

Home Health Certification and Plan of Care										Order ID: 1163/945													
1. Patient s HI claim No.			2. Start Of Care Date			3. Certification Period			4. Medical Record No.			5. Provider No.											
441017094			03/23/2026			From: 03/23/2026 To: 05/21/2026			1291			497754											
6. Patient's Name and Address Tarasia Remhof 1775 Faversham Way, WOODBIDGE, VA 22192- 571-814-8877						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 11/09/1959						9.Sex Female						10. Medications: Dose/Frequency/Route (N)ew (C)hanged Amlodipine Besylate - Amlodipine Besylate eq 5 mg base eq 5 mg base / 1 Tablet by mouth once a day for HTN Atorvastatin Calcium - Atorvastatin Calcium 40 mg 1 Tablet by mouth at bedtime for HLD Cholecalciferol Oral Capsule 25 MCG 1 Capsule by mouth once a day for vitamin D deficiency Magnesium Oxide - Simethicone 400mg / 2 Tablet by mouth twice a day hypomagnesemia METHIMAZOLE 10 mg 0 10 mg / 1 Tablet by mouth once a day for hyperthyroidism Thera-M Oral Tablet (Multiple Vitamins w/ Mineral) 1 Tablet by mouth once a day for supplement											
11. ICD 182.403		Principal Diagnosis Acute embolism and thombos unsp deep veins of low extrm bi				Date 03/23/26																	
13. ICD 110.		Other Pertinent Diagnoses Essential (primary) hypertension				Date 03/23/26																	
E78.5		Hyperlipidemia unspecified				03/23/26																	
E05.00		Thyrotoxicosis w diffuse goiter w/o thyrotoxic crisis				03/23/26		15. Safety Measures: wheelchair precautions, , , , emergency phone # clearly displayed, bathroom safety, ambulates with device, ambulates with assistance															
M17.0		Bilateral primary osteoarthritis of knee				03/23/26																	
E66.9		Obesity unspecified				03/23/26																	
Z68.39		Body mass index [BMI] 39.0-39.9 adult				03/23/26																	
Z85.820		Personal history of malignant melanoma of skin				03/23/26		17. Allergies: Corn, Adhesive Tape															
Z86.0101		Personal history of adeno				03/23/26																	
14. DME and Supplies: bath bench, wheelchair, hospital bed						18.A. Functional Limitations Ambulation, Endurance, Bowel/Bladder Incontinence						18.B. Activities Permitted Wheelchair, Up As Tolerated											
19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations 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: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.						22.B.Discharge Plans family/caregiver will be responsible for managing treatment																	
Homebound status: Due to diagnosis of Acute embolism and thrombosis of unspecified deep veins of lower extremity, bilateral, 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 <div>The patient is a 66-year-old White female residing with her twin sister in a senior living community, with additional support Requiring Homecare:from a daytime private aide. She was recently hospitalized following a syncopal episode, after which emergency services were activated by her sister. Her past medical history is significant for a recent large intraparenchymal hemorrhage resulting in right-sided hemiparesis, Graves' disease, obesity, and bilateral knee osteoarthritis, with associated deconditioning and functional decline. On assessment, the patient is alert and oriented to person, place, and time; however, she demonstrates mild cognitive impairment with forgetfulness and requires cueing to recall the current year and day of the week. She is easily redirected and cooperative with care. Neurologically, she presents with aphasia but is able to state her name and date of birth. Facial symmetry is intact, pupils are equal and reactive to light, and bilateral hand grasps are equal. Sensation is intact. Respiratory assessment reveals clear lung sounds without use of accessory muscles. The abdomen is distended but soft and non-tender with active bowel sounds in all four quadrants. The patient is incontinent of both bowel and bladder. Bilateral lower extremity swelling is noted to have decreased compared to prior assessments. Functionally, the patient is primarily wheelchair-dependent and requires assistance with all mobility tasks. She is able to perform limited ambulation up to approximately 30 feet using a front-wheeled walker with close supervision and frequent rest breaks due to decreased endurance and impaired motor control. Transfers, including sit-to-stand and bed-to-chair mobility, require partial to moderate assistance. She is able to feed herself with setup assistance but requires support for most other activities of daily living. The patient currently sleeps in a recliner lift chair. Durable medical equipment in place includes a wheelchair, hospital bed, and Hoyer lift; however, she would benefit from a front-wheeled walker to support mobility training. The patient reports bilateral knee pain with partial relief from prescribed medications. She demonstrates impaired strength, balance, coordination, and safety awareness, placing her at high risk for falls. Skilled physical therapy interventions have focused on therapeutic exercise, neuromuscular re-education, transfer training, gait training, and postural control to improve safety and functional independence. The patient actively participates in therapy; however, progress is limited by persistent weakness, reduced endurance, and motor control deficits. The plan of care includes continuation of skilled physical therapy to address deficits in strength, balance, and mobility, with the goal of maximizing functional recovery, improving safety, and reducing caregiver burden. Ongoing education is provided to the patient and caregivers regarding safe transfer techniques, fall prevention strategies, and proper use of assistive devices. Given her current functional limitations, need for assistance, and high fall risk, the patient is considered homebound and requires continued multidisciplinary support to maintain safety and optimize quality of life.</div><div> </div><div>Date of Order</div><div>03/23/2026</div><div>Orders</div><div>03/10/2026</div><div>Physician Face-to-Face Date: 03/10/2026</div><div>Physician Face-to-Face Date: 03/10/2026</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>1 - SOC - SN Notes: soc</div><div>PT Eval Notes:</div><div>OT Eval Notes:</div><div>Physician</div><div>Khan, Sabuhi</div></div>																							
SN Careplans										SN Goals													
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 03/23/2026										25. Date HHA Received Signed POT													
24. Physician's Name and Address Sabuhi Khan 4315 Chain Bridge Rd Fairfax, VA 22030 PHONE: 7039345000 FAX: NPI: 1417019472										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 : 03/10/2026													
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. PAGE 1 of 3													

Home Health Certification and Plan of Care				Order ID: 1163/945	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
441017094		03/23/2026		From: 03/23/2026 To: 05/21/2026	
				4. Medical Record No.	
				1291	
				5. Provider No.	
				497754	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Tarasia Remhof			Grace Home Healthcare, LLC		
1775 Faversham Way,			9735 Main Street Suite 200 Fairfax,		
WOODBRIDGE, VA 22192-			Fairfax, VA 22031-3736		
571-814-8877			703-865-7370		
			1073904009		
SN WK1: 1 (03/23/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26)			PATIENT-STATED GOAL: I want to sleep in my bed		
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			GOALS		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
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			* lifestyle modifications to manage respiratory condition including		
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			* diet changes and regular exercise		
Advance Directive:Living Will			* strategies to control shortness of breath		
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, M1620 - Bowel Incontinence, frequent urination, increased urine output, swelling of affected area, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit			* home remedies to keep lungs healthy		
PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, home exercise program: Eval and treat by therapy, coordinate/arrange preparation of missing meals: Sister prepared			* recalls related medication(s) purpose, schedule		
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, * bowel incontinence management including dietary changes bowel training skin care, 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			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		
			* strategies to increase caloric intake		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* bowel incontinence management including dietary changes		
			* bowel training		
			* skin care		
			* 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 Goals		
PT WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-05/02/26)			PATIENT-STATED GOAL: Patient desire to perform STS independently		
PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170G1 - Car Transfer, GG0170S1 - Wheel 150 feet, GG0170C1 - Lying to sitting/bed, GG0170B1 - Sit to Lying, GG0170A1 - Roll left & Right, GG0170F1 - Toilet Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170I1 - Walk 10 Feet, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, 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			GOALS		
PROCEDURES: wheelchair training, transfers training			patient/caregiver recalls		
TEACH PATIENT/CAREGIVER: * 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, Roll left & Right - 06. Independent, Sit to Lying - 06. Independent, Lying to sitting/bed - 06. Independent, Chair to Bed to Chair - 04. Supervision or touching assistance, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 01. Dependent, 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, Car Transfer - 04. Supervision or touching 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			* 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		
			Roll left & Right - 06. Independent		
			Sit to Lying - 06. Independent		
			Lying to sitting/bed - 06. Independent		
			Chair to Bed to Chair - 04. Supervision or touching assistance		
			Sit to Stand - 04. Supervision or touching assistance		
			Toilet Transfer - 01. Dependent		
			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		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles RN			03/23/2026		

Home Health Certification and Plan of Care				Order ID: 1163/945	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
441017094		03/23/2026		From: 03/23/2026 To: 05/21/2026	
				4. Medical Record No.	
				1291	
				5. Provider No.	
				497754	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Tarasia Remhof			Grace Home Healthcare, LLC		
1775 Faversham Way,			9735 Main Street Suite 200 Fairfax,		
WOODBIDGE, VA 22192-			Fairfax, VA 22031-3736		
571-814-8877			703-865-7370		
			1073904009		
			12 Steps - 02. Substantial/maximal assistance		
			4 Steps - 02. Substantial/maximal assistance		
			Car Transfer - 04. Supervision or touching 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 Goals		
OT WK1: 1 (03/23/26-03/28/26) ,WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26)			PATIENT-STATED GOAL: I want to get stronger and and be able to dress myself;I want to get stronger and and be able to stand again		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with Therapy activities, Pain Interference with ADLs, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating			GOALS		
PROCEDURES: equipment training, work simplification/energy conservation			patient/caregiver recalls		
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 - 05. Setup or clean-up assistance, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 01. Dependent, Eating - 05. Setup or clean-up assistance			* 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		
			Shower/Bathe Self - 03. Partial/moderate assistance		
			Oral Hygiene - 05. Setup or clean-up assistance		
			Toileting Hygiene - 03. Partial/moderate assistance		
			Upper Body Dressing - 05. Setup or clean-up assistance		
			Don/Doff Footwear - 01. Dependent		
			Eating - 05. Setup or clean-up assistance		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/23/2026