Home Health Certification and Plan of Care

Order ID: 1163/522

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9XR6V09UG66	11/20/2025	From: 11/20/2025 To: 01/18/2026	698	497754

6. Patient's Name and Address
David Thompson
15740 Gardenia Ridge Way,
HAYMARKET, VA 20169-
703-481-0480

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 10/14/1951 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	11/20/25

13. ICD	Other Pertinent Diagnoses	Date
G31.83	Neurocognitive disorder with Lewy bodies	11/20/25
F02.C4	Dem in other diseases classd elswhr severe with anxiety	11/20/25
I95.9	Hypotension unspecified	11/20/25
S46.911D	Strain unsp musc/fasc/tend at shldr/up arm right arm subs	11/20/25
I87.2	Venous insufficiency (chronic) (peripheral)	11/20/25
D64.9	Anemia unspecified	11/20/25
G62.9	Polyneuropathy unspecified	11/20/25
G47.10	Hypersomnia unspecified	11/20/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	11/20/25
F90.9	Attention-deficit hyperactivity disorder unspecified type	11/20/25
G47.52	REM sleep behavior disorder	11/20/25
B00.9	Herpesviral infection unspecified	11/20/25
E55.9	Vitamin D deficiency unspecified	11/20/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	11/20/25
R35.1	Nocturia	11/20/25

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

Acetylcysteine - Acetylcysteine 500 mg , take 1 capsule by mouth once a week 500 mg , take 1 capsule
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav take 1 tablet by mouth as necessary take by mouth
Ferrous Sulfate - Ferrous Sulfate: Folic Acid take 1 tablet by mouth as necessary take by mouth
fludrocortisone 0.05 mg, take 1 tablet by mouth twice a day take 0.05mg by mouth 2 times daily
Glucosamine Chondroitin - Glucosamine take 1 tablet by mouth once a week Take 1 capsule by mouth Once a week
Krill Oil PO 500 mg by mouth once a day take by mouth daily
Magnesium Glycinate 120 mg take 1 tablet by mouth once a week Take 2 capsules by mouth once a week
Multiple Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox take 1 tablet by mouth as necessary take by mouth
Thiamine Hydrochloride - Thiamine Hydrochloride 100 mg take 1 capsule by mouth once a week 1 capsule once a week
turmeric 500 mg take 1 capsule by mouth as necessary take by mouth
Vitamin D - Ergocalciferol take 1 tablet by mouth as necessary take by mouth
vitamin k2-vitamin D3 take 1 tablet by mouth as necessary take 1 tablet by mouth once week
zinc 50 mg take 1 tablet by mouth as necessary take by mouth
Tessalon - Benzonatate 100 mg take 1 capsule by mouth three times a day take 1 capsule 100 mg three times a day
vibegron 75 mg take 1 tablet by mouth once a day

14. DME and Supplies:
grab bars, wheelchair, bath bench, walker, cane

15. Safety Measures:
smoke detectors , walker precautions, supervision at all times, aspiration 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
Dyspnea With Minimal Exertion, Ambulation, Speech, Endurance

18.B. Activities Permitted
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: 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 or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, 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 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.

Clinical Condition Requiring Homecare: The patient is a 74-year-old Caucasian male with a diagnosis of Lewy body dementia and Parkinson disease who lives with his wife (primary caregiver and DPOA) in a single-family home; he was evaluated for home health services and physical therapy for pronounced strength and mobility deficits. On assessment he was alert to person and place only, with marked expressive speech impairment (able to produce one-two words on request) and constant drooling; his wife provided consent and participated in medication reconciliation and education. Medical history of note includes Parkinson disease without dyskinesia, neurocognitive disorder with Lewy bodies, syncope, sleep apnea, dyskinesia, benign prostatic hyperplasia, anemia, hypotension, vitamin D deficiency, history of herpes simplex, and varicose veins. Skin was pale, warm, and dry; mucous membranes pink; bilateral breath sounds clear; abdomen soft and non-tender with active bowel sounds in all quadrants; no lower-extremity edema observed. Functionally, the patient ambulates with a walker but demonstrates an unsteady, unbalanced gait and requires maximal physical assistance for all basic grooming, dressing, bathing, toileting, and medication/meal management; a home health aide provides daily ADL support in addition to his wife's caregiving. Physical therapy assessment confirmed significant deficits in lower-extremity strength, standing tolerance, balance, and functional mobility; a home exercise program (seated and standing therapeutic exercises) was taught and demonstrated with the patient and caregiver, who verbalized understanding. Education was provided regarding safe home setup, transfer and ambulation techniques, and the goals of therapy. The plan is to initiate ongoing skilled physical therapy to improve strength, endurance, balance, and safe functional mobility, continue skilled nursing for medication management and supervision, involve the HHA and wife in HEP carryover, and monitor for decline with regular reassessment to optimize safety and preserve function.
 Date of Order <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/20/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Elizabeth Buchinsky
8078 Crescent Park Dr Ste 201
Gainesville, VA 20155
PHONE: 7037534999 FAX: 17037535915 NPI: 1164427118

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 : 10/20/2025

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.

Home Health Certification and Plan of Care

Order ID: 1163/522

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9XR6V09UG66	11/20/2025	From: 11/20/2025 To: 01/18/2026	698	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
David Thompson 15740 Gardenia Ridge Way, HAYMARKET, VA 20169- 703-481-0480	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

14px;">11/20/2025 Orders Physician Face-to-Face Date: 10/20/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's 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 PT Eval Notes: Physician Buchinsky, Elizabeth

SN Careplans

SN WK1: 1 (11/20/25-11/22/25) ,WK3: 1 (11/30/25-12/06/25) ,WK4: 1 (12/07/25-12/13/25) ,WK5: 1 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25) ,WK7: 1 (12/28/25-01/03/26) ,WK8: 1 (01/04/26-01/10/26)

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

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: M1745 - Behavioral Issues, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, dizziness/syncope, M1400 - Dyspnea, urine retention, muscle weakness, limited strength, limited endurance, impaired speech, involuntary movement of extremity, balance deficit, withdrawal from conversations, drooling, loss of appetite, pallor

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, 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 modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * lifestyle changes to manage hypotension including diet changes proper posture body position changes wearing of compression stockings, 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 keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * 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, 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

SN Goals

PATIENT-STATED GOAL: Patient is non-verbal. Caregiver goal is for the Patient not to 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
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle changes to manage hypotension including diet changes
* proper posture
* body position changes
* wearing of compression stockings
* recalls related medication(s) purpose, schedule

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 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
* 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 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 WK2: 1 (11/23/25-11/29/25) ,WK3: 1 (11/30/25-12/06/25) ,WK4: 1 (12/07/25-12/13/25) ,WK5: 1 (12/14/25-12/20/25) ,WK6: 1 (12/21/25-12/27/25) ,WK7: 1 (12/28/25-01/03/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170I1 - Walk 10 Feet, GG0130A1 - Eating, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0130B1 - Oral Hygiene, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing

PROCEDURES: Medication Review : Medications reviewed with patient/caregiver., home exercise program: Seated HS stretch BLE several times/day; Seated therex BLE, 1-2x10, 1-2x/daily: sit to stands, marches, LAQ, clams, hip add with pillow squeezes x3-5 sec holds, HR/TR, equipment training, gait training/stair training, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: Sit to Stand - 04. Supervision or touching assistance, Chair to

PT Goals

PATIENT-STATED GOAL: Via caregiver wife: To feel stronger and better balanced in BLE to be able to sit/stand with ease and to tol walk around home/between rooms with improved strength, endurance and tolerance for standing and walking in presence of gradually declining strength, steadiness of gait, and balance in the presence of Parkinson's and Lewy Body Dementia diagnoses.

GOALS
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 - 03. Partial/moderate assistance

Walk 50 ft with 2 Turns - 03. Partial/moderate assistance

Walk 150 Feet - 03. Partial/moderate assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/20/2025

Home Health Certification and Plan of Care

Order ID: 1163/522

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9XR6V09UG66	11/20/2025	From: 11/20/2025 To: 01/18/2026	698	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
David Thompson 15740 Gardenia Ridge Way, HAYMARKET, VA 20169- 703-481-0480	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Bed to Chair - 04. Supervision or touching assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Walk 150 Feet - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance	1 - Step (curb) - 03. Partial/moderate assistance Picking Up Object - 03. Partial/moderate assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/20/2025