Home Health Certification and Plan of Care

Order ID: 1163/725

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
521029014	01/21/2026	From: 01/21/2026 To: 03/21/2026	1002	497754

6. Patient's Name and Address
Eileen Combs
2960 Treadwell Ln,
HERNDON, VA 20171-
703-620-2067

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 05/02/1937 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I48.91	Unspecified atrial fibrillation	01/21/26

13. ICD	Other Pertinent Diagnoses	Date
I11.0	Hypertensive heart disease with heart failure	01/21/26
I50.30	Unspecified diastolic (congestive) heart failure	01/21/26
E03.9	Hypothyroidism unspecified	01/21/26
C50.912	Malignant neoplasm of unspecified site of left female breast	01/21/26
E78.5	Hyperlipidemia unspecified	01/21/26
M81.0	Age-related osteoporosis w/o current pathological fracture	01/21/26
K51.90	Ulcerative colitis unspecified without complications	01/21/26
Z79.811	Long term (current) use of aromatase inhibitors	01/21/26
Z79.01	Long term (current) use of anticoagulants	01/21/26
Z91.81	History of falling	01/21/26

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

Toprol Xl - Metoprolol Tartrate 025 mg Oral 24hr SR Tab / 1 Tablet by mouth once a day
Pradaxa - Dabigatran Etexilate Mesylate 150 mg 150 mg 1 Capsule by mouth every 12 hours Prophylactic
Fosamax - Alendronate Sodium eq 70 mg base eq 70 mg base 1 Tablet by mouth once a week in the morning on an empty stomach with an 8-ounce glass of water, do not lie down for 30 minutes after taking medication. Take for low bone mineral density (osteopenia/osteoporosis)
Norvasc - Amlodipine Besylate eq 5 mg base eq 5 mg base1 Tablet by mouth once a day HTN
Synthroid - Levothyroxine Sodium 0.05 mg **see current annual edition, 1.8 description of special situations, levothyroxine sodium 1 Tablet by mouth in the morning Hypothyroid
(VITAMIN B12 ORAL) cyanocobalamin, vitamin B 12 1000 mcg 1 table by mouth once a day Supplement
(VOLTAREN ARTHRITIS PAIN) Diclofenac Sodium 1 % Top Gel topical four times a day Apply 2 grams topically four times a day As Needed for pain; apply to single elbow, wrist or hand; for hand includes palm/fingers/back of hand
(VITAMIN D ORAL) ergocalciferol, vitamin D2, 2000 mcg 1 tab by mouth once a day Supplement
Multivitamin Oral Tab 1 tab by mouth once a day Supplement
Lialda - Mesalamine 1.2gm 1 table by mouth once a day Colitis
Arimidex - Anastrozole 1 mg I tablet by mouth once a day
Motrin - Ibuprofen 800 mg 800 mg1 Tablet by mouth every 8 hours as needed for pain

14. DME and Supplies:
walker, hand held shower

15. Safety Measures:
hand rails, emergency phone # clearly displayed, , ambulates with device

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

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

18.B. Activities Permitted
Cane

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: good

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 Unspecified Atrial Fibrillation, 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 an 88-year-old White female with no recent hospitalizations who was referred to home health following a fall without apparent injury. The patient slipped on the floor on 12/08/25 and attempted to pull herself up, resulting in the onset of right shoulder and elbow pain. She was evaluated at urgent care, where she underwent observation and diagnostic testing, all of which were within normal limits. The patient denied acute injury, and intake findings were consistent with this report. The patient has a history of arthritis. She is alert and oriented 4, wears hearing aids due to hearing impairment, and has bilateral cataracts. The patient resides alone in a multi-level single-family home following the death of her husband. Her niece, Karen, and nephew are currently visiting from Texas and are assisting with activities of daily living and household tasks through 01/29. Family members are in the process of arranging home health aide services for continued support thereafter. The niece expressed concern that the patient has been spending the majority of her time on the main level of the home, with personal belongings and clothing relocated downstairs. Based on clinical <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, this behavior appears related to the patient's fear of falling on the stairs and decreased activity tolerance, as the patient demonstrated mild fatigue involving both general endurance and respiratory effort after ascending approximately three-quarters of a 12-step staircase to the bedroom. The patient's past medical history is significant for osteoporosis, hyperlipidemia, hypothyroidism, ulcerative colitis, and diastolic heart failure. Functionally,

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Mahvash Mujahid
12255 Fair Oaks Pkwy
Fairfax , VA 22033
PHONE: 7039345700 FAX: NPI: 1902192479

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 : 01/15/2026

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: 1163/725

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
521029014	01/21/2026	From: 01/21/2026 To: 03/21/2026	1002	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Eileen Combs 2960 Treadwell Ln, HERNDON, VA 20171- 703-620-2067	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

the patient is independent with all basic grooming, dressing, bathing, and toileting activities, though she requires some physical assistance with medication management and meal preparation. She is independent with all transfers and ambulates independently indoors using bilateral tripod canes. For outdoor ambulation, she utilizes either a rolling walker or bilateral tripod canes to improve balance and safety. A physical therapy evaluation was completed. Education was provided to the patient and family regarding safe home setup, fall prevention strategies, and safe mobility within the home. Gait training with bilateral tripod canes, stair training, and education regarding the potential benefit and use of an incentive spirometer were initiated. Instructions included proper use and recommended frequency. An incentive spirometer was purchased and is expected to arrive on 01/30, at which time further instruction and review will be provided. A home exercise program was initiated, consisting of seated and standing therapeutic exercises for bilateral lower extremities. The patient and family demonstrated and verbalized understanding and agreement with the plan. Additional recommendations included the use of a medical alert system, a shower chair, personal care services, and enrollment in Meals on Wheels, as the patient lives alone and reports difficulty managing household tasks. The patient would benefit from continued skilled physical therapy services to improve strength, endurance, balance, and safety with ambulation and functional mobility, with the goal of maximizing independence and facilitating a safe return toward her prior level of function.
 Date of Order 01/21/2026 Orders Physician Face-to-Face Date: 01/15/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Unspecified Atrial Fibrillation 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 Mujahid , Mahvash

SN Careplans

SN WK1: 1 (01/21/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26)

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 7. Currently taking 5 or more medications

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program, coordinate/arrange preparation of missing meals, 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 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: I want to walk around in the house like before and go upstairs

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

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (01/21/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26) ,WK5: 1 (02/15/26-02/21/26)

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: incentive spirometer, home exercise program: Seated therex 10-20 reps with tb where applicable: marches, hip add pillow squeezes, HR/TR, clams, sit to stands, LAQ, gait training/stair training, transfers training

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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, 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, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To walk about rooms of home with better ease and go up/down her stairs with confidence and improved strength,

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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

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

4 Steps - 04. Supervision or touching assistance

12 Steps - 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	01/21/2026

Home Health Certification and Plan of Care

Order ID: 1163/725

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
521029014	01/21/2026	From: 01/21/2026 To: 03/21/2026	1002	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Eileen Combs 2960 Treadwell Ln, HERNDON, VA 20171- 703-620-2067	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

OT Careplans

OT WK1: 1 (01/21/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26) ,WK5: 1 (02/15/26-02/21/26) ,WK6: 1 (02/22/26-02/28/26)

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

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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Car Transfer - 06. Independent, 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, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to move my arms better to be able to put/take food out of the microwave.

GOALS
Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

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

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

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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

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

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

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/21/2026