Home Health Certification and Plan of Care

Order ID: 1163/821

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
051047176	02/20/2026	From: 02/20/2026 To: 04/20/2026	1151	497754

6. Patient's Name and Address
Ann Amos
5910 Baron Kent Lane,
CENTREVILLE, VA 20120-
703-631-1608

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 11/27/1936 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G93.40	Encephalopathy unspecified	02/20/26

13. ICD	Other Pertinent Diagnoses	Date
I48.91	Unspecified atrial fibrillation	02/20/26
I48.92	Unspecified atrial flutter	02/20/26
E11.9	Type 2 diabetes mellitus without complications	02/20/26
I10.	Essential (primary) hypertension	02/20/26
E78.5	Hyperlipidemia unspecified	02/20/26
E03.9	Hypothyroidism unspecified	02/20/26
Z79.4	Long term (current) use of insulin	02/20/26
Z79.1	Long term (current) use of non-steroidal non-inflam (NSAID)	02/20/26

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

dorzolamide-timolol 1 drop ophthalmic twice a day
Potassium Chloride - Potassium Chloride 40 mEq by mouth every 4 hours
Eliquis - Apixaban 1 tab by mouth three times a day AM/PM 1 tab ea
Vitamin D-3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 unts by mouth once a day
Lanoxin - Digoxin 0.125 mg 1 tab by mouth once a day
Furosemide - Furosemide 20 mg 1 tab by mouth once a day
Atorvastatin - Atorvastatin Calcium 40 mg / 1 Tablet by mouth once a day
Glipizide - Glipizide 5 mg /1 tablet by mouth before meal every morning before meal
Levothyroxine - Levothyroxine Sodium 50mcg / 1 tablet by mouth before meal in the morning before meal
Lopressor - Metoprolol Tartrate 100 mg / 1 tablet by mouth three times a day 1 TAB AM, 1 TAB NOON, 1 TAB EVENING

14. DME and Supplies:
cane

15. Safety Measures:
ambulates with device, diabetic precautions, bathroom safety, activity supervision

16. Nutrition:
cardiac diet!diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Up As Tolerated, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

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 Encephalopathy 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: Start of care physical therapy <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> completed for an 89-year-old female following recent hospital discharge after being found at home subsequent to reportedly being missing for nearly one day. Her past medical history is significant for encephalopathy, atrial flutter, atrial fibrillation, diabetes mellitus, hypertension, hypothyroidism, and dyslipidemia. Prior to hospitalization, the patient was independent with all basic activities of daily living, including transfers and household ambulation, and required only intermittent assistance from her son, who remains her primary support. At the time of evaluation, both the patient and her son report that she has returned to her baseline level of function since discharge, though she demonstrates slower mobility attributed to deconditioning after approximately one week of bed rest during hospitalization. On examination, the patient is able to perform transfers and ambulate independently; however, gait <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> indicates improved safety and stability would be achieved with the use of a single-point assistive cane (SAC). She demonstrates the physical and cognitive ability to participate in skilled therapy and to follow instructions. Education was provided regarding safe home setup, fall prevention strategies, and proper mobility techniques within the home environment. Gait training was initiated with instruction and practice using a single-point cane to enhance safety during ambulation. A home exercise program was established during this visit, including seated and standing therapeutic exercises targeting bilateral lower extremity strengthening to address mild deconditioning and support improved endurance and balance. The patient was able to verbalize and demonstrate understanding of the exercises and safety recommendations and expressed agreement with the plan of care. The patient would benefit from continued skilled physical therapy services to improve lower extremity strength, gait quality, balance, and overall functional mobility, with the goal of maximizing safety and independence and fully returning to her prior level of function.
 Date of Order 02/20/2026 Orders Physician Face-to-Face Date: 02/09/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat, OT eval and treat due to Encephalopathy 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 - PT Notes: soc
 Physician Azam, Saman

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Saman Azam
12255 Fair Lakes Pkwy
Fairfax, VA 22033
PHONE: 7039345700 FAX: NPI: 1578025268

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 : 02/09/2026

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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PT WK1: 8 (02/16/26-02/21/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 60 > 100, respiratory rate < 10 > 24, blood pressure systolic < 100 > 150, blood pressure diastolic < 60 > 90, O2 saturation < 90 > 100, pain < 0 > 5

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 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

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: GG0170D1 - Sit to Stand, 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, GG0170F1 - Toilet Transfer, M1720 - Anxiety, M2020 - Oral Med Management, M2102c - Med Admin, M1400 - Dyspnea, limited endurance

PROCEDURES: home exercise program: seated marches, LAQs, HR/TR, clams, hip add pillow squeezes, therapeutic exercises, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 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, 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

PATIENT-STATED GOAL: drive to my choir rehearsal and outings with my church and friends

GOALS
Chair to Bed to Chair - 06. Independent

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

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related m

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

caregiver administers and/or packages medications appropriately

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

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

Signature of Physician:

Date

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

Date
02/20/2026