

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	
352276320011		04/10/2026		From: 06/09/2026 To: 08/07/2026	
4. Medical Record No.		5. Provider No.			
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	Athscsl 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 06/15/2026 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. PAGE 1 of 2		

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