Home Health Certification and Plan of Care

Order ID: 1163/908

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
63191201	03/17/2026	From: 03/17/2026 To: 05/15/2026	1255	497754

6. Patient's Name and Address

Mildred Heim
44348 Cruden Bay Drive,
ASHBURN, VA 20147-
703-944-4946

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 02/11/1937 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I48.0	Paroxysmal atrial fibrillation	03/17/26

13. ICD	Other Pertinent Diagnoses	Date
E11.9	Type 2 diabetes mellitus without complications	03/17/26
I10.	Essential (primary) hypertension	03/17/26
E03.9	Hypothyroidism unspecified	03/17/26
N28.0	Ischemia and infarction of kidney	03/17/26
G93.40	Encephalopathy unspecified	03/17/26
E87.1	Hypo-osmolality and hyponatremia	03/17/26
D72.829	Elevated white blood cell count unspecified	03/17/26
E11.69	Type 2 diabetes mellitus with other specified complication	03/17/26
E78.5	Hyperlipidemia unspecified	03/17/26
M17.11	Unilateral primary osteoarthritis right knee	03/17/26
R32.	Unspecified urinary incontinence	03/17/26
I35.0	Nonrheumatic aortic (valve) stenosis	03/17/26
G31.84	Mild cognitive impairment of uncertain or unknown etiology	03/17/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/17/26
Z79.01	Long term (current) use of anticoagulants	03/17/26
Z86.718	Personal history of other venous thrombosis and embolism	03/17/26
Z86.711	Personal history of pulmonary embolism	03/17/26

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

Atorvastatin - Atorvastatin Calcium 40 mg 1 table by mouth once a day HLD
Vit D - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 mcg 1 table by mouth once a day Supplement
Pradaxa - Dabigatran Etexilate Mesylate 150 mg 1 table by mouth twice a day Prophylactic
Aricept - Donepezil Hydrochloride 5 mg 1 table by mouth once a day Dementia
Levothyroxine - Levothyroxine Sodium 25 mcg by mouth in the morning Hypothyroidism
Metformin - Metformin Hydrochloride 500mg 1 tab by mouth in the evening Diabetes
Metoprolol Tartrate - Metoprolol Tartrate 100 mg 50 mg by mouth twice a day HTN

14. DME and Supplies:

hand held shower, grab bars, bath bench

15. Safety Measures:

supervision at all times, , , diabetic precautions, bathroom safety, ambulates with assistance,

16. Nutrition:

cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Up As Tolerated

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: 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
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 an 89-year-old female who presented with confusion and was recently hospitalized for an acute cardioembolic stroke and left renal infarct. She currently resides in a senior living community with assistance from her daughter, who is requesting additional support through five-day-a-week aide services to assist with her care. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient is alert, awake, and oriented to person, place, and time, though she demonstrates mild cognitive impairment characterized by forgetfulness and the need for occasional redirection. She is hard of hearing and uses prescription glasses for visual support. Neurologically, the patient presents with left-sided weakness, mild facial droop, and impaired balance, contributing to decreased endurance and placing her at high risk for falls and functional decline. Physical examination reveals symmetrical facial movements, equal bilateral hand grasps, and pupils that are equal and reactive to light. Lung sounds are clear to auscultation posteriorly. She has trace lower extremity edema, for which elevation has been encouraged. The abdomen is soft and non-tender with active bowel sounds in all four quadrants. The patient is incontinent of bladder but denies dysuria or discomfort. She is currently ambulating independently and denies pain at the time of the visit. Her medical history is significant for atrial fibrillation (currently temporarily off anticoagulation), type 2 diabetes mellitus, hypertension, hyperlipidemia, and mild cognitive impairment, all of which complicate her recovery and increase her risk for further medical events. Functionally, she demonstrates deficits in mobility, transfers, and gait, necessitating skilled physical therapy services to improve strength, balance, safety, and overall independence. Interventions include recommendations for adaptive equipment such as a shower bench to enhance safety during bathing and therapy putty to improve bilateral hand strength. The patient has a life alert system in place but requires frequent reminders to wear the device consistently. Additional recommendations include utilization of meal delivery services such as Meals on Wheels, as her daughter prefers that she avoid stove use for safety reasons. Education has been provided regarding fall prevention strategies, safety awareness, and the importance of supervision. The plan of care focuses on close monitoring for neurological and cardiopulmonary changes, progressive functional mobility training, caregiver education, and coordination with community resources to support a gradual return toward prior level of function. Prognosis is considered fair given the patient's advanced age and medical complexity.
 Date of Order 03/17/2026 Orders Physician Face-to-Face Date: 03/11/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat, HHA daily adl's 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: PT Eval

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 03/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Michaela Romero
41816 Fenway Cir
Ashburn, VA 20148
PHONE: 7576565957 FAX: NPI: 1508527995

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 : 03/11/2026

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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Mildred Heim 44348 Cruden Bay Drive, ASHBURN, VA 20147- 703-944-4946	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Notes:
 Physician Romero, Michaela

SN Careplans

SN WK1: 1 (03/17/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26) ,WK4: 1 (04/05/26-04/11/26) ,WK6: 1 (04/19/26-04/25/26) ,WK8: 1 (05/03/26-05/09/26)

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), 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:Do Not Resuscitate

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, M1610 - Urinary Incontinence, swelling of affected area, limited endurance, limited range of motion, limited strength, balance deficit

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion: Daughter involved, coordinate/arrange preparation of missing meals: Daughter 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, * strategies to increase caloric intake, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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

SN Goals

PATIENT-STATED GOAL: I need help to take care of mom

GOALS
patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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 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

PT Careplans

PT WK1: 1 (03/17/26-03/21/26) ,WK3: 1 (03/29/26-04/04/26) ,WK5: 1 (04/12/26-04/18/26) ,WK7: 1 (04/26/26-05/02/26) ,WK9: 1 (05/10/26-05/15/26)

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: 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

PT Goals

PATIENT-STATED GOAL: Patient desire to return to ambulating around her neighborhood

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

OT Careplans

OT WK1: 1 (03/17/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26) ,WK4: 1 (04/05/26-04/11/26) ,WK6: 1 (04/19/26-04/25/26) ,WK8: 1 (05/03/26-05/09/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, 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: equipment training, work simplification/energy conservation, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath

OT Goals

PATIENT-STATED GOAL: I want to get stronger and get back to feeling like myself

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/17/2026

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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, Walk 10 ft on Uneven Surface - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

* recalls related medication(s) purpose, schedule

Sit to Stand - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 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
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