

Home Health Certification and Plan of Care				Order ID: 1163/244	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
7KD1UF2NT25		08/30/2025		From: 08/30/2025 To: 10/28/2025	
				4. Medical Record No.	
				174	
				5. Provider No.	
				497754	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
William Gibbs				Grace Home Healthcare, LLC	
8129 Ridge Creek Way,				9735 Main Street Suite 200 Fairfax,	
SPRINGFIELD, VA 22153-				Fairfax, VA 22031-3736	
703-304-4932				703-865-7370	
				1073904009	
8. DOB				9. Sex	
07/16/1950				Male	
11. ICD		Principal Diagnosis		Date	
N39.0		Urinary tract infection site not specified		08/30/25	
13. ICD		Other Pertinent Diagnoses		Date	
N40.1		Benign prostatic hyperplasia with lower urinary tract symp		08/30/25	
N13.8		Other obstructive and reflux uropathy		08/30/25	
R33.8		Other retention of urine		08/30/25	
E11.42		Type 2 diabetes mellitus with diabetic polyneuropathy		08/30/25	
I10.		Essential (primary) hypertension		08/30/25	
E03.9		Hypothyroidism unspecified		08/30/25	
F02.82		Dem in other dis classd elswhr unsp sev with psych distrb		08/30/25	
E78.5		Hyperlipidemia unspecified		08/30/25	
K52.9		Noninfective gastroenteritis and colitis unspecified		08/30/25	
Z79.84		Long term (current) use of oral hypoglycemic drugs		08/30/25	
14. DME and Supplies:				15. Safety Measures:	
diabetic supplies, grab bars				medication safety, fall precautions, standard precautions, bathroom safety	
16. Nutrition:				17. Allergies:	
regular				penicillins	
18.A. Functional Limitations				18.B. Activities Permitted	
Bowel/Bladder Incontinence				Up As Tolerated	
19. Mental & Pyschosocial Status:				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs, inability to appropriately stop activities, jeopardizes safety through actions!6. Delusional, hallucinatory, or paranoid behavior, HISTORY OF DEPRESSION: No				Norvasc - Amlodipine Besylate 5 mg, Take 1 tablet by mouth once a day Aspirin - Aspirin 81 mg , Tablet by mouth once a day Proscar - Finasteride 5 mg ,Tablet by mouth once a day Synthroid - Levothyroxine Sodium 100 mcg , Tablet by mouth in the morning Before breakfast. Prinivil - Lisinopril 40 Mg , Tablet by mouth once a day Glucophage - Metformin Hydrochloride 1,000 mg ,Tablet by mouth twice a day 1,000 mg, oral, 2 times daily with meals Risperdal - Risperidone 0.25 mg , Tablet by mouth twice a day Zocor - Simvastatin 40 Mg , Tablet by mouth at bedtime Desyrel - Trazodone Hydrochloride 50 mg , Take 1-2 tablets as needed by mouth twice a day morning and bedtime Aricept - Donepezil Hydrochloride 10 mg , Tablet by mouth at bedtime Mirtazapine - Mirtazapine 15 Mg, Tablet by mouth at bedtime Doxazosin - Doxazosin Mesylate 2 Mg, Tablet by mouth once a day Namenda - Memantine Hydrochloride 10 mg, Tablet by mouth twice a day Vit B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 1,000mcg, tab by mouth once a day Bactrim Ds - Sulfamethoxazole: Trimethoprim 800 mg;160 mg 1 tab by mouth every 12 hours	
20. Prognosis:				22. A Rehabilitation Potential:	
poor				SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.	
22. A Rehabilitation Potential:				22.B.Discharge Plans	
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.				family/caregiver will be responsible for managing treatment	
Homebound status: Due to diagnosis of Urinary Tract Infection Site Not Specified , 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 75-year-old African American male with a past medical history significant for stage 6 dementia with severe memory loss, personality changes, and disorientation, as well as benign prostatic hyperplasia with urinary retention requiring Foley catheter placement. His medical history is also notable for recurrent urinary tract infections, anxiety, diarrhea, hyperlipidemia, hypertension, type 2 diabetes mellitus, hypothyroidism, obstructive sleep apnea, osteoarthritis, peripheral neuropathy, thyroid cancer status post thyroid surgery, transient ischemic attack, and prostate surgery. He was recently hospitalized from 8/23/2025 to 8/27/2025 for urinary retention, at which time a Foley catheter was placed and he was discharged home with prescribed antibiotics. A urology follow-up is scheduled for 9/8/2025 to evaluate possible catheter removal. The patient currently resides with his wife, Julia, who is his primary caregiver and durable power of attorney. He requires constant physical assistance with all basic activities of daily living, including bathing, grooming, toileting, dressing, and medication management, due to advanced dementia and significant cognitive decline since his recent hospitalization. Prior to this admission, he was able to ambulate independently but required standby to intermittent assistance with bathing and constant assistance for toileting and dressing. At present, he demonstrates bilateral lower extremity weakness affecting transfers and ambulation, particularly when rising from the toilet and other seated positions. A Timed Up and Go (TUG) test score of 18.93 seconds indicates a high risk for falls. On assessment, the patient was alert but confused, consistent with his dementia baseline. Vital signs were stable. Bilateral breath sounds were clear to auscultation, with even, unlabored respirations. Abdomen was soft, non-tender, with active bowel sounds in all quadrants. No lower extremity swelling was observed. Skin was warm and dry; mucous membranes were pink. Bruising was noted on both arms from prior IV access during hospitalization, and self-inflicted scratches were present on the arms. No open wounds were observed. The patient's appetite is poor; he is refusing meals but has been taking small bites of food and drinking Glucerna for nutritional support. His wife reports a continued decrease in oral intake. Education was provided to the caregiver regarding safe Foley catheter care, hydration encouragement, fall prevention, and nutritional support strategies. Medications were reconciled with his wife, and she verbalized understanding of administration and potential side effects. The patient will benefit from skilled nursing and therapy services to monitor catheter care, provide wound and skin integrity assessment, reinforce safe mobility training, and support caregiver education in dementia care strategies. Continued therapy is recommended to address strength, balance, endurance, and functional mobility in order to maintain safety and prevent further decline. Plans are underway for the patient to return to Insight Memory Care facility three times weekly, with dates pending.</div><div></div><div> </div><div>Date of Order</div><div>08/30/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 08/27/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat due to Urinary Tract Infection Site Not Specified</div><div>Homebound Status per Certifying</div></div>					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 08/30/2025					
24. Physician's Name and Address				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.	
Jasmine Finch				F2F date : 08/27/2025	
6501 Loisdale Ct					
Springfield, VA 22150					
PHONE: 7033597878 FAX: NPI: 1558780726					
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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Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div>
</div><div>1 - SOC - SN Notes:</div><div>OT Eval Notes:</div><div>PT Eval Notes:</div><div>Physician</div><div>Finch, Jasmine</div>

SN Careplans SN WK1: 1 (08/30/25-08/30/25) ,WK2: 1 (08/31/25-09/06/25) ,WK3: 1 (09/07/25-09/13/25) ,WK4: 1 (09/14/25-09/20/25) ,WK5: 1 (09/21/25-09/27/25) ,WK6: 1 (09/28/25-10/04/25) ,WK7: 1 (10/05/25-10/11/25) ,WK8: 1 (10/12/25-10/18/25) ,WK9: 1 (10/19/25-10/25/25) 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, blood sugar < 60 > 300 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, 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, 8. Currently reports exhaustion 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:Durable power of attorney for health care/Medical power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1745 - Behavioral Issues, M1700 - Cognition, M2020 - Oral Med Management, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, urine retention, M1610 - Urinary Catheter, muscle weakness, limited endurance, limited strength, balance deficit, withdrawal from conversations, not interested in feeding, loss of appetite, bruising/discoloration PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, monitor intake & output, catheter change, care & irrigation: To be managed by Kaiser Urology 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule	SN Goals PATIENT-STATED GOAL: Severe Dementia, No Goals GOALS patient/caregiver recalls * prevention including increase fluid intake * increase Vitamin C intake to promote acidic bladder environment (cranberry juice) * perineal hygiene * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet * exercise * home remedies * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet * exercise * monitoring of blood pressure * blood sugar * home * recalls related medication(s) purpose, schedule remedies patient/caregiver recalls * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic diet * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to keep home safe for patient with dementia * coping strategies for the caregiver * recalls related medication(s) purpose, schedule patient/caregiver recalls * lifestyle modifications * low-residue dietary guidelines * alternative medicine options for ulcerative colitis * 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 * prevention exacerbation of anxiety condition including coping patterns * improved concentration * strategies to reduce anxiety * identification of anxiety precipitants, conflicts, and threats * recalls related medication(s) purpose, schedule patient/caregiver recalls * management of mental health condition including joining a peer group * maintaining regular contact with mental health professional * avoiding known stressors * controlling impulses * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to increase caloric intake * recalls related medication(s) purpose, schedule patient/caregiver recalls * urinary catheter management including how to flush catheter * change and wash drainage bags * prevent infection including proper handwashing * positioning of catheter
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/30/2025

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	* recalls related medication(s) purpose, schedule - patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule - patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule
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PT Careplans PT WK2: 1 (08/31/25-09/06/25) ,WK3: 1 (09/07/25-09/13/25) ,WK4: 1 (09/14/25-09/20/25) ,WK5: 1 (09/21/25-09/27/25) PROBLEMS IDENTIFIED ON ASSESSMENT: 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: Medication Review: Medications reviewed with patient/caregiver , home exercise program: instructed with pt and caregiver due to significant cognitive deficits secon to Dementia dx, BLE 2x10, 5-6X/week: seated HR/TR, sit to stands, NBOS static balance, LAQs, standing SLR hip abd, sit to stands, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises TEACH PATIENT/CAREGIVER: Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Medication Review	PT Goals PATIENT-STATED GOAL: Wife states on pt's behalf: to be able to rise/sit from/onto toilet when toileting, walk around home and neg stairs with more normalized cadence and stepping mechanics, as he walks wide BOS and slowly according to wife and pt GOALS Medication Review Sit to Stand - 04. Supervision or touching assistance Chair to Bed to Chair - 04. Supervision or touching assistance Car Transfer - 04. Supervision or touching assistance Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 _ Step (curb) - 06. Independent 4 Steps - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent
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OT Careplans OT WK2: 1 (08/31/25-09/06/25) ,WK3: 1 (09/07/25-09/13/25) ,WK4: 1 (09/14/25-09/20/25) ,WK5: 1 (09/21/25-09/27/25) ,WK6: 1 (09/28/25-10/04/25) PROBLEMS IDENTIFIED ON ASSESSMENT: 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 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	OT Goals PATIENT-STATED GOAL: Participate with dressing, oral care, and return to Insignt Memory care 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
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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