Home Health Certification and Plan of Care

Order ID: 1163/455

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
02209894	10/31/2025	From: 10/31/2025 To: 12/28/2025	591	497754

6. Patient's Name and Address

Lawrence Nicholson
3675 Ketchum Ct,
WOODBRIDGE, VA 22193-
703-501-2970

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 12/08/1951 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
K51.90	Ulcerative colitis unspecified without complications	10/31/25

13. ICD	Other Pertinent Diagnoses	Date
J18.9	Pneumonia unspecified organism	10/31/25
J96.01	Acute respiratory failure with hypoxia	10/31/25
E11.65	Type 2 diabetes mellitus with hyperglycemia	10/31/25
I11.0	Hypertensive heart disease with heart failure	10/31/25
I50.31	Acute diastolic (congestive) heart failure	10/31/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/31/25
E78.5	Hyperlipidemia unspecified	10/31/25
I48.91	Unspecified atrial fibrillation	10/31/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	10/31/25
D62.	Acute posthemorrhagic anemia	10/31/25
E87.6	Hypokalemia	10/31/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	10/31/25
E66.9	Obesity unspecified	10/31/25
Z68.30	Body mass index [BMI] 30.0-30.9 adult	10/31/25
Z95.5	Presence of coronary angioplasty implant and graft	10/31/25
Z85.46	Personal history of malignant neoplasm of prostate	10/31/25
Z85.850	Personal history of malignant neoplasm of thyroid	10/31/25
Z85.118	Personal history of malignant neoplasm of bronchus and lung	10/31/25
Z87.891	Personal history of nicotine dependence	10/31/25

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

Tylenol - Acetaminophen 650 mg , by mouth every 6 hours
Augmentin - Amoxicillin: Clavulanate Potassium 875 - 125 mg , Take 1 tablet by mouth twice a day
Lipitor - Atorvastatin Calcium 40 mg Tablet by mouth once a day
Imodium - Loperamide Hydrochloride 2 mg , Capsule by mouth four times a day As needed
Protonix - Pantoprazole Sodium 40 mg , tablet by mouth once a day

14. DME and Supplies:

diabetic supplies, bath bench, walker, grab bars

15. Safety Measures:

walker precautions, sharps precautions, ambulates with device,

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

aspirin heparin

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Endurance, Ambulation

18.B. Activities Permitted

Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Ulcerative Colitis Unspecified Without Complications, 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 a 73-year-old African-American male who lives with his wife and presented alert and oriented 4 for admission to home health services following recent medical care. His past medical history is significant for type 2 diabetes mellitus (this morning's fingerstick glucose 78 mg/dL), ulcerative colitis, atrial fibrillation, coronary artery disease, and hypokalemia. He reports no shortness of breath or pain and has a good appetite. Skin was warm and dry with pink mucous membranes; bilateral breath sounds were clear to auscultation and the abdomen was soft and non-tender with active bowel sounds. Dependent pitting edema was noted at the ankles and feet but peripheral pulses were present. The patient ambulates indoors without his walker, demonstrating a steady and balanced gait. He uses a CPAP at night. Allergies documented: analogues and aspirin (ASA). Medications were reviewed and reconciled with the patient and caregiver; the patient verbalized understanding of the regimen. A shower chair with back and armrests was recommended for safety; suggestion for ongoing use of assistive device when leaving the home was made given his comorbidities and edema. Education provided included medication compliance, fall-prevention strategies, skin and edema monitoring, and to report any new shortness of breath, chest pain, palpitations, syncope, increased swelling, unexplained bleeding, or changes in bowel habits. Plan: initiate skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> to monitor vitals and blood glucose, assess edema and skin integrity, review medications and reinforce education; coordinate with the primary care provider/cardiology for atrial fibrillation and CAD management and with the patient's physician regarding hypokalemia monitoring and any need for electrolyte repletion; consider compression/leg elevation strategies and safe use of the recommended shower chair; continue to encourage activity as tolerated and reassess functional mobility and fall risk at subsequent <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh>. The patient and spouse demonstrated understanding of the plan.
 Date of Order 10/31/2025 Orders Physician Face-to-Face Date: 10/22/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat due to Ulcerative Colitis Unspecified Without Complications 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 OT Eval

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/31/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Stuart Hopkins
14139 Potomac Mills Road
Woodbridge, VA 22192
PHONE: 7034908400 FAX: 17034907635 NPI: 1962569996

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 : 10/22/2025

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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Notes: Physician Hopkins, Stuart

SN Careplans

SN WK1: 1 (10/31/25-11/01/25) ,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, blood sugar < 60 > 300

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

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

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, dependent edema, abnormal BS < 70/140 > mg/dL, constipation, nausea/vomiting, diarrhea, abdominal pain, muscle weakness, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: I would like to feel better and not fall

GOALS
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 cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* 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 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

OT Careplans

OT 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)

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, incentive spirometer, 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 - 06. Independent, 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 - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:

Date

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

Date
10/31/2025