Home Health Certification and Plan of Care

Order ID: 1163/447

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4T86KG1GD79	10/30/2025	From: 10/30/2025 To: 12/27/2025	610	497754

6. Patient's Name and Address
Hector Lopez
225 Embrey Mill Rd,
Stafford, VA 22554-
301-509-4792

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 08/27/1957 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	10/30/25

13. ICD	Other Pertinent Diagnoses	Date
R13.12	Dysphagia oropharyngeal phase	10/30/25
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	10/30/25
I50.42	Chronic combined systolic and diastolic hrt fail	10/30/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	10/30/25
N18.6	End stage renal disease	10/30/25
I95.1	Orthostatic hypotension	10/30/25
E78.5	Hyperlipidemia unspecified	10/30/25
G89.4	Chronic pain syndrome	10/30/25
D86.0	Sarcoidosis of lung	10/30/25
M62.50	Muscle wasting and atrophy NEC unsp site	10/30/25
E43.	Unspecified severe protein-calorie malnutrition	10/30/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/30/25
F29.	Unsp psychosis not due to a substance or known physiol cond	10/30/25
E83.39	Other disorders of phosphorus metabolism	10/30/25
Z99.2	Dependence on renal dialysis	10/30/25

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

Acetaminophen - Acetaminophen 500 MG, Take 1 tablet by mouth every 6 hours as needed for pain.
Atropine Sulfate - Atropine Sulfate Ophthalmic Solution 1%, Instill 3 drops sublingual once a day
Carbidopa And Levodopa - Carbidopa: Levodopa 25-100 MG,Take 1 tablet by mouth three times a day 1 tablet by mouth three times a day for Parkinson's, but not at the same time as Entresto and Metoprolol.
Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 10 MG, Take1 tablet by mouth every 12 hours as needed for muscle spasms.
Docusate Sodium - Docusate Sodium 100 MG, Take 1 capsule by mouth every 12 hours as needed for constipation.
Hydrocodone Bitartrate And Acetaminophen - Acetaminophen: Hydrocodone Bitartrate 7.5-325 MG, Take 1 tablet by mouth every 12 hours as needed for pain
Lidoderm Patch - Lidocaine 5%, Apply to the lower back topical every 12 hours for pain management. The patch should be removed after 12 hours.
Lokelma Oral Packet 10 GM (Sodium Zirconium Cyclosilicate) 10 GM, Take one packet by mouth once a day Take one packet by mouth once a day on Tuesdays, Thursdays, Saturdays, and Sundays for hyperkalemia. It should be taken on dialysis days.
Lokelma Oral Packet 10 GM (Sodium Zirconium Cyclosilicate) 10 mg,Take one packet by mouth twice a day Take one packet by mouth two times a day on Tuesday, Thursday, Saturday, and Sunday for hyperkalemia.
Metoprolol Er - Hydrochlorothiazide: Metoprolol Succinate 25 MG, Take one tablet by mouth at bedtime Take one tablet by mouth at bedtime for hypertension. Hold if systolic blood pressure (SBP) is less than 110 or heart rate (HR) is less than 60.
Midodrine Hydrochloride - Midodrine Hydrochloride 10 MG, Take one tablet by mouth three times a day Take one tablet by mouth three times a day for hypotension and syncope. Do not take after the evening meal or within four hours of bedtime to avoid supine hypertension. Hold if systolic blood pressure (BP) is greater than 120.
Ondansetron Hydrochloride - Ondansetron Hydrochloride 4 MG, Take one tablet by mouth every 8 hours as needed for nausea and vomiting.
Pantoprazole Sodium - Pantoprazole Sodium 40 MG ,Take 1 tablet by mouth once a day as needed for heartburn.
Rosuvastatin Calcium - Rosuvastatin Calcium 40 MG, Take 1 tablet by mouth at bedtime Take 1 tablet by mouth at bedtime for lipid control.
Entresto - Sacubitril: Valsartan 24-26 MG , Take 0.5 tablet by mouth every 12 hours Take 0.5 tablet by mouth every 12 hours for chronic heart failure. Hold if systolic blood pressure is less than 120.
Velphoro - Sucroferric Oxyhydroxide 500 MG,Take 2 tablets by mouth three times a day Take 2 tablets by mouth three times a day for hyperphosphatemia. Take with meals, chew or crush the tablet before swallowing.

14. DME and Supplies:
grab bars, diabetic supplies, rolling walker, walker, cane

15. Safety Measures:
walker precautions, no bp left arm, , , diabetic precautions, sharps precautions, ambulates with device, ambulates with assistance, , bathroom safety

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Walker, 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: 2. Sometimes, 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: 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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Parkinson'S Disease Without Dyskinesia, Without Mention Of Fluctuations, 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.

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/30/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Amir Alemzadeh
12731 Marblestone Dr Ste 200
Woodbridge, VA 22192
PHONE: 7038974700 FAX: 17038976603 NPI: 1205926854

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 : 10/27/2025

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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Clinical Condition Requiring Homecare:

The patient is a 65-year-old Hispanic male who resides with his daughter and her family in a single-family home. He was observed seated at the kitchen table conversing with a family member, appearing alert and oriented to person, place, and time. His past medical history is significant for Parkinson's disease with associated dysphagia and slurred speech. He is hard of hearing in the right ear and owns hearing aids, though he does not routinely wear them. The patient does not have a designated durable power of attorney (DPOA) or advance directives and is currently a Full Code. On examination, the patient's skin was warm and dry with pink mucous membranes. Breath sounds were clear and equal bilaterally on auscultation. The abdomen was soft, non-tender, and exhibited positive bowel sounds in all quadrants. A left arteriovenous (A-V) fistula was present with a palpable thrill and audible bruit, indicating adequate function. No lower-extremity edema was noted. Vital signs were stable. The patient reported no pain and denied shortness of breath. Appetite was fair. He ambulates using a walker; however, his gait is unsteady and unbalanced, placing him at a high fall risk. He utilizes a recliner lift chair at home to assist with transfers and positioning. Medication reconciliation was completed with both the patient and caregiver, who verbalized understanding of the prescribed regimen. Education was provided regarding fall prevention strategies, proper use of assistive devices, and importance of maintaining medication compliance. The patient and his daughter demonstrated understanding of teaching provided. The plan of care includes continued monitoring of the left A-V fistula for patency and signs of complications, ongoing fall risk prevention interventions, reinforcement of safe ambulation and transfer techniques, and continued medication review at each visit. Collaboration with the caregiver will remain essential to ensure safety, medication adherence, and support for the patient's functional independence.
 Date of Order 10/30/2025 Orders Physician Face-to-Face Date: 10/27/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Parkinson'S Disease Without Dyskinesia, Without Mention Of Fluctuations 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 Notes: Physician Alemzadeh, Amir

SN Careplans

SN WK1: 1 (10/30/25-11/01/25) ,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: 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, 9. Other risk(s) not listed in 1- 8

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: D0700 - Social Isolation, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, heartburn/indigestion, limited strength, muscle weakness, limited endurance, balance deficit, withdrawal from conversations, Pain Interference with ADLs, Pain Effect on Sleep, loss of appetite, bruising/discoloration

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange long-term socialization activities

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, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, related medication(s) purpose, schedule, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

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

GOALS
patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* 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
* 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
* 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
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/30/2025

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* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* strategies to increase socialization
* 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

OT Careplans

OT WK2: 1 (11/02/25-11/08/25) ,WK3: 1 (11/09/25-11/15/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, 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, 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, * 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, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 05. Setup or clean-up assistance

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

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

Oral Hygiene - 05. Setup or clean-up assistance

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

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	10/30/2025