Home Health Certification and Plan of Care

Order ID: 1163/1107

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
82273017	06/17/2026	From: 06/17/2026 To: 08/15/2026	1648	497754

6. Patient's Name and Address
Nazira Alam
1305 Mead Terrace,
WOODBRIDGE, VA 22191-
571-275-4197

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 05/01/1970 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L03.115	Cellulitis of right lower limb	06/17/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	06/17/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	06/17/26
N18.32	Chronic kidney disease stage 3b	06/17/26
N17.9	Acute kidney failure unspecified	06/17/26
E78.5	Hyperlipidemia unspecified	06/17/26
E03.9	Hypothyroidism unspecified	06/17/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/17/26
M10.9	Gout unspecified	06/17/26
E66.01	Morbid (severe) obesity due to excess calories	06/17/26
Z68.41	Body mass index [BMI] 40.0-44.9 adult	06/17/26
Z79.4	Long term (current) use of insulin	06/17/26
Z79.01	Long term (current) use of anticoagulants	06/17/26
Z79.890	Hormone replacement therapy	06/17/26
Z79.891	Long term (current) use of opiate analgesic	06/17/26

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

Pantoprazole - Pantoprazole Sodium 40 mg 1 Tablet by mouth once a day Gerd
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17gm/packet 17 gram 1 Packet by mouth at bedtime Constipation
Lyrica - Pregabalin 50 mg 1 Tablet by mouth at bedtime Severe pain
Senna Plus - Senna 8.6-50 mg 1 tab by mouth twice a day Constipation
Trazadone - Trazodone Hydrochloride 50 mg 1 tab by mouth at bedtime Insomnia
Levaquin - Levofloxacin 750 mg 1 Tablet by mouth once a day Cellulitis x10 days
Levothyroid - Levothyroxine Sodium 50 mcg 1 tablet by mouth in the morning Hypothyroidism
Zyvox - Linezolid 600 mg 1 Tablet by mouth twice a day Cellulitis x 10 days
Metformin - Metformin Hydrochloride 500mg 1 tab by mouth in the evening DM
Oxycodone/Apap - Ibuprofen: Oxycodone Hydrochloride 5 mg / 1 Tablet by mouth every 6 hours Severe pain as needed
Acetaminophen - Acetaminophen 325MG tablet take 2 tab by mouth every 6 hours Moderate pain as needed
Allopurinol - Allopurinol 300 mg 1 Tablet by mouth once a day Gout
Atorvastatin Calcium - Atorvastatin Calcium 80 mg 1 Tablet by mouth at bedtime HLD
TESSALON 100 mg 100 mg oral q8h PRN Coughing
Zebeta - Bisoprolol Fumarate 5 mg 0.5 tablet by mouth once a day HTN
Ondansetron - Ondansetron 1 tab by mouth every 8 hours Dissolve 1 tab on the tongue every 8hrs as needed for nausea and vomiting
Simethicone - Simethicone 1 tab by mouth after meal 1 tab after each meal 3 times a day

14. DME and Supplies:
wound care supplies, walker, , , hand held shower, grab bars, commode

15. Safety Measures:
supervision at all times, standard precautions, , , hand rails, fall precautions, diabetic precautions, bathroom safety, , ambulates with device, , ambulates with assistance

16. Nutrition:
cardiac diet, diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 2. On awakening or at night only, 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: 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
SNa dn OT: patient will be responsible for managing treatment PT: family/careg

Homebound status:
Due to diagnosis of Cellulitis of right lower limb, 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:
<p class="p">The patient is a 56-year-old Indian female recently hospitalized for a wound infection and treated for cellulitis of the right lower extremity. She is currently staying with her daughter and son-in-law and plans to return to her home in Woodbridge on Friday. The patient was alert and oriented to person, place, time, and situation, with mild forgetfulness but easily redirected. Assessment revealed positive facial symmetry, equal hand grasps, and pupils equal and reactive to light. Posterior lung sounds were clear to auscultation without accessory muscle use. Significant right lower extremity edema was noted with fluid-filled blisters covering approximately 75% of the leg and increased weeping without odor. The abdomen was soft and distended with positive bowel sounds in all four quadrants. The patient is continent of bowel and bladder and reported right leg pain with partial relief from medication. She ambulates with a front-wheeled walker under supervision and requires some assistance with dressing and bathing tasks, while remaining independent with feeding after setup. The daughter interpreted in Bengali during the assessment and assisted with elevating the patient's right leg during wound care treatment. Wound care was completed as ordered, with visits scheduled three times weekly, and supplies were provided to the daughter. The patient received the influenza vaccine in December 2025 and is not yet age-eligible for the pneumonia vaccine. Past medical history includes HTN, HLD, DM II, CKD Stage IIIB, obesity, hypothyroidism, and gout. PT and OT evaluations identified deficits in lower extremity strength, balance, endurance, gait, functional mobility, transfers, ADL performance, and activity tolerance due to deconditioning from recent hospitalization and ongoing wound healing. A bedside commode is in place, and a shower chair was recommended to improve bathing safety. Skilled physical and occupational therapy services are medically necessary to address strength, endurance, gait mechanics, transfer safety, fall prevention, ADL retraining, energy conservation, and functional mobility to maximize

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Manan Shah
13285 Minnieville Rd
Woodbridge, VA 22192
PHONE: 8007777804 FAX: NPI: 1447748991

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 : 06/15/2026

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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independence and reduce the risk of rehospitalization.<o:p></o:p> Date of Order<o:p></o:p> 06/17/2026
Order<o:p></o:p> Physician Face-to-Face Date: 06/15/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha adl's dx: Cellulitis of right lower limb<o:p></o:p> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>   1 - SOC - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> OT Eval Notes:<o:p></o:p> Physician: Shah, Manan

SN Careplans

SN WK1: 1 (06/17/26-06/20/26) ,WK2: 3 (06/21/26-06/27/26) ,WK3: 3 (06/28/26-07/04/26) ,WK4: 2 (07/05/26-07/11/26) ,WK5: 3 (07/12/26-07/18/26) ,WK6: 3 (07/19/26-07/25/26) ,WK7: 3 (07/26/26-08/01/26)

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: 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, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) 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 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, muscle weakness, swelling of affected area, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, #1 - Other - Other - Right lower leg -

PROCEDURES: physician-ordered wound care: #1 - Other - Other - Right lower leg -: Cleanse right lower leg wound with normal saline, cover with polymen foam, apply abdominal pad, gauze roll and ace wrapped 3 x weekly, cough/deep breathing exercises: Demonstrated understanding, glucose testing via monitor: Monitor, coordinate/arrange preparation of missing meals: Family prepared

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 achieve wound healing including

SN Goals

PATIENT-STATED GOAL: I want to be pain free

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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/17/2026

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cleaning and dressing wound position changes skin care diet modification record wound measurements, 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

PT Careplans

PT WK2: 1 (06/21/26-06/27/26) ,WK3: 1 (06/28/26-07/04/26) ,WK4: 1 (07/05/26-07/11/26) ,WK5: 1 (07/12/26-07/18/26) ,WK6: 1 (07/19/26-07/25/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: home exercise program: HEP includes ankle pumps, heel raises, toe raises, seated marches, LAQ, sit-to-stands, standing marches, standing hip abduction, standing hip extension, mini squats, weight shifting, tandem stance, single-leg stance with UE support as tolerated, walking program, frequent position changes, LE elevation for edema management, deep breathing exercises, and gentle active ROM exercises to improve circulation, strength, balance, endurance, and functional mobility while promoting edema control and reducing risk of further functional decline., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To perform stair negotiation with < 4/10 modified RPE scale

GOALS
Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

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

Car Transfer - 05. Setup or clean-up assistance

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

OT Careplans

OT WK1: 1 (06/17/26-06/20/26) ,WK2: 1 (06/21/26-06/27/26) ,WK3: 1 (06/28/26-07/04/26) ,WK4: 1 (07/05/26-07/11/26)

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: cough/deep breathing exercises, incentive spirometer, 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, 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 be able to dress and bathe myself and get stronger again

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

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

Sit to Stand - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/17/2026