Home Health Certification and Plan of Care

Order ID: 1163/561

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
01119504	11/25/2025	From: 11/25/2025 To: 01/23/2026	738	497754

6. Patient's Name and Address
Sivong Chea
649 Herndon Parkway,
HERNDON, VA 20170-
703-587-1420

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 05/05/1955 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	11/25/25

13. ICD	Other Pertinent Diagnoses	Date
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	11/25/25
I10.	Essential (primary) hypertension	11/25/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	11/25/25
E11.69	Type 2 diabetes mellitus with other specified complication	11/25/25
E78.5	Hyperlipidemia unspecified	11/25/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	11/25/25
I65.23	Occlusion and stenosis of bilateral carotid arteries	11/25/25
D50.0	Iron deficiency anemia secondary to blood loss (chronic)	11/25/25
M85.80	Oth disrd of bone density and structure unspecified site	11/25/25
Z79.4	Long term (current) use of insulin	11/25/25
Z79.82	Long term (current) use of aspirin	11/25/25
Z95.1	Presence of aortocoronary bypass graft	11/25/25

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

Calcium Carbonate-Vit D3 (CALCIUM WITH VITAMIN D) Take 1 tablet by mouth once a day
Aspirin - Aspirin 81 mg tablet by mouth once a day
Lipitor - Atorvastatin Calcium 80 mg tablet by mouth once a day
Hyzaar - Hydrochlorothiazide: Losartan Potassium 100-12.5 mg Oral Tab,Take 1 tablet by mouth once a day
insulin aspart-xjhz (KIRSTY) SUBQ soln 5 Units subcutaneous three times a day before meals for diabetic control
Insulin Glargine (LANTUS U-100 INSULIN) 100 unit/mL, 15 units subcutaneous at bedtime for blood sugar control

14. DME and Supplies:
diabetic supplies, walker, cane

15. Safety Measures:
cardiac precautions, , sharps precautions, , diabetic precautions, ambulates with assistance

16. Nutrition:
low sodium, diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, 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 Type 2 Diabetes Mellitus With Hyperglycemia , 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 was admitted to home health for skilled nursing services due to multiple chronic medical conditions and recent acute concerns. She is an adult female with a significant past medical history of hypertension, type 2 diabetes mellitus, dementia, meningioma, hyperlipidemia, coronary artery disease, and bilateral carotid artery stenosis. She was recently evaluated in the hospital under observation after presenting with a critically elevated blood glucose level (>600 mg/dL), was treated, stabilized, and discharged home to the care of her family. On today's visit, the patient was alert and oriented but demonstrated intermittent confusion consistent with her cognitive baseline. She resides at home with her husband, and her family assists with medication administration and chronic disease management. During assessment, both her blood glucose and blood pressure were elevated. Her son contacted the primary care provider via the patient portal while the nurse was present to report the findings. The family expressed concerns that the patient may not be taking her medications as prescribed, is not monitoring her blood sugars consistently, and is not adhering to her diabetic diet. The nurse provided thorough education to the patient and family regarding signs and symptoms of hyper- and hypoglycemia as well as hyper- and hypotension, including when to notify the medical provider or seek emergency care. The family verbalized understanding of all instructions. The patient will continue to benefit from skilled nursing services for close monitoring of blood glucose, blood pressure, medication adherence, and ongoing education to support improved self-management of diabetes and hypertension. Coordination with the primary care provider will continue to ensure appropriate adjustments to her treatment plan.
 Date of Order 11/25/2025 Orders Physician Face-to-Face Date: 11/23/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management due to Type 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-12 CE-FMS-Diabetes">Diabetes</mh> Mellitus With Hyperglycemia 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 Kraszewska, Anna

SN Careplans | SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/25/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Anna Kraszewska
1890 Metro Center Dr
Reston, VA 20190
PHONE: 7037091500 FAX: 17037091764 NPI: 1538237938

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 : 11/23/2025

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
Sivong Chea 649 Herndon Parkway, HERNDON, VA 20170- 703-587-1420	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

SN WK1: 1 (11/25/25-11/29/25) ,WK2: 2 (11/30/25-12/06/25) ,WK3: 2 (12/07/25-12/13/25) ,WK4: 1 (12/14/25-12/20/25) ,WK5: 1 (12/21/25-12/27/25)

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: 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

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: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, meal preparation, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, muscle weakness, poor muscle tone, limited endurance, B1000 - Vision Deficit

PROCEDURES: 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, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: "for my blood sugar to be better"

GOALS
patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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 modification to manage blood condition including dietary changes
* bleeding precautions
* 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
* 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/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/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/25/2025