Home Health Certification and Plan of Care

Order ID: 1163/869

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
352486117013	03/02/2026	From: 03/02/2026 To: 04/30/2026	1199	497754

6. Patient's Name and Address
Steven Bansal
5810 Shalott Ct,
ALEXANDRIA, VA 22310-
703-867-4655

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 11/10/1974 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M46.22	Osteomyelitis of vertebra cervical region	03/02/26

13. ICD	Other Pertinent Diagnoses	Date
S42.291D	Oth disp fx of upper end r humer subs for fx w routn heal	03/02/26
S32.401D	Unsp fracture of right acetabulum subs for fx w routn heal	03/02/26
K25.9	Gastric ulcer unsp as acute or chronic w/o hemor or perf	03/02/26
I81.	Portal vein thrombosis	03/02/26
I82.890	Acute embolism and thrombosis of other specified veins	03/02/26
K70.30	Alcoholic cirrhosis of liver without ascites	03/02/26
I85.10	Secondary esophageal varices without bleeding	03/02/26
F10.239	Alcohol dependence with withdrawal unspecified	03/02/26
I86.4	Gastric varices	03/02/26
D64.9	Anemia unspecified	03/02/26
F39.	Unspecified mood [affective] disorder	03/02/26
G47.30	Sleep apnea unspecified	03/02/26
E46.	Unspecified protein-calorie malnutrition	03/02/26
F41.9	Anxiety disorder unspecified	03/02/26
Z79.01	Long term (current) use of anticoagulants	03/02/26
Z91.81	History of falling	03/02/26

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

Duloxetine Hydrochloride - Duloxetine Hydrochloride 30 mg 30 mg / 1 Capsule by mouth once a day for depression
FUROSEMIDE 20 mg 0 20 mg / 1 Tablet by mouth once a day for edema
GABAPENTIN 300 mg 0 300 mg / 1 Capsule mouth every 12 hours for neuropathic
Lactulose - Lactulose 20gm/packet 10gm/15ml / Give 30 ml by mouth three times a day Cirrhosis
Pantoprazole - Pantoprazole Sodium 40 mg 1 by mouth twice a day Gerd
Pantoprazole - Pantoprazole Sodium 40 mg 1 by mouth twice a day Gerd
Spironolactone - Spironolactone 25 mg 1 table by mouth once a day HTN
Folic Acid - Folic Acid 1 mg 1 table by mouth once a day Supplement
Magnesium Oxide - Simethicone 400 mg 1 tablet by mouth once a day Supplement
Vitamin B-1 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100 mg 1 table by mouth once a day Supplement
Citracal - Calcium Citrate 1 table by mouth once a day Supplement

14. DME and Supplies:
cane, walker

15. Safety Measures:
walker precautions, , no stair use, , , bathroom safety, activity supervision

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Cane, 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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Osteomyelitis Of Vertebra Cervical Region, 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 51-year-old male residing with his mother in a single-family home who was recently hospitalized following a fall resulting in injury. He is currently alert, awake, and oriented to person, place, and time. Neurological <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> reveals positive facial symmetry, equal and strong bilateral hand grasps, and pupils that are equal and reactive to light. Respiratory <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> shows posterior lung lobes clear to auscultation with no use of accessory muscles noted. Cardiovascular <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> is notable for bilateral lower extremity edema with faint peripheral pulses. The patient also presents with right foot drop and demonstrates noncompliance with the use of his prescribed custom orthopedic shoe designed to assist with foot positioning and mobility. Abdominal <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> reveals a soft, non-tender abdomen with active bowel sounds present in all four quadrants. The patient reports right groin pain but states that pain is relieved with prescribed pain medication. He remains continent of both bowel and bladder. Functional <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> indicates that the patient is able to feed himself with setup assistance but requires moderate assistance with personal care activities. His mother serves as the primary caregiver and provides ongoing support in the home. A healing abrasion is noted on the right foot with no drainage or signs of infection observed at the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. The patient is identified as a fall risk due to his recent fall, right foot drop, lower extremity edema, and noncompliance with the use of prescribed assistive devices. Education was provided regarding fall prevention strategies, the importance of using prescribed assistive devices and footwear, and safety within the home environment. The patient was encouraged to adhere to the recommended use of supportive devices to improve mobility and reduce the risk of further injury. Continued monitoring of the healing foot abrasion, lower extremity edema, and compliance with safety recommendations will be necessary to promote recovery and prevent complications.
 Date of Order 03/02/2026 Orders Physician Face-to-Face Date: 02/20/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Osteomyelitis Of Vertebra Cervical Region 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
 Physician Gribetz, Julie

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/02/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Julie Gribetz
3300 Gallows Rd
Falls Church, VA 22042
PHONE: 571-665-6599 FAX: 15716656598 NPI: 1265668503

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 : 02/20/2026

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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Steven Bansal 5810 Shalott Ct, ALEXANDRIA, VA 22310- 703-867-4655	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

SN WK1: 7 (03/02/2026 - 03/07/2026), WK2: 1 (03/08/2026 - 03/14/2026), WK3: 1 (03/15/2026 - 03/21/2026)

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), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 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, swelling of affected area, 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: Demonstrated understanding, coordinate/arrange preparation of missing meals: Mother prepared

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-STATED GOAL: I want not to fall again

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

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/02/2026