# Home Health Certification and Plan of Care

**Order ID: 1163/1041**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 98291153 | 05/06/2026 | From: 05/06/2026 To: 07/04/2026 | 1533 | 497754 |

**6. Patient's Name and Address**
Lavina Cannaday
12771 Westside Road,
Manassas, VA 20112-
703-867-8987

**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** 07/24/1986 | **9.Sex** Female

**10. Medications: Dose/Frequency/Route (N)ew (C)hanged**
Baclofen - Baclofen 2 by mouth three times a day
Cymbalta - Duloxetine Hydrochloride 30 mg 1 by mouth once a day
Amilodipine - Amlodipine Besylate 1 by mouth once a day 5mg

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| G35.B0 | Multiple sclerosis | 05/06/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| M62.461 | Contracture of muscle right lower leg | 05/06/26 |
| M62.462 | Contracture of muscle left lower leg | 05/06/26 |
| L30.9 | Dermatitis unspecified | 05/06/26 |
| Z87.440 | Personal history of urinary (tract) infections | 05/06/26 |
| Z86.19 | Personal history of other infectious and parasitic diseases | 05/06/26 |

**14. DME and Supplies:**
wheelchair

**15. Safety Measures:**
fall precautions, activity supervision

**16. Nutrition:**
Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**
sulfa drugs

**18.A. Functional Limitations**
Contracture, Endurance, Ambulation

**18.B. Activities Permitted**
Up As Tolerated, , 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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

**20. Prognosis:** fair

**22. A Rehabilitation Potential:**
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

**22.B.Discharge Plans**
PT: family/caregiver will be responsible for managing treatment
OT: patient will be responsible for managing treatment

**Homebound status:** Due to diagnosis of Multiple sclerosis, 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:**
Patient is a 39-year-old female referred for home health physical and occupational therapy services following a recent hospitalization and rehabilitation stay secondary to sepsis related to UTI versus cellulitis, pressure ulcers, and progressive decline in functional mobility associated with primary progressive multiple sclerosis. Past medical history is significant for multiple sclerosis, septic shock, cellulitis, urinary tract infection, hypertension, chronic paraplegia/paresis, bilateral lower extremity contractures, and clonus. Patient is alert and oriented x4. She presents with generalized weakness, impaired balance, decreased endurance, impaired transfers, poor trunk control, limited functional mobility, and dependence on wheelchair mobility at baseline, resulting in significant limitations in safety and independence within the home environment. Patient currently remains bedbound and reports that approximately two months ago she was able to utilize a motorized scooter; however, she is now unable to transfer from supine to sitting independently. Examination reveals bilateral lower extremity contractures with clonus, limited left upper extremity active range of motion and strength, impaired bed mobility, and decreased overall activity tolerance. Patient is able to feed herself following setup assistance but requires assistance with personal care tasks, ADLs, and IADLs. She resides in the basement level of her home and reports receiving intermittent assistance from her mother, sister, and her mother's friend. Patient also reports recently applying for Medicaid assistance to help support ongoing ADL and IADL needs. Skilled physical therapy services are medically necessary to address deficits in strength, mobility, transfer training, pressure relief techniques, positioning, caregiver education, contracture management, safety awareness, balance, and functional activity tolerance in order to reduce the risk of falls, skin breakdown, rehospitalization, and further functional decline while maximizing independence and quality of life within the home setting. Skilled occupational therapy evaluation was completed, and patient demonstrates need for continued OT intervention to improve bilateral upper extremity active range of motion and strength, core strength, trunk control, bed mobility, balance, and transfer training with the goal of progressing toward safe transfers from bed to motorized scooter and improving performance with daily functional activities. Education was provided regarding safety awareness, positioning, mobility techniques, and the importance of participation in therapeutic exercises and pressure relief strategies. Plan is to continue skilled PT and OT services for therapeutic exercise instruction, balance and bed mobility training, transfer training, strengthening, caregiver education, and functional activity retraining to maximize safety and independence within the home environment. <br> Date of Order 05/06/2026 Orders Physician Face-to-Face Date: 04/28/2026 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat , ot-eval & treat, hha-adl due to Multiple sclerosis Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - PT Notes: soc OT Eval Notes: <br> Physician Kosandal, Leena

**SN Careplans**

**SN Goals**

**PT Careplans**
PT WK1: 1 (05/06/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK5: 1 (05/31/26-06/06/26) ,WK6: 1 (06/07/26-06/13/26) ,WK7: 1 (06/14/26-06/20/26)

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

**PT Goals**
PATIENT-STATED GOAL: To reduce BLE contracture & improve BLE flexibility

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

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 05/06/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Leena Kosandal
12255 Fair Lakes Pkwy
Fairfax, VA 22033
PHONE: 7039345700 FAX: NPI: 1679710776

**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 : 04/28/2026

**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: GG0170A1 - Roll left & Right, GG0170B1 - Sit to Lying, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170F1 - Toilet Transfer, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, Home Safety, M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, M1400 - Dyspnea, M1600 - UTI, poor muscle tone, muscle spasms, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, involuntary movement of extremity, weak hand grips, balance deficit

PROCEDURES: home exercise program: HEP includes seated weight shifts, seated trunk reaches, unsupported sitting balance, scapular retractions, theraband rows, shoulder external rotation, bicep curls, seated marches, glute sets, quad sets, heel slides, assisted hip/knee ROM exercises, hamstring stretches, gastroc stretches with strap, hip adductor stretches, pressure relief techniques every 15-30 minutes while seated, rolling practice, bridging as tolerated, transfer practice with proper hand placement, deep breathing exercises, and frequent repositioning throughout the day to reduce risk of skin breakdown and further contracture development., 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, * 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient's living environment is clean/uncluttered, Roll left & Right - 06. Independent, Sit to Lying - 06. Independent, Lying to sitting/bed - 06. Independent, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Toilet Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent

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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

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

patient's transportation needs are met

patient's living environment is clean/uncluttered

Roll left & Right - 06. Independent

Sit to Lying - 06. Independent

Lying to sitting/bed - 06. Independent

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Toilet Transfer - 03. Partial/moderate assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Oral Hygiene - 05. Setup or clean-up assistance

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

Eating - 06. Independent

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

## OT Careplans

OT WK1: 1 (05/06/26-05/09/26) ,WK2: 1 (05/10/26-05/16/26) ,WK3: 1 (05/17/26-05/23/26) ,WK4: 1 (05/24/26-05/30/26) ,WK5: 1 (05/31/26-06/06/26)

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

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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 06. Independent

## OT Goals

PATIENT-STATED GOAL: I want to be able to get back into my motorized chair

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

Shower/Bathe Self - 02. Substantial/maximal assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 01. Dependent

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

Lower Body Dressing - 01. Dependent

Don/Doff Footwear - 01. Dependent

Eating - 06. Independent

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 2 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 05/06/2026 |