Home Health Certification and Plan of Care

Order ID: 1163/831

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
371285836	02/23/2026	From: 02/23/2026 To: 04/23/2026	1184	497754

6. Patient's Name and Address
Abera Abebe
8052 Donegal Lane,
SPRINGFIELD, VA 22153-
571-276-2112

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 04/28/1962 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I48.0	Paroxysmal atrial fibrillation	02/23/26

13. ICD	Other Pertinent Diagnoses	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	02/23/26
I10.	Essential (primary) hypertension	02/23/26
I44.2	Atrioventricular block complete	02/23/26
E78.5	Hyperlipidemia unspecified	02/23/26
R73.03	Prediabetes	02/23/26
Z79.01	Long term (current) use of anticoagulants	02/23/26
Z95.0	Presence of cardiac pacemaker	02/23/26
Z95.2	Presence of prosthetic heart valve	02/23/26

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

Rosuvastatin Calcium - Rosuvastatin Calcium 40 mg 1 Tablet by mouth at bedtime HLD
Sennosides - Senna 8.6-50 mg 1 tab by mouth twice a day Constipation as needed
Coumadin - Warfarin Sodium 2.5 mg 1 Tablet by mouth once a day Dvt
Acetaminophen - Acetaminophen 500 mg 2 tabs by mouth every 6 hours Mild pain PRN
Amiodarone - Amiodarone Hydrochloride 400 mg 1 tab by mouth twice a day Heart block x 10 days
Amiodarone - Amiodarone Hydrochloride 400 mg 1 table by mouth once a day Heart block
Metoprolol Tartrate - Metoprolol Tartrate 25 mg 1 Tablet by mouth twice a day HTN
PANTOPRAZOLE 40 mg 40 mg oral twice a day Gerd
Refresh Tears - Normal Saline 0.5% both eyes twice a day Dry eyes

14. DME and Supplies:
None of the above

15. Safety Measures:
cardiac precautions, ambulates with assistance

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Up As Tolerated

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

Homebound status: Due to diagnosis of Paroxysmal 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 a 63-year-old African American male who was referred to the hospital by his cardiologist following his annual evaluation and subsequently underwent pacemaker implantation. He was discharged home to a townhouse where he resides with his wife and family. Upon <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented to person, place, time, and situation. Neurological <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed intact facial symmetry and pupils equal, round, and reactive to light. He demonstrated left upper extremity weakness and was observed holding his left arm elevated; he reported left arm pain related to the recent surgical procedure, which he stated is satisfactorily controlled with prescribed analgesic medication. He ambulated independently without the use of an assistive device. Supervision was recommended for stair navigation to ensure safety, and a shower chair was advised to reduce fall risk during bathing activities. Cardiovascular <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> noted bilateral lower extremity edema, with the right foot appearing puffy; the patient was educated on the importance of lower extremity elevation to reduce swelling. The abdomen was soft and non-tender with active bowel sounds in all four quadrants. The patient is continent of bowel and bladder and denied dysuria or burning with urination. He also denied melena, hematuria, easy bruising, or other signs and symptoms of bleeding. The patient is currently prescribed warfarin (Coumadin), which is managed by his physician. Education was reinforced regarding <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-bleeding%20precautions">bleeding precautions</mh>, monitoring for dark stools, unusual bruising, prolonged bleeding, and the importance of adhering to scheduled laboratory monitoring for anticoagulation management. At the time of the visit, the patient was home alone and appeared to be adjusting well post-discharge. His wife serves as the primary caregiver and provides assistance as needed. The plan of care includes continued monitoring of surgical recovery status post pacemaker placement, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> of left upper extremity weakness and pain control, surveillance for signs of infection or complications at the surgical site, monitoring of lower extremity edema, reinforcement of anticoagulation precautions, and ongoing safety education to prevent falls. The patient demonstrates overall stable status with appropriate recovery progress at this time.
 Date of Order 02/23/2026 Orders Physician Face-to-Face Date: 02/17/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Paroxysmal 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 OT Eval Notes:
 Physician Chaudri, Faisal

SN Careplans

SN WK1: 1 (02/23/26-02/28/26) ,WK2: 1 (03/01/26-03/07/26) ,WK3: 1 (03/08/26-03/14/26) ,WK4: 1 (03/15/26-03/21/26) ,WK5: 1 (03/22/26-03/28/26)

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: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12

SN Goals

PATIENT-STATED GOAL: I don't want my hand to hurt

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Faisal Chaudri
6501 Loisdale Ct Ste 1100
Springfield, VA 22150
PHONE: 5716222000 FAX: NPI: 1750430682

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 : 02/17/2026

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.

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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, muscle weakness, swelling of affected area, 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: Demonstrated understanding, coordinate/arrange preparation of missing meals: Wife managed

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, * strategies to increase caloric intake, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

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
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

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

meal preparation is available to patient for all meals

OT Careplans

OT WK1: 1 (02/23/26-02/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, , 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

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 medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent

OT Goals

PATIENT-STATED GOAL: OT evaluation only

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/23/2026