery disease, fibromyalgia, obesity, left lower extremity contracture, and right eye enucleation. Her spouse reports that the patient's right eye prosthetic was lost during her rehabilitation stay. The patient is currently bedbound with severe left-sided weakness secondary to her CVA. She sleeps in a hospital bed located on the first floor of the home and has private caregiver assistance seven days per week from 11:00 a.m. to 6:00 p.m., in addition to care provided by her husband. Physical therapy evaluation revealed significantly impaired strength, endurance, trunk and postural control, and overall functional mobility. According to the husband, the patient has been unable to stand or ambulate since July and had progressive strength and mobility deficits for approximately one year prior to that time. The patient is unable to stand, walk, transfer, or reposition herself independently and requires maximum assistance from one to two persons at all times for safety. She requires maximum assistance of two persons to transition from supine to sitting at the edge of the bed and to maintain seated posture due to poor trunk control, with additional reliance on bed rails for support. She is unable to achieve a standing position and cannot perform pivot or stand transfers. The patient is dependent for all activities of daily living, including grooming, bathing, toileting, feeding, and transfers. Toileting is managed with the use of incontinence briefs and absorbent pads layered on the hospital bed. She requires a manual wheelchair for all indoor and outdoor mobility and activities of daily living and is identified as needing a standard wheelchair to appropriately meet her mobility needs. Additional durable medical equipment in the home includes a shower bench and bedside commode. The patient would benefit from continued skilled nursing services to monitor medical status, manage chronic conditions, and reinforce caregiver education. Skilled physical therapy services are indicated to address bed mobility, seated balance at the edge of the bed, strength, and overall functional mobility as tolerated. Ongoing therapy will focus on caregiver training, prevention of secondary complications, and maximizing safety, comfort, and quality of life within the home environment while preparing the patient for potential future functional transfers as feasible.
 Date of Order 12/17/2025 Orders Physician Face-to-Face Date: 12/02/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's msw due to Chronic Obstructive Pulmonary Disease 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 - SN Notes: soc OT Eval Notes: PT Eval Notes: Physician Abdulsalam, Farah

Signature of Physician:

Date

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

Date
12/17/2025

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SN Careplans

SN WK1: 1 (12/17/25-12/20/25) ,WK2: 1 (12/21/25-12/27/25) ,WK3: 1 (12/28/25-01/03/26) ,WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26)

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: 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: A1250 - Lack of Necessary Transportation, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, itchy/runny nose, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Incontinence, poor muscle tone, limited strength, limited endurance, limited range of motion, muscle weakness, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, apply compression bandage, physician-ordered wound care, glucose testing via monitor, monitor intake & output, bladder training, home exercise program, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange transportation services, monitor dialysis schedule

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 modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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, * 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, 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, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: I do not want to go back to the Hospital or to rehab

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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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
* 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
* 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

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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 help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* 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
* strategies to minimize fatigue and exhaustion including work simplification

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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* 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

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (12/17/25-12/20/25) ,WK3: 1 (12/28/25-01/03/26) ,WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 Dyspnea, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170F1 - Toilet Transfer, GG0170A1 - Roll left & Right, GG0170B1 - Sit to Lying, GG0170C1 - Lying to sitting/bed, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver., home exercise program: supine therex w/ caregiver vc/tc and demo, BLE: LAQ, marches, heel slides/AROM knee flex, ankle pumps, HR/TR, clams, hip add pillow squeezes, 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, Roll left & Right - 06. Independent, Sit to Lying - 06. Independent, Lying to sitting/bed - 06. Independent, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent

PT Goals

PATIENT-STATED GOAL: Via word of husband on behalf on pt because unable to effectively engage pt: To see if pt can gain any strength or general improvement given her current physical and functional status and h/o due to her extensive med history

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

Roll left & Right - 06. Independent

Sit to Lying - 06. Independent

Lying to sitting/bed - 06. Independent

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

OT Careplans

OT WK1: 1 (12/17/25-12/20/25) ,WK2: 1 (12/21/25-12/27/25) ,WK3: 1 (12/28/25-01/03/26) ,WK4: 1 (01/04/26-01/10/26) ,WK5: 1 (01/11/26-01/17/26) ,WK6: 1 (01/18/26-01/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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, incentive spirometer, 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, * 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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 01. Dependent, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: I want to get stronger and better with getting up and sitting on the side of the bed.

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 01. Dependent

Lower Body Dressing - 01. Dependent

Upper Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 01. Dependent

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
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