Home Health Certification and Plan of Care

Order ID: 1163/436

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
451041422	10/28/2025	From: 10/28/2025 To: 12/25/2025	585	497754

6. Patient's Name and Address

Sook Kim
6507 Susan Barkley Court,
ALEXANDRIA, VA 22315-
703-725-3834

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 04/24/1943 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
K80.30	Calculus of bile duct w cholangitis unsp w/o obstruction	10/28/25

13. ICD	Other Pertinent Diagnoses	Date
K74.60	Unspecified cirrhosis of liver	10/28/25
B18.1	Chronic viral hepatitis B without delta-agent	10/28/25
K76.6	Portal hypertension	10/28/25
C22.0	Liver cell carcinoma	10/28/25
B00.89	Other herpesviral infection	10/28/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	10/28/25
N18.9	Chronic kidney disease u	10/28/25
D63.1	Anemia in chronic kidney disease	10/28/25
E80.6	Other disorders of bilirubin metabolism	10/28/25
D69.6	Thrombocytopenia unspecified	10/28/25
E87.6	Hypokalemia	10/28/25
M54.6	Pain in thoracic spine	10/28/25
G89.29	Other chronic pain	10/28/25
H35.30	Unspecified macular degeneration	10/28/25
K86.2	Cyst of pancreas	10/28/25
I85.00	Esophageal varices without bleeding	10/28/25
M81.0	Age-related osteoporosis w/o current pathological fracture	10/28/25
F41.9	Anxiety disorder unspecified	10/28/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/28/25
E03.9	Hypothyroidism unspecified	10/28/25
Z79.51	Long term (current) use of inhaled steroids	10/28/25

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

Levothroid - Levothyroxine Sodium 25 mcg, Take 1 tablet by mouth once a day
Lactobacillus Rhamnosus GG (CULTURELLE) 10 billion cell Oral Cap Take 1 capsule by mouth once a day
Protonix - Pantoprazole Sodium 20 mg, Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day 30 to 60 minutes before breakfast and dinner
Baraclude - Entecavir 0.5 mg ,Take 1 tablet by mouth once a day
Xanax - Alprazolam 0.25 mg, Take 1 tablet by mouth twice a day Take 1 tablet by mouth every morning and evening
Lipitor - Atorvastatin Calcium 10 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for cholesterol and heart protection
Fosamax - Alendronate Sodium 70 mg, Take 1 tablet by mouth once a week Take 1 tablet by mouth every week in the morning on an empty stomach with 8 ounce glass of water. Do not lie down for 30 minutes after taking medication
Deltasone - Prednisone 50 mg, Take 3 tablet by mouth three times a day
Benadryl - Diphenhydramine Hydrochloride 25 mg, Take 2 capsule by mouth twice a day Take 1 capsule by mouth one time Take two capsules 1 hr prior to procedure.
Lasix - Furosemide 20 mg, Take 1 tablet by mouth in the morning
Proventil - Albuterol 2.5 mg /3 mL (0.083 %) Inhl ,Use 3 mL inhalant every 4 hours Use 3 mL via nebulizer every 4 hours as needed for wheezing
Atrovent - Ipratropium Bromide 0.02 %, Use 2.5 mL inhl inhalant four times a day
Norvasc - Amlodipine Besylate 5 mg, Take 1 tablet by mouth once a day
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/28/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Uzma Hasan
6551 Loisdale Ct
Springfield, VA 22150
PHONE: 5716222000 FAX: NPI: 1770527814

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 : 10/21/2025

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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Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 tablet by mouth once a day
calcium-magnesium-zinc 333 133-8.3 mg Oral Tab, Take 1 tablet by mouth once a day
Pepcid - Famotidine 20 mg, Take 1 tablet by mouth once a day
Lidoderm - Lidocaine 5 % Top PTMD Patch,Use as directed for low back pain topical as necessary
Coreg - Carvedilol 12.5 mg, Take 1 tablet by mouth twice a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 mcg (2,000 unit) Oral Tab,Take 1 tablet , by mouth once a day

14. DME and Supplies:
bath bench, walker

15. Safety Measures:
smoke detectors , walker precautions, supervision at all times, ambulates with device, , electrical safety measures, bathroom safety

16. Nutrition:
regular

17. Allergies:
clindamycin iodinated contrast media

18.A. Functional Limitations
Endurance, Speech, Ambulation

18.B. Activities Permitted
Cane, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: 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: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

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 Calculus Of Bile Duct With Cholangitis, Unspecified, Without Obstruction, 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: The patient is an 83-year-old Asian female with a complex medical history-including cholecystitis with bile duct stone/cholangitis, hepatitis B with cirrhosis, hepatic carcinoma/portal hypertension, GERD with esophageal varices, chronic back pain, hypertension, chronic kidney disease with anemia/thrombocytopenia, osteoarthritis, hypothyroidism, anxiety, and prior history of falls-who resides with her son and family in a multi-level single-family home. She was alert but oriented to person and place only per nursing note, speaks Korean, is pleasant and participatory, and has no documented advance directives or DPOA; code status is Full Code. Physical exam revealed jaundiced skin tone, warm dry skin, pink mucous membranes, clear bilateral breath sounds, soft non-tender abdomen with active bowel sounds, 2+ pitting bilateral pedal edema, and palpable pedal pulses. The patient ambulates indoors independently using a single-point assist cane (SAC) and outdoors with a rolling walker for safety; however, she presently requires standby supervision for safety, cannot rise from low seats without assistance, and needs help to stand from sitting. A mechanical stair lift is installed at the home entry; the family reports several exterior steps without a handrail. The patient uses a bath bench and will benefit from a toilet frame; caregivers and patient were taught and demonstrated understanding of recommended home safety setup. Allergies: clindamycin and contrast dye. Medication reconciliation was completed with the caregiver; appetite is fair. Physical therapy evaluation documented decreased lower-extremity strength, endurance, standing tolerance, gait steadiness, and balance; the patient tolerated demonstration of seated and standing therapeutic exercises and a home exercise program (HEP), and both patient and caregivers verbalized understanding and agreement. Education provided focused on safe transfers, equipment use, HEP, stair training progression, and home safety/fall prevention. Plan of care: initiate skilled outpatient/home physical therapy to increase strength, endurance, standing and ambulation tolerance, balance, and safety training with incorporation of stair training and equipment recommendations (toilet frame, continued use of bath bench and RW/SAC as appropriate); continue coordination with caregivers for HEP adherence and home modifications, monitor skin/edema and cardiopulmonary status, and reassess functional mobility and safety as therapy progresses.
 Date of Order 10/28/2025 Orders Physician Face-to-Face Date: 10/21/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat HHA due to Calculus Of Bile Duct With Cholangitis, Unspecified, Without Obstruction Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes: Physician Hasan, Uzma

SN Careplans

SN WK1: 1 (10/28/25-11/01/25) ,WK2: 1 (11/02/25-11/08/25) ,WK3: 1 (11/09/25-11/15/25) ,WK4: 1 (11/16/25-11/22/25) ,WK5: 1 (11/23/25-11/29/25) ,WK6: 1 (11/30/25-12/06/25) ,WK7: 1 (12/07/25-12/13/25) ,WK8: 1 (12/14/25-12/20/25)

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

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

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

SN Goals

PATIENT-STATED GOAL: Patient is Non-verbal. Caregiver would like her Ambulate with her Cane without falling

GOALS
patient/caregiver recalls
* dietary modifications for gallbladder disorder
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary modifications for liver disorder
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
10/28/2025

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PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, M1400 - Dyspnea, dependent edema, weak pulses in feet, heartburn/indigestion, nausea/vomiting, urine retention, limited endurance, limited strength, muscle weakness, withdrawal from conversations, balance deficit, involuntary movement of extremity, lethargy, not interested in feeding, loss of appetite, jaundice

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * dietary modifications for gallbladder disorder, related medication(s) purpose, schedule, * dietary modifications for liver disorder, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* 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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* 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
* low-fat diet
* lifestyle modifications to manage esophageal condition
* 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 keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans	PT Goals

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/28/2025

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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: Medication Review: Medications reviewed with patient/caregiver. , home exercise program: Seated therex BLE 2x10 daily or per tol: HR wth 5 lb resist on DB distal thigh, red tb TR, red tb clams, iso hip add pillow squeezes, red tb LAQ, marches with or without red tb, sit to stands with SAC,, standing tolerance exercises, static standing balance exercises, gait training/stair training, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 06. Independent, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: To feel stronger in BLE to be able to tol walk around home/between rooms with SAC, use bathrooms/toilet/shower, and neg steps outside of home to exit/enter home, with improved strength, endurance and tolerance for standing and walking.

GOALS
Toilet Transfer - 06. Independent

1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 04. Supervision or touching assistance

Car Transfer - 04. Supervision or touching assistance

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

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PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, 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, 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, Oral Hygiene - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 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

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

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 4 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/28/2025