Home Health Certification and Plan of Care

Order ID: 1163/656

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
12100815	12/17/2025	From: 12/17/2025 To: 02/14/2026	846	497754

6. Patient's Name and Address
Deborah Poe
5826 Valley View Drive,
Alexandria, VA 22310-
571-257-6742

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 03/30/1961 | **9.Sex** Female

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

Folic Acid - Folic Acid 1 mg oral tablet by mouth once a day
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 Tablet oral by mouth once a day
thiamine mononitrate 100mg oral tablet by mouth once a day
Spironolactone - Spironolactone 50 mg by mouth twice a day Edema

11. ICD	Principal Diagnosis	Date
E87.1	Hypo-osmolality and hyponatremia	12/17/25

13. ICD	Other Pertinent Diagnoses	Date
E87.6	Hypokalemia	12/17/25
E83.39	Other disorders of phosphorus metabolism	12/17/25
I10.	Essential (primary) hypertension	12/17/25
S22.42XD	Multiple fx of ribs left side subs for fx w routn heal	12/17/25
D64.9	Anemia unspecified	12/17/25
E43.	Unspecified severe protein-calorie malnutrition	12/17/25
F32.A	Depression unspecified	12/17/25
F10.239	Alcohol dependence with withdrawal unspecified	12/17/25
R64.	Cachexia	12/17/25
Z68.1	Body mass index [BMI] 19.9 or less adult	12/17/25
Z91.81	History of falling	12/17/25

14. DME and Supplies:
bath bench, walker, commode, cane

15. Safety Measures:
ambulates with device, , cardiac precautions

16. Nutrition:
low sodium

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted
Walker, Up As Tolerated

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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Hypo-Osmolality And Hyponatremia, 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 64-year-old female admitted to home health services for skilled nursing and therapy management following recent hospitalization. The patient is alert and oriented 4, wears reading glasses, and has no reported hearing impairment. She resides alone in a loft apartment above a garage at her daughter's home and receives intermittent assistance from her daughter, Farrah. The living environment is noted to be cluttered, and the patient requires assistance with navigating stairs to safely enter and exit the home. Past medical history is significant for alcohol dependence, cirrhosis, cachexia, chronic hyponatremia, hypertension, hypokalemia, severe protein-calorie malnutrition, anemia, and a history of rib fractures. A head-to-toe nursing assessment revealed dry, flaky skin with areas of redness noted on both lower extremities. Medication reconciliation was completed, and discrepancies were identified and addressed per agency protocol, with continued coordination recommended between skilled nursing and the patient's physician. Since discharge home, the patient and her daughter report gradual improvement in independence with activities of daily living and functional activities. At the time of physical therapy evaluation, the patient reported significant pain and swelling involving the left great toe, foot, and distal lower extremity. Both the patient and her daughter expressed concern that these symptoms may be related to gout or to the patient's prior use of Lasix, which was recently discontinued secondary to hypotension. They report that recent laboratory work has been completed and are awaiting results. Education was provided to the patient and daughter regarding the importance of notifying skilled nursing and contacting the physician to report ongoing symptoms and to follow up on pending laboratory findings, with both verbalizing understanding and agreement. Functionally, the patient is independent with all basic activities of daily living, including grooming, dressing, bathing, toileting, oral medication management, and meal preparation. She is independent with all transfers and ambulates independently indoors; however, due to left lower extremity pain and swelling, she was advised to use a rolling walker indoors in addition to outdoor use to enhance safety and balance. The patient currently uses a chair for bathing in the tub. Education was provided regarding safe home setup, fall prevention, and mobility strategies within the home environment, as well as gait training with appropriate use of the rolling walker. A home exercise program was initiated, consisting of seated and standing bilateral lower-extremity therapeutic exercises, with the patient and daughter able to verbalize and demonstrate understanding. Based on the evaluation findings, the patient would benefit from continued skilled physical therapy services to improve strength, activity tolerance, gait steadiness, and overall safety with functional mobility in order to promote independence and facilitate return to prior level of function.
 Date of Order 12/17/2025 Orders Physician Face-to-Face Date: 12/13/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat due to Hypo-Osmolality And Hyponatremia 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 PT Eval Notes: OT Eval Notes: Physician Al-Sharr, Abdel

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
Abdel Al-Sharr
6501 Loisdale Ct
Springfiedl, VA 22150
PHONE: 70390221000 FAX: NPI: 1740401710

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 : 12/13/2025

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: 1163/656

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
12100815	12/17/2025	From: 12/17/2025 To: 02/14/2026	846	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Deborah Poe 5826 Valley View Drive, Alexandria, VA 22310- 571-257-6742	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

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) ,WK6: 1 (01/18/26-01/24/26)

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; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, D0700 - Social Isolation, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, A1250 - Lack of Necessary Transportation, M2102c - Med Admin, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, limited endurance, limited strength, poor muscle tone, limited range of motion, muscle weakness, bruising/discoloration, rough/scaly/cracked skin, #1 - Abrasion - Other - bilateral lower legs - no orders

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , 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, coordinate/arrange preparation of missing meals, coordinate/arrange transportation services

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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, 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, * strategies to increase socialization, 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 want to be able to drive again

GOALS
patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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
* 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/caregiver recalls
* strategies to increase socialization
* 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

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

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)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170F1 - Toilet Transfer, 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: therapeutic exercises, Medication Review: Medications reviewed with patient/caregiver., home exercise program: Seated and standing therex 10-20 reps: marches, hip add pillow squeezes, HR/TR, clams, sit to stands, LAQ, SLR hip abd and marches, gait training/stair training, transfers training

PT Goals

PATIENT-STATED GOAL: To walk between rooms indep and out in community with either RW or cane for errands and appointments with better stability, control and balance

GOALS
1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/17/2025

Home Health Certification and Plan of Care

Order ID: 1163/656

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
12100815	12/17/2025	From: 12/17/2025 To: 02/14/2026	846	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Deborah Poe 5826 Valley View Drive, Alexandria, VA 22310- 571-257-6742	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

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)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to be safer with getting in and out of the tub

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

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	12/17/2025