Home Health Certification and Plan of Care

Order ID: 1163/381

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8F40U59VD15	10/10/2025	From: 10/10/2025 To: 12/07/2025	444	497754

6. Patient's Name and Address

Dustin Cole
18926 Shelburne Glebe Rd,
LEESBURG, VA 20175-
520-878-6789

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 06/09/1978 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N31.9	Neuromuscular dysfunction of bladder unspecified	10/10/25

13. ICD	Other Pertinent Diagnoses	Date
K59.2	Neurogenic bowel not elsewhere classified	10/10/25
G82.50	Quadriplegia unspecified	10/10/25
N20.0	Calculus of kidney	10/10/25
N21.0	Calculus in bladder	10/10/25
Q87.89	Oth congenital malformation syndromes NEC	10/10/25
Z46.6	Encounter for fitting and adjustment of urinary device	10/10/25
Z87.440	Personal history of urinary (tract) infections	10/10/25
Z87.828	Personal history of oth (healed) physical injury and trauma	10/10/25

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

D-Mannos 500 MG Cap,Take 1 capsule by mouth twice a day Oral Paused since Mon 9/8/2025 until manually resumed
Iron Combinations (IRON COMPLEX PO) Oral tablet by mouth as necessary Take by mouth Once per month - Oral
Zofran - Ondansetron Hydrochloride 4 MG Take 1 tablet by mouth every 8 hours as neede Paused since Mon 9/8/2025 until manually resumed
VITAMIN D-VITAMIN K PO Oral tablet by mouth as necessary
Tylenol - Acetaminophen 500 MG tablet,Take 2 tablets by mouth every 8 hours Take 2 tablets (1,000mg) by mouth every 8 (eight) hours -
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 250 MCG tablet, Take 1 tablet by mouth as necessary
D-Mannose 500 MG Cap,Take 1 capsule by mouth twice a day
Neurontin - Gabapentin 300 MG capsule,Take 1 capsule by mouth twice a day
Ibuprofen - Ibuprofen 200 MG tablet,Take 3 tablets 600 mg by mouth every 8 hours
Iron Combinations Take by mouth Once per month oral by mouth as necessary per month
Zofran - Ondansetron Hydrochloride 4 MG disintegrating tablet,Take 1 tablet by mouth every 8 hours
Ditropan Xl - Oxybutynin Chloride 10 MG 24 hr tablet,TAKE 1 TABLET by mouth as necessary DAILY
Probiotic Product (RisaQuad Take 1 capsule by mouth as necessary daily

14. DME and Supplies:

wheelchair, sliding board

15. Safety Measures:

wheelchair precautions, , bathroom safety

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Contracture, Ambulation

18.B. Activities Permitted

Independent at Home, Wheelchair, 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: fair

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 9. Not Applicable

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status:

Due to diagnosis of Neuromuscular Dysfunction Of Bladder Unspecified, 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 47-year-old Caucasian male who resides alone in a single-family home. He is alert and oriented to person, place, and time. The patient has a history of quadriplegia resulting from a diving accident at age 23, with subsequent development of neurogenic bladder and neurogenic bowel. He currently has a suprapubic Foley catheter in place, draining clear yellow urine to a closed drainage system. His upper extremities are supported with hand splints, and he requires assistance when signing documents due to limited hand mobility. On assessment, the patient's vital signs were stable. His skin was warm and dry to the touch, and mucous membranes were pink and moist. Bilateral breath sounds were clear on auscultation, and no respiratory distress was noted. Lower extremities were intact with no evidence of edema or skin breakdown. The suprapubic catheter site appeared clean, without redness, drainage, or signs of infection. Medications were reviewed and reconciled with the patient, who demonstrated good understanding of his current regimen. The patient has no designated durable power of attorney (DPOA) or advance directives on file and is currently a full code. The admission booklet was reviewed in detail, and consent forms were signed. The patient was educated on catheter site care, infection prevention measures, and the importance of maintaining adequate hydration to prevent urinary complications. Ongoing skilled nursing care will focus on suprapubic catheter management, skin integrity monitoring, medication oversight, and reinforcement of education regarding bowel and bladder care to promote comfort, safety, and continued independence in the home setting.
 Date of Order 10/10/2025 Orders Physician Face-to-Face Date: 10/01/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-suprapubic cath management due to Neuromuscular Dysfunction Of Bladder Unspecified 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 Physician Kennedy, Kinnari

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

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

25. Date HHA Received Signed POT

24. Physician's Name and Address

Kinnari Kennedy
19415 Deerfield Ave Ste 112
Landsdown, VA 20176
PHONE: 7037241195 FAX: 17034800280 NPI: 1952763435

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 : 10/01/2025

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Dustin Cole 18926 Shelburne Glebe Rd, LEESBURG, VA 20175- 520-878-6789	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

SN WK1: 1 (10/10/25-10/11/25) ,WK2: 1 (10/12/25-10/18/25) ,WK3: 1 (10/19/25-10/25/25) ,WK4: 1 (10/26/25-11/01/25) ,WK5: 1 (11/02/25-11/08/25) ,WK6: 1 (11/09/25-11/15/25) ,WK7: 1 (11/16/25-11/22/25) ,WK8: 1 (11/23/25-11/29/25)

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, 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: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, M1610 - Urinary Catheter, limited endurance, muscle spasms, muscle weakness, limited strength, poor muscle tone

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, catheter change, care & irrigation: Please change Supra Pubic 24 Fr 5 cc ballon catheter every 7 days per Doctor's instructions to prevent catheter blockage., 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, * 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, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * 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, 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-STATED GOAL: I do not want another bladder infection

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
* 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 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 is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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 manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

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

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