Home Health Certification and Plan of Care

Order ID: 1163/672

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
291008153	01/05/2026	From: 01/05/2026 To: 03/05/2026	928	497754

6. Patient's Name and Address

Martha White
7000 Irwell Ln Unit E,
ALEXANDRIA, VA 22315-
571-444-9847

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 09/26/1923 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	01/05/26

13. ICD	Other Pertinent Diagnoses	Date
I70.0	Atherosclerosis of aorta	01/05/26
M81.0	Age-related osteoporosis w/o current pathological fracture	01/05/26

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

Macrobid - Nitrofurantoin: Nitrofurantoin, Macrocrystalline 75 mg;25 mg 100 mg, Take 1 capsule by mouth at bedtime Take 1 capsule
by mouth daily
at bedtime
Desyrel - Trazodone Hydrochloride 50 mg , Take half tablet by mouth at bedtime Take half
tablet by
mouth daily at
bedtime
Estrace - Estradiol 0.01 % (0.1 mg/gram) Vagl Crea, Insert one-half gram vaginally vaginal two times per week Insert one-half
gram vaginally
twice a week
before bedtime
Garlic - Garlic Tablet , Take by mouth by mouth as necessary Take by mouth
Fish Oil - Cod Liver Oil Tablet,Take by mouth by mouth as necessary Take by mouth
Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Tablet,Take by mouth by mouth as necessary Take by mouth
Biotin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 2.5 mg , Tablet by mouth once a day Take 2.5 mg
by mouth daily
Namenda - Memantine Hydrochloride 10 mg, Take 1 tablet by mouth twice a day Take 1 tablet
by mouth 2
times a day.
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50mcg, 1 tab by mouth in the morning

14. DME and Supplies:

cane, wheelchair, walker

15. Safety Measures:

supervision at all times, non-slip surface in tub, walker precautions, wheelchair precautions, , ambulates with device, ambulates with assistance, activity supervision, bathroom safety

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

codeine

18.A. Functional Limitations

Bowel/Bladder Incontinence, Ambulation, Endurance

18.B. Activities Permitted

Up As Tolerated, Exercises Prescribed,

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: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, 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 Unspecified Dementia, Unspecified Severity, Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, And Anxiety, 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 102-year-old female who presented for physical therapy start of care with diagnoses of unspecified dementia and age-related osteoporosis. According to the patient's daughter, Liisa, who serves as the primary caregiver, the onset of dementia occurred secondary to an adverse reaction to anesthesia during a revision total hip arthroplasty at age 97; prior to this surgical event, the patient reportedly had sharp memory and cognition. Past medical history is significant for atherosclerosis of the aorta, total hip arthroplasty, prior L1-L2 vertebral fractures, recent fall with a history of multiple falls, dementia, age-related osteoporosis, Mnire's disease, and macular degeneration. The patient resides alone in a two-bedroom apartment at Greenspring Senior Living Community and receives 24-hour caregiver assistance in addition to support from her daughter. On Christmas Day, the patient sustained a fall that aggravated a previous L1-L2 fracture, after which she was discharged home with a lumbosacral brace for spinal support. Initiation of physical therapy services was intentionally delayed by the caregiver to allow time for healing and reduction of hip and back soreness to improve tolerance for therapy. Prior to the recent decline, the daughter reports that the patient was ambulatory, though she demonstrated left lower extremity inversion during gait. At the time of evaluation, the patient was

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Uzma Hasan
6551 Loisdale Ct
Springfield, VA 22150
PHONE: 5716222000 FAX: NPI: 1770527814

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 : 12/22/2025

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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Martha White 7000 Irwell Ln Unit E, ALEXANDRIA, VA 22315- 571-444-9847	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

alert but unable to state her name and presented with markedly decreased strength, endurance, standing tolerance, ambulation tolerance, balance, and overall functional mobility. She currently requires complete physical assistance for basic activities of daily living, including grooming, dressing, bathing, toileting, as well as for management of oral medications and meals. The patient wears a back brace consistently, utilizes Salonpas gel, and takes ibuprofen for pain relief. Education was provided to the patient and caregivers regarding safe home setup, mobility within the home, transfer techniques, and ambulation training with a rolling walker. A home exercise program was initiated, including seated and standing bilateral lower extremity therapeutic exercises, with demonstration and instruction provided to the patient and caregivers, who verbalized understanding and agreement. The family reports a time-sensitive functional goal, as the patient will be traveling out of town on 2/17/26 and must be able to ambulate at least 25 feet to access the bathroom in a Florida residence where wheelchair access is not feasible. The patient demonstrates a clear need for skilled physical therapy services to address deficits in strength, endurance, balance, standing and ambulation tolerance, and functional mobility, with the goal of improving safety, increasing independence, and progressing toward return to prior level of function as feasible.
 Date of Order 01/05/2026 Orders Physician Face-to-Face Date: 12/22/2025 Clinical Condition Requiring Home Care per Certifying Physician: PTeval and treat, OT eval and treat msw due to Unspecified Dementia, Unspecified Severity, Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, And Anxiety 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 Hasan, Uzma

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (01/05/26-01/10/26) ,WK2: 2 (01/11/26-01/17/26) ,WK3: 2 (01/18/26-01/24/26) ,WK4: 2 (01/25/26-01/31/26) ,WK5: 2 (02/01/26-02/07/26) ,WK6: 1 (02/08/26-02/14/26)

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

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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:Do not resuscitate (DNR) orders

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170S1 - Wheel 150 feet - 01. Dependent, GG0170R1 - Wheel 50 ft w 2 Turns - 06. Independent, M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, M1400 - Dyspnea, M1610 - Urinary Incontinence, urine retention, limited strength, poor muscle tone, muscle weakness, limited endurance, Pain Interference with Therapy activities, Pain Interference with ADLs, Pain Effect on Sleep, B0200 - Hearing Deficit, B1000 - Vision Deficit

PROCEDURES: home exercise program: Seated/Standing therex BLE, 1-2x10, 1-2x/daily: sit to stands, marches, LAQ, clams, hip add with pillow squeezes, HR/TR, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Toilet Transfer - 01. Dependent, Car Transfer - 06. Independent, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: Deadline of 2/17 to get patient to be able to Walk at least 25 feet to be able to go into bathroom of home in Florida when family goes on vacation cannot get her chair in the space of the bathroom so we need patient to be able to walk confidently in that space on her own when she's down there

GOALS
Toilet Transfer - 01. Dependent

Car Transfer - 06. Independent

Chair to Bed to Chair - 06. Independent

Sit to Stand - 06. Independent

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

OT Careplans

OT WK1: 1 (01/05/26-01/10/26) ,WK2: 1 (01/11/26-01/17/26) ,WK3: 1 (01/18/26-01/24/26) ,WK4: 1 (01/25/26-01/31/26) ,WK5: 1 (02/01/26-02/07/26) ,WK6: 1 (02/08/26-02/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, M1400, Pain Interference with Therapy activities, GG0130A1 - Eating, 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, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene

OT Goals

PATIENT-STATED GOAL: Improve BUE strength for maximum performance and participation with daily activities.

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 medicatio

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

01/05/2026

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PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, gait training/stair training, transfers training

01/12/2026: strengthening 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 medicatio, * 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 relaxatio, Chair to Bed to Chair - 04. Supervision or touching assistance, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 01. Dependent, 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, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 06. Independent, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Oral Hygiene - 01. Dependent, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 01. Dependent, Lower Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 02. Substantial/maximal assistance

documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxatio

Chair to Bed to Chair - 04. Supervision or touching assistance

Sit to Stand - 04. Supervision or touching assistance

Toilet Transfer - 01. Dependent

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

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Oral Hygiene - 01. Dependent

Toileting Hygiene - 01. Dependent

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 01. Dependent

Lower Body Dressing - 01. Dependent

Don/Doff Footwear - 01. Dependent

Eating - 02. Substantial/maximal assistance

Signature of Physician:

Date

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

Date
01/05/2026