Home Health Certification and Plan of Care

Order ID: 1163/967

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
621026254	03/31/2026	From: 03/31/2026 To: 05/29/2026	1359	497754

6. Patient's Name and Address
Chhaya Dutta
9211 MCCARTY RD,
LORTON, VA 22079-
202-580-2608

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 11/30/1948 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E87.1	Hypo-osmolality and hyponatremia	03/31/26

13. ICD	Other Pertinent Diagnoses	Date
E22.2	Syndrome of inappropriate secretion of antidiuretic hormone	03/31/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	03/31/26
I10.	Essential (primary) hypertension	03/31/26
E78.2	Mixed hyperlipidemia	03/31/26
F41.9	Anxiety disorder unspecified	03/31/26
M10.9	Gout unspecified	03/31/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/31/26
Z79.4	Long term (current) use of insulin	03/31/26
Z79.01	Long term (current) use of anticoagulants	03/31/26

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

Nifedical Xl - Nifedipine 60 mg oral Daily HTN
Pantoprazole - Pantoprazole Sodium 20 mg 1 Tablet by mouth at bedtime Gerd
Sodium Chloride - Sodium Chloride 1,000 gram 1 tablet by mouth three times a day Supplement
Allopurinol - Allopurinol 100 mg 1 Tablet by mouth once a day Gout
Atenolol - Atenolol 50 mg 1 Tablet by mouth once a day HTN
ATORVASTATIN 20 mg 1 tab oral Nightly Gerd
LOSARTAN POTASSIUM 50 mg 1 Tablet by mouth Daily HTN
Metformin - Metformin Hydrochloride 500mg 1 tab by mouth once a day DM

14. DME and Supplies:
None of the above

15. Safety Measures:
standard precautions, medication safety, , fall precautions, bathroom safety, ambulates with assistance

16. Nutrition:
diabetic

17. Allergies:
amlodipine hydrocholothiazide amlodipne besylate

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
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 Hypo-osmolality and hyponatremia, 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 77-year-old Asian female referred for evaluation and care following a recent hospital referral for cardiac workup related to generalized weakness and abnormal laboratory findings. The patient resides in a townhouse with her husband, who serves as her primary caregiver. Both the patient and her husband were present at the time of the nursing visit. The patient was observed to be alert, awake, and oriented to person, place, and time, and she was cooperative with the assessment. Neurological assessment revealed symmetrical facial movement, equal and strong bilateral hand grasps, and pupils equal and reactive to light. Respiratory assessment demonstrated clear breath sounds in the posterior lung fields without the use of accessory muscles, indicating no signs of acute respiratory distress. Cardiovascular and peripheral assessment showed no edema in the bilateral lower extremities. Abdominal examination revealed a distended but soft and non-tender abdomen with active bowel sounds present in all four quadrants. The patient is continent of both bowel and bladder and denies any urinary or gastrointestinal complaints at this time. Functionally, the patient ambulates independently without the use of assistive devices and is able to perform feeding independently with minimal setup assistance. Her husband provides supportive care in the home, including meal preparation and assistance with household tasks. The patient remains cooperative and stable during the assessment. The patient will continue to be monitored for changes in strength, cardiovascular status, and overall functional ability following the recent cardiac evaluation referral. Education will focus on monitoring symptoms such as worsening weakness, chest discomfort, shortness of breath, dizziness, or changes in functional status and reporting these promptly to the healthcare provider. The plan of care includes continued assessment of the patient's health status, reinforcement of safety and health maintenance strategies, and support for the patient and caregiver to maintain the patient's independence and well-being within the home environment.
 Date of Order 03/31/2026 Orders Physician Face-to-Face Date: 03/27/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN due to Hypo-osmolality and hyponatremia 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 Policarpio, Cristinia

SN Careplans

SN WK1: 8 (03/31/26-04/04/26)

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

SN Goals

PATIENT-STATED GOAL: I want to take care of myself

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/31/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Cristinia Policarpio
13285 Minnieville Rd
Woodbridge, VA 22192
PHONE: 7039862400 FAX: NPI: 1316948086

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 : 03/27/2026

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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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, Financial, meal preparation, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, limited endurance, limited range of motion, limited strength, balance deficit

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, glucose testing via monitor: Doesn't monitor at this time, coordinate/arrange preparation of missing meals: Husband managed, coordinate/arrange access to co-pay assistance considering patient inability to pay: Husband involved

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, * 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 has access to co-pay assistance considering inability to pay, meal preparation is available to patient for all meals

* strategies to increase caloric intake
* 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 has access to co-pay assistance considering inability to pay

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/31/2026