Home Health Certification and Plan of Care

Order ID: 1163/1090

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
58345414	06/08/2026	From: 06/08/2026 To: 08/06/2026	1623	497754

6. Patient's Name and Address
Laila Krarssi
14223 Savannah Drive,
Woodbridge, VA 22193-
571-424-0037

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 06/22/1966 | **9.Sex** Female

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

CETIRIZINE HYDROCHLORIDE 10 mg 1 Tablet by mouth once a day Allergic
PANTOPRAZOLE 40 mg 1 Tablet by mouth in the morning GERD
Restasis - Cyclosporine 0.05 perc 1 drop both eyes twice a day Dry eyes
sod phos di, mono-K phos mono 1 Tablet by mouth in the morning and 1 tablet before bedtime. Do all this for 15 days. Commonly known as: K PHOS NEUTRAL
Enulose - Lactulose 10 gram/15 ml take 15 Ml by mouth twice a day Constipation

11. ICD	Principal Diagnosis	Date
I95.89	Other hypotension	06/08/26

13. ICD	Other Pertinent Diagnoses	Date
K76.0	Fatty (change of) liver not elsewhere classified	06/08/26
K90.829	Short bowel syndrome unspecified	06/08/26
E83.39	Other disorders of phosphorus metabolism	06/08/26
Z79.891	Long term (current) use of opiate analgesic	06/08/26

14. DME and Supplies:
hand held shower

15. Safety Measures:
standard precautions, posey while OOB, medication safety, hand rails, fall precautions, bathroom safety, ambulates with assistance

16. Nutrition:
cardiac diet, regular

17. Allergies:
shellfish!orange juice

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 Other hypotension, 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 59-year-old female who was recently hospitalized from 05/30/2026 to 06/03/2026 following an acute episode of new-onset confusion and severe abdominal pain that occurred while she was driving with her son, prompting activation of emergency medical services via 911. During hospitalization, she was treated for enteritis associated with abdominal pain, nausea, vomiting, diarrhea, dehydration, transient hypotension, elevated liver enzymes, and hypophosphatemia. The patient currently resides in a townhouse with her son, who serves as her primary caregiver and assists with medication management. Upon assessment, the patient was alert, awake, and oriented to person, place, and time. Neurological examination revealed positive facial symmetry, equal bilateral hand grasps, and pupils that were equal, round, and reactive to light. Respiratory assessment demonstrated clear posterior lung fields on auscultation without the use of accessory muscles or signs of respiratory distress. Abdominal examination revealed a soft, non-tender abdomen with active bowel sounds present in all four quadrants. The patient remains continent of both bowel and bladder. She is able to feed herself with meal setup assistance and is adjusting well to her current condition and home environment. The patient ambulates independently; however, she was observed utilizing furniture for support during mobility, indicating impaired balance and increased fall risk. She reported left hip pain, which is adequately controlled with prescribed pain medication and provides satisfactory relief. A physical therapy evaluation was completed due to a recent decline in functional status following hospitalization. Assessment findings revealed generalized weakness, decreased endurance, impaired balance, reduced functional mobility, and diminished tolerance for transfers and ambulation. These deficits negatively impact her ability to safely perform activities of daily living and household mobility tasks and increase her risk for falls and rehospitalization. Skilled physical therapy services are medically necessary to address strength deficits, balance impairments, gait dysfunction, transfer training, endurance limitations, and fall prevention strategies. Interventions will focus on improving functional mobility, enhancing safety awareness, increasing activity tolerance, and maximizing independence within the home environment. Patient and caregiver were educated regarding fall prevention measures, safe ambulation techniques, energy conservation strategies, medication compliance, and the importance of adhering to the prescribed therapy program. The plan of care includes ongoing skilled nursing and physical therapy services to monitor progress, support recovery, reduce the risk of complications and rehospitalization, and facilitate a safe return to the patient's prior level of function.
 Date of Order 06/08/2026 Orders Physician Face-to-Face Date: 06/03/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat due to Other hypotension 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:
 Physician Iqbal, Ayesha

SN Careplans

SN WK1: 1 (06/08/26-06/13/26) ,WK2: 1 (06/14/26-06/20/26) ,WK3: 1 (06/21/26-06/27/26) ,WK4: 1 (06/28/26-07/04/26)

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: 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, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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

SN Goals

PATIENT-STATED GOAL: I don't want to be dizzy

GOALS
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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Ayesha Iqbal
13285 Minnieville Rd
Woodbridge, VA 22192
PHONE: 703-986-2400 FAX: NPI: 1669000576

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 : 06/03/2026

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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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, meal preparation, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, coordinate/arrange preparation of missing meals: Son managed

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, * strategies to increase caloric intake, 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

* 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: 1 (06/08/26-06/13/26) ,WK2: 1 (06/14/26-06/20/26) ,WK3: 1 (06/21/26-06/27/26) ,WK4: 1 (06/28/26-07/04/26) ,WK5: 1 (07/05/26-07/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car 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, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing

PROCEDURES: home exercise program: Seated marching, LAQ, heel raises, toe raises, sit-to-stands, standing marching, standing hip abduction, standing hip extension, mini squats, hamstring curls, side stepping, tandem stance, single-leg stance as tolerated, standing calf stretch, seated hamstring stretch, diaphragmatic breathing, walking program, transfer practice, and energy conservation techniques., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, 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

PT Goals

PATIENT-STATED GOAL: To improve stair negotiation and ambulation activities

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/08/2026