Home Health Certification and Plan of Care

Order ID: 1163/951

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
851298655	03/26/2026	From: 03/26/2026 To: 05/24/2026	1321	497754

6. Patient's Name and Address
Sankarshan Prasad
20651 Golden Ridge Drive,
ASHBURN, VA 20147-
571-481-0216

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 05/16/1933 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S72.002D	Fx unsp part of nk of l femr subs for clos fx w routn heal	03/26/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	03/26/26
H90.3	Sensorineural hearing loss bilateral	03/26/26
I87.2	Venous insufficiency (chronic) (peripheral)	03/26/26
I35.0	Nonrheumatic aortic (valve) stenosis	03/26/26
I77.810	Thoracic aortic ectasia	03/26/26
D33.3	Benign neoplasm of cranial nerves	03/26/26
L80.	Vitiligo	03/26/26
Z79.82	Long term (current) use of aspirin	03/26/26
Z96.642	Presence of left artificial hip joint	03/26/26
Z86.79	Personal history of other diseases of the circulatory system	03/26/26
Z91.81	History of falling	03/26/26

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

Tylenol - Acetaminophen 500 mg / 1 Tablet by mouth every 6 hours as needed mild pain
Ecotrin - Aspirin 81 mg / 1 Tablet by mouth twice a day To prevent blood clots in legs after hip surgery
Cyanocobalamin Sr tab 1,000 mcg 1 tab by mouth once a day Supplement
Cholecalciferol (Vitamin D3) 25 mcg (1,000 unit) 1 Capsule by mouth once a day Supplement
Claritin - Loratadine 10 mg 10 mg / 1 Tablet by mouth once a day as needed allergy
Multivitamin Tab 1 Tablet by mouth once a day Supplement
Diovan - Valsartan 160 mg 160 mg / 1 Tablet by mouth once a day 0.5 tablet HTN

14. DME and Supplies:
walker, , hand held shower, , bath bench

15. Safety Measures:
walker precautions, wheelchair precautions, supervision at all times, , no lifting, hip precautions, , bathroom safety, ambulates with device, ambulates with assistance

16. Nutrition:
low sodium, 2gm sodium

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Hearing, Paralysis

18.B. Activities Permitted
Walker, 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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with routine healing, 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 92-year-old Indian male with a recent history of fall resulting in a left femoral neck fracture, status post left hip arthroplasty performed on 03/14/2026. His past medical history is notable for glaucoma, hearing impairment requiring a right ear hearing aid, and a history of syncope. His postoperative course was complicated by fever and anemia, contributing to overall deconditioning. Prior to hospitalization, the patient was independent with ambulation without an assistive device and performed all activities of daily living independently while living alone in a senior community. He continues to reside alone, with his son, a physician, living nearby and providing assistance with instrumental activities of daily living as needed. The son participated in the visit via video call. On assessment, the patient is alert and oriented to person, place, time, and situation, pleasant, and cooperative with care. He demonstrates intact facial symmetry and equal bilateral hand grasps. He is hard of hearing but uses hearing aids, and also utilizes reading glasses for visual support. Respiratory assessment reveals clear lung sounds without use of accessory muscles. Cardiovascular findings include bilateral lower extremity pitting edema with faint peripheral pulses; the patient was instructed on lower extremity elevation to reduce swelling. Abdominal examination reveals a soft, non-tender abdomen with active bowel sounds in all four quadrants. The patient is continent of bowel and bladder and denies dysuria. The surgical site over the left hip is covered with a transparent adhesive dressing with Steri-Strips intact, without reported complications at this time. The patient reports left lower extremity pain, which is relieved with prescribed medications. Functionally, the patient is currently wheelchair-dependent for mobility, using a walker for pivot transfers. He is able to perform feeding independently with setup assistance. He demonstrates decreased strength, impaired balance, reduced endurance, and limited functional mobility, placing him at high risk for falls, particularly in the context of recent surgery and advanced age. Skilled physical therapy evaluation identifies deficits in gait, transfers, and overall mobility, with the need to adhere to hip precautions during rehabilitation. The patient requires continued intervention to improve strength, balance, endurance, and safe mobility, with emphasis on fall prevention and safe transfer techniques. Education was provided regarding postoperative precautions, use of assistive devices, and strategies to enhance safety within the home environment. The plan of care includes ongoing skilled physical therapy services to address mobility deficits, improve functional independence, and facilitate a return toward prior level of function. Given his current limitations, need for assistive devices, and high fall risk, the patient is considered homebound. Despite these challenges, the patient is motivated to regain independence, and with continued multidisciplinary support, he has good rehabilitation potential to improve safety and functional performance within the home setting.
 Date of Order 03/26/2026 Orders Physician Face-to-Face Date: 03/19/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN, PT, OT due to Fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with routine healing 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 PT Eval Notes: OT Eval Notes: Physician Chand, Banti

SN Careplans | SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/26/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Banti Chand
43480 Yukon Dr
Ashburn, VA 20147
PHONE: 571-252-6000 FAX: NPI: 1073670006

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 : 03/19/2026

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: 1163/951

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
851298655	03/26/2026	From: 03/26/2026 To: 05/24/2026	1321	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Sankarshan Prasad 20651 Golden Ridge Drive, ASHBURN, VA 20147- 571-481-0216	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

SN WK1: 1 (03/26/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 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: 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, 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8

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:Patient does not have an Advanced Directive on file

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, B0200 - Hearing Deficit, #1 - Other - Other - Left hip -

PROCEDURES: physician-ordered wound care: #1 - Other - Other - Left hip -: Monitor left hip incision for signs and symptoms of infection, cough/deep breathing exercises: Demonstrated understanding, home exercise program: Eval and treat by therapy, coordinate/arrange preparation of missing meals: Son managed, coordinate/arrange home modifications for hearing impaired, i.e. alarms: Has only the right hearing aid

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/C O2 alarms, 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 to get out of the wheelchair and walk independently

GOALS
patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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
* 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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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: 14 (03/26/26-03/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, 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: * 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, 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

PT Goals

PATIENT-STATED GOAL: Perform stair negotiation independently

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
* 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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/26/2026

Home Health Certification and Plan of Care

Order ID: 1163/951

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
851298655	03/26/2026	From: 03/26/2026 To: 05/24/2026	1321	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Sankarshan Prasad 20651 Golden Ridge Drive, ASHBURN, VA 20147- 571-481-0216	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

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

OT Careplans

OT WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26)

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 home remedies to keep lungs healthy, related medication(s) purpose, schedule, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 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

OT Goals

PATIENT-STATED GOAL: I want to get back to taking a shower Independently

GOALS
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 - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

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 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/26/2026