Home Health Certification and Plan of Care

Order ID: 1163/905

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01181007	03/17/2026	From: 03/17/2026 To: 05/15/2026	1265	497754

6. Patient's Name and Address
Anisa Ansari
6500 Brookleigh Way,
ALEXANDRIA, VA 22315-
703-973-0021

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 10/10/1965 | **9.Sex** Female

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

Atorvastatin - Atorvastatin Calcium 40mg by mouth in the morning
Clopidogrel - Clopidogrel 75mg by mouth in the morning
B 12 - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 1000mcg by mouth in the morning
Colace - Docusate Sodium 100mg by mouth twice a day

11. ICD	Principal Diagnosis	Date
I65.02	Occlusion and stenosis of left vertebral artery	03/17/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	03/17/26
E11.9	Type 2 diabetes mellitus without complications	03/17/26
E78.5	Hyperlipidemia unspecified	03/17/26
E03.9	Hypothyroidism unspecified	03/17/26
Z79.82	Long term (current) use of aspirin	03/17/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/17/26
Z79.890	Hormone replacement therapy	03/17/26

14. DME and Supplies:
diabetic supplies

15. Safety Measures:
diabetic precautions, , activity supervision

16. Nutrition:
cardiac diet!diabetic

17. Allergies:
ciprofloxacin

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
Exercises Prescribed, ,

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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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 Occlusion And Stenosis Of Left Vertebral Artery, 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 60-year-old left-handed female currently undergoing evaluation for a possible transient ischemic attack (TIA) following a recent episode of recurrent left-sided numbness and tingling. Although her symptoms have resolved at the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, she reports episodic neurological deficits primarily affecting the left upper extremity, with possible involvement of the left lower extremity, placing her at elevated risk for future cerebrovascular events or neurological decline. Her past medical history is significant for Type 2 diabetes mellitus, hypertension, and hyperlipidemia, all of which are known contributors to impaired vascular circulation and increased stroke risk. Diagnostic imaging, including an MRI, is pending to further evaluate for underlying pathology, with additional concern for possible fibromuscular dysplasia that may compromise vascular integrity. Functionally, the patient may experience intermittent weakness, heaviness, and sensory disturbances on the left side, which can impair coordination, fine motor control, and overall safety with mobility. Her lifestyle includes prolonged computer use, which may contribute to postural strain or repetitive use symptoms; however, the primary concern remains a neurological and vascular etiology. From a physical therapy perspective, the patient is considered high risk for functional decline, balance impairments, and potential progression to cerebrovascular accident. Skilled intervention is indicated to include close monitoring of neurological status, patient education on early recognition of stroke symptoms, and implementation of a comprehensive plan of care focused on improving safety, mobility, endurance, and prevention of secondary complications.
 Date of Order 03/17/2026 Orders Physician Face-to-Face Date: 03/09/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT and OT Eval and treat due to Occlusion And Stenosis Of Left Vertebral Artery 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 - PT SOC OT Eval Notes:
 Physician Saeed, Farah

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (03/17/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-04/04/26) ,WK4: 1 (04/05/26-04/11/26) ,WK5: 1 (04/12/26-04/18/26)

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

PT Goals

PATIENT-STATED GOAL: To no longer have LUE & LLE numbness

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including

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
Farah Saeed
6501 Loisdale Ct
Springfiedl, VA 22150
PHONE: 571-622-2000 FAX: NPI: 1134395817

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 : 03/09/2026

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.

Home Health Certification and Plan of Care

Order ID: 1163/905

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01181007	03/17/2026	From: 03/17/2026 To: 05/15/2026	1265	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Anisa Ansari 6500 Brookleigh Way, ALEXANDRIA, VA 22315- 703-973-0021	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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: GG0130B1 - Oral Hygiene, 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, 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, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, M1400 - Dyspnea, abnormal blood pressure, M1033 - Exhaustion, muscle weakness, limited strength, limited range of motion, Pain Interference with Therapy activities, Pain Interference with ADLs, Pain Effect on Sleep, extremity burn/tingle/numb, weak hand grips

PROCEDURES: 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, * 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 minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent

* 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 minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

patient's transportation needs are met

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/17/2026