Home Health Certification and Plan of Care

Order ID: 1163/988

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
54305551	04/06/2026	From: 04/06/2026 To: 06/04/2026	1397	497754

6. Patient's Name and Address
Orgilsuren Batbold
25328 Ashbury Drive,
CHANTILLY, VA 20152-
202-977-6909

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 03/24/1981 | **9.Sex** Female

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

Colace - Docusate Sodium 1 by mouth as necessary Take 1 capsule by mouth as needed
Acetaminophen - Acetaminophen 325 mg 1 by mouth as necessary Take 1 tablet by mouth as needed
Methocarbamol - Methocarbamol 500 mg 1 by mouth every 6 hours Take 1 tablet by mouth every 6 hours

11. ICD	Principal Diagnosis	Date
S22.43XD	Multiple fractures of ribs bi subs for fx w routn heal	04/06/26

13. ICD	Other Pertinent Diagnoses	Date
S52.522D	Torus fx lower end of left radius subs for fx w routn heal	04/06/26
S27.321D	Contusion of lung unilateral subsequent encounter	04/06/26
S51.012D	Laceration without foreign body of left elbow subs encntr	04/06/26
D50.9	Iron deficiency anemia unspecified	04/06/26
E55.9	Vitamin D deficiency unspecified	04/06/26
Z91.81	History of falling	04/06/26
Z85.41	Personal history of malignant neoplasm of cervix uteri	04/06/26
Z79.891	Long term (current) use of opiate analgesic	04/06/26

14. DME and Supplies:
None of the above

15. Safety Measures:
Non-weight bearing LUE

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
non weightbearing LUE

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: 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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Multiple fractures of ribs, bilateral, subsequent encounter for 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 45-year-old female who sustained multiple traumatic injuries following a fall from approximately eight feet. Injuries include left-sided rib fractures involving the 3rd through 7th ribs, a small left pneumothorax, a left upper lobe pulmonary contusion, and a left distal radius fracture accompanied by an elbow laceration. Prior to the injury, the patient was independent with all mobility, activities of daily living (ADLs), and instrumental activities of daily living (IADLs), and she was actively driving. Since the injury, the patient presents below her prior level of function and currently requires minimal assistance for bed mobility, transfers, and ambulation. Functional mobility is performed with increased time, effort, and significant pain, with the patient reporting pain levels of up to 10/10 during movement. The patient is currently maintaining non-weight-bearing status of the left upper extremity pending further evaluation by orthopedics. Functional limitations are compounded by decreased strength, endurance, balance, and overall activity tolerance related to pain, deconditioning, and respiratory compromise associated with the pulmonary contusion and pneumothorax. The patient demonstrates a clear need for skilled physical therapy services to address mobility deficits, improve safety with functional mobility, enhance pulmonary function through activity and breathing strategies, and support the restoration of independence with daily functional tasks in order to facilitate a safe discharge and return to her prior level of function. An occupational therapy evaluation was also completed. Assessment revealed that the patient resides in a multi-level home with her husband, who is available to provide supervision and assistance as needed. The patient was evaluated for performance of ADLs and functional transfers. At present, she is able to navigate stairs with supervision. Her husband provides assistance with ADL and IADL tasks as needed due to her current physical limitations and non-weight-bearing restriction of the left upper extremity. For safety during bathing tasks, the patient was advised to obtain and utilize a shower chair as well as a cast cover to protect the affected extremity. The patient is scheduled for a follow-up appointment with her orthopedic physician next Friday for reassessment of the left wrist fracture and potential brace or cast adjustment. Occupational therapy services will follow up after the orthopedic evaluation to reassess her status and determine when it is appropriate to initiate targeted therapy interventions for the left wrist. The ongoing plan of care includes continued skilled physical therapy to improve functional mobility, pain management strategies, safety education, and monitoring of the patient's progress toward regaining independence with daily activities while adhering to orthopedic precautions.
 Date of Order 04/06/2026 Orders Physician Face-to-Face Date: 04/03/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT, OT due to Multiple fractures of ribs, bilateral, subsequent encounter for 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 - PT Notes: soc OT Eval Notes: Physician Rehmatullah, Abdulwahid

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Abdulwahid Rehmatullah
3000 Potomac Ave
Alexandria, VA 222305
PHONE: 7037216300 FAX: NPI: 1912643909

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 : 04/03/2026

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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PT Careplans

PT WK1: 1 (04/06/26-04/11/26) ,WK2: 1 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26) ,WK5: 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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 10. None of the above

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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, 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, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, M1700 - Cognition, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, limited strength, limited range of motion, muscle weakness, weak hand grips, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program: Home exercise program includes diaphragmatic breathing, pursed-lip breathing, incentive spirometer use, upright sitting posture, thoracic extension, scapular retraction, cervical stretches, shoulder rolls (avoiding LUE), ankle pumps, long arc quads, seated marching, sit-to-stand transfers, and short-distance ambulation or marching in place., 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, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, 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

PT Goals

PATIENT-STATED GOAL: Perform ADLs tasks using LUE

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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
* 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 keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

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

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

OT Careplans

OT WK1: 4 (04/06/26-04/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, 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

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

OT Goals

PATIENT-STATED GOAL: I want to improve my strength and AROM in my L wrist/hand

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/06/2026

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Shower/Bathe Self - 06. Independent

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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