Home Health Certification and Plan of Care

Order ID: 1163/1242

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
59347014	08/19/2026	From: 08/19/2026 To: 10/17/2026	1839	497754

6. Patient's Name and Address
Arlene McCants
3817 BURLINGAME PL,
ALEXANDRIA, VA 22309-
571-413-1711

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 06/01/1946 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.69	Type 2 diabetes mellitus with other specified complication	08/19/26

13. ICD	Other Pertinent Diagnoses	Date
E78.49	Other hyperlipidemia	08/19/26
I69.359	Hemiplga following cerebral infarction affecting unsp side	08/19/26
I10.	Essential (primary) hypertension	08/19/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	08/19/26
L22.	Diaper dermatitis	08/19/26
F32.1	Major depressive disorder single episode moderate	08/19/26
M54.16	Radiculopathy lumbar region	08/19/26
K59.00	Constipation unspecified	08/19/26
R32.	Unspecified urinary incontinence	08/19/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/19/26
Z87.440	Personal history of urinary (tract) infections	08/19/26

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

Mycostatin - Nystatin 100,000 unit/gram topical powder topical Use 2 to 3 times per day
Zoloft - Sertraline Hydrochloride 50 MG / 1 Tablet by mouth DAILY
Miralax - Polyethylene Glycol 3350 Powder 17 gram/dose / Take 17 g by mouth DAILY
Nystatin And Triamcinolone Acetonide - Nystatin: Triamcinolone Acetonide 0.1 %-Zinc Oxide Paste 20 % in Equal Parts Top Cream / Apply to affected area(s) topical 3 TIMES A DAY AS NEEDED
Ceftin - Cefuroxime Axetil eq 500 mg base 1 tablet by mouth twice a day for UTI end date 08/28/2026
Cozaar - Losartan Potassium 25 mg 1 tablet by mouth once a day for blood pressure control
Ditropan Xl - Oxybutynin Chloride 5 mg 1 tablet by mouth once a day for urinary incontinence
Gabapentin - Gabapentin 100 mg 1 capsule by mouth at bedtime for nerve pain
Glucophage - Metformin Hydrochloride 1,000 mg - 1 tablet by mouth in the morning with meal for blood sugar control
Lioresal - Baclofen 5 mg 1 tablet by mouth three times a day for muscle cramps and spasms
Lipitor - Atorvastatin Calcium eq 40 mg base 1 tablet by mouth at bedtime for cholesterol and heart protection
Norvasc - Amlodipine Besylate eq 2.5 mg base 2 tablets by mouth once a day for high blood pressure control
Protonix - Pantoprazole Sodium eq 40 mg base 1 tablet by mouth once a day 30-60 minutes before meals for GERD
Toprol-Xl - Metoprolol Succinate eq 100 mg tartrate 1 tablet by mouth once a day for blood pressure control
Ultram - Tramadol Hydrochloride 50 mg 1 tablet by mouth as necessary twice a day for pain
Asa 81 Mg - Aspirin 1 tablet by mouth once a day for heart health

14. DME and Supplies:
wheelchair

15. Safety Measures:
aspiration precautions, standard precautions, wheelchair precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
penicillin empagliflozin lisinopril pioglitazone hcl

18.A. Functional Limitations
Ambulation, Contracture

18.B. Activities Permitted
Partial Weight Bearing, Wheelchair, ,

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Type 2 diabetes mellitus with other specified complication, 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">Patient is an 80-year-old female admitted to home health services for skilled nursing, physical therapy, and occupational therapy following recent hospitalization and rehabilitation for CVA with residual left-sided weakness/hemiparesis. Past medical history includes hypertension, hyperlipidemia, type 2 diabetes mellitus with neuropathy, impaired mobility, high fall risk, chronic low-back pain with lumbar radiculopathy, urinary incontinence, recurrent major depressive disorder, and history of UTI. Patient is alert and oriented x3-x4 and reports blurred vision without corrective lenses. On assessment, lungs are clear bilaterally, heart sounds are normal, bowel sounds are active in all four quadrants, and patient reports regular bowel movements, with the last bowel movement occurring this morning. Skin is intact with no areas of breakdown noted. Patient presents with decreased strength and endurance, impaired balance, reduced activity tolerance, gait and transfer limitations, and decreased safety and independence with functional mobility and ADLs. Patient was previously modified independent with ADLs and functional transfers prior to the stroke but is currently unable to ambulate and remains primarily on the upstairs level of her multi-level townhouse; a stair lift is in place, and she has a rollator, wheelchair, front-wheeled walker, toilet frame, comfort-height toilet, and shower grab bars. A caregiver provides assistance daily from 7:00 AM to 3:00 PM. Skilled PT and OT are indicated to address strengthening, balance, gait and transfer training, activity tolerance, fall prevention, ADL retraining, caregiver education, and development of an

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/19/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Hafsa Mir
13285 Minnieville Rd
Woodbridge, VA 22192
PHONE: 7039862400 FAX: NPI: 1639354517

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 : 07/10/2026

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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individualized home exercise program to maximize safety and functional independence in the home. Routine laboratory specimens were ordered, including urinalysis (UA), urine culture (UC), CBC, CMP, HbA1c, TSH with free T4, vitamin B12 and folate, vitamin D, iron studies, and lipid panel. Patient declined straight catheterization for urine collection, and two venipuncture attempts were unsuccessful due to vein infiltration. Patient reported decreased fluid intake and requested that laboratory collection be reattempted next week. Education was provided regarding adequate hydration, unless otherwise restricted by the provider, to support circulation and facilitate specimen collection; patient verbalized understanding. Plan for the next visit includes reassessment of hydration status, monitoring of neurological and functional status, reinforcement of fall-prevention measures related to left-sided weakness, and reattempting ordered laboratory collection as tolerated. The provider will be notified of the unsuccessful blood collection attempts and the patient's refusal of straight catheterization. <span
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:10.5000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:10.5000pt;mso-font-kerning:1.0000pt;">Mir, Hafsa

SN Careplans

SN WK1: 1 (08/19/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 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:JACKI MCCANTS

08/22/2026 Problems : D0700 - Social Isolation
M1610 - Urinary Incontinence
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
limited range of motion
limited endurance
limited strength
B1000 - Vision Deficit
meal preparation
D0160 - Depression

SN Goals

PATIENT-STATED GOAL: Maintain blood sugar level within a safe range to prevent complications

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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, bladder training, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired, coordinate/arrange long-term socialization activities

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule

PT Careplans

PT WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26)

08/24/2026 Problems : GG0170F1 - Toilet Transfer
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170S1 - Wheel 150 feet
GG0170M1 - 1 - Step (curb)
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170P1 - Picking Up Object
GG0170I1 - Walk 10 Feet
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170D1 - Sit to Stand
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer

PROCEDURES: home exercise program: HEP included seated marches, LAQ, ankle pumps, sit-to-stands, standing weight shifts, balance exercises, and gait training to improve strength, coordination, and safety., transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 02. Substantial/maximal assistance, Car Transfer - 02. Substantial/maximal assistance, Sit to Stand - 02. Substantial/maximal assistance, Toilet Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

PT Goals

PATIENT-STATED GOAL: To stand with rolling walker for at least 1 minute

GOALS
Sit to Stand - 02. Substantial/maximal assistance

Chair to Bed to Chair - 02. Substantial/maximal assistance

Car Transfer - 02. Substantial/maximal assistance

Toilet Transfer - 03. Partial/moderate assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

1 - Step (curb) - 02. Substantial/maximal assistance

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

OT Careplans

OT WK1: 1 (08/19/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK7: 1 (09/27/26-10/03/26) ,WK8: 1 (10/04/26-10/10/26)

08/19/2026 Problems : M1400 - Dyspnea
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130F1 - Upper Body Dressing
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
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, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching 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, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: Patient goal is to be able to dress herself again and to be able to walk

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

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

Don/Doff Footwear - 05. Setup or clean-up assistance

patient/caregiver recalls
* prescribed dietary modifications
* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* recalls related medication(s) purpose, schedule

patient/caregiver recalls

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

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

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 4 of 4
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