Home Health Certification and Plan of Care

Order ID: 1163/1078

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
352276320011	04/10/2026	From: 06/09/2026 To: 08/07/2026	1325	497754

6. Patient's Name and Address

Zeenat Ahtisham
322 Sinegar Pl,
GREAT FALLS, VA 22066-
202-288-2904

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 06/16/1944 | **9.Sex** Female

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

Clopidogrel - Clopidogrel 1 by mouth before meal Take 1 tablet (75 mg) by mouth once every morning

11. ICD	Principal Diagnosis	Date
I25.119	Athscl heart disease of native cor art w unsp ang pctrs	04/10/26

13. ICD	Other Pertinent Diagnoses	Date
I25.83	Coronary atherosclerosis due to lipid rich plaque	04/10/26
E11.59	Type 2 diabetes mellitus with oth circulatory complications	04/10/26
I15.2	Hypertension secondary to endocrine disorders	04/10/26
M54.50	Low back pain unspecified	04/10/26
G89.29	Other chronic pain	04/10/26
M25.562	Pain in left knee	04/10/26
M25.561	Pain in right knee	04/10/26
E11.69	Type 2 diabetes mellitus with other specified complication	04/10/26
E78.5	Hyperlipidemia unspecified	04/10/26
B37.0	Candidal stomatitis	04/10/26
K11.7	Disturbances of salivary secretion	04/10/26
J30.89	Other allergic rhinitis	04/10/26
H90.3	Sensorineural hearing loss bilateral	04/10/26
F32.A	Depression unspecified	04/10/26
R53.83	Other fatigue	04/10/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	04/10/26
Z79.4	Long term (current) use of insulin	04/10/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/10/26
Z79.82	Long term (current) use of aspirin	04/10/26
Z99.3	Dependence on wheelchair	04/10/26

14. DME and Supplies:

walker, hand held shower, grab bars, cane, bath bench

15. Safety Measures:

hand rails, fall precautions, bathroom safety, ambulates with assistance, activity supervision, ambulates with device

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET, regular

17. Allergies:

dust mite pine

18.A. Functional Limitations

Endurance,

18.B. Activities Permitted

No Restrictions, Walker, Cane, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: , SOCIAL ISOLATION: 2 independent, BEHAVIORAL ISSUES: 2 independent, HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: Intact , MOBILITY: NA

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris, 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 an 81-year-old female with a complex medical history significant for Type 2 Diabetes Mellitus with noted glycemic variability, Coronary Artery Disease with angina, Hypertension, hyperlipidemia, chronic bilateral low back pain, bilateral knee pain, fatigue, and recent oral candidiasis. She presents with notable functional decline characterized by worsening fatigue, dizziness, and generalized weakness, contributing to decreased activity tolerance, impaired mobility, and increased dependence with activities of daily living (ADLs). Pain further limits functional performance. Clinical findings are consistent with decreased strength, impaired balance, and reduced endurance, placing the patient at elevated risk for falls and limiting safe household and community mobility. The patient is intermittently wheelchair-dependent and requires skilled intervention to address deficits in gait, transfers, and overall functional independence. The patient is alert and oriented to person, place, time, and situation (A&O x4). She resides in a multi-level home with her son and daughter-in-law, primarily remaining on the upper level. She currently utilizes a quad cane for ambulation support. Family members assist with instrumental activities of daily living (IADLs). Pain is managed with acetaminophen (Tylenol) and gabapentin as needed. Occupational therapy evaluation reveals decreased bilateral upper extremity strength and endurance, contributing to limitations in performing daily functional tasks. Recommendations include the use of a shower chair to improve safety during bathing and therapy putty exercises to enhance hand strength and reduce stiffness. The plan of care includes skilled physical therapy to address lower extremity strength, balance, gait training, endurance, and fall prevention, as well as occupational therapy focused on upper extremity strengthening, therapeutic exercise instruction, and endurance training to improve independence with ADLs. Continued skilled therapy services are medically necessary to maximize safety, functional mobility, and independence within the home environment.
 Date of Order 06/05/2026 Orders Physician Face-to-Face Date: 03/23/2026 Clinical Condition Requiring Home Care per Certifying Physician: Physical Therapy and Occupational Therapy: Strengthening Exercises and Evaluate due to Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 4 - Recertification Notes: Plan to continue with treatment plan to improve BLE strength and endurance with walking.
 Physician Desai, Shreya

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Shreya Desai
46000 Center Oak Plaza Ste 190
Ashburn, VA 20166
PHONE: 7034304343 FAX: 15716656454 NPI: 1770070971

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 : 03/23/2026

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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OT Careplans

OT WK1: 1 (06/09/26-06/13/26) ,WK2: 1 (06/14/26-06/20/26) ,WK3: 1 (06/21/26-06/27/26)

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:

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

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: limited endurance, limited range of motion, muscle weakness, pain radiating to arms/legs, headache, balance deficit

PROCEDURES: home exercise program: Provide hep handout of UB strengthening, 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 - 05. Setup or clean-up assistance, 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 stronger and get back to feeling like myself

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Eating - 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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
06/05/2026