Home Health Certification and Plan of Care

Order ID: 1163/461

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
971471037	10/30/2025	From: 10/30/2025 To: 12/27/2025	600	497754

6. Patient's Name and Address

Charles Park
7450 Demille Ct,
ANNANDALE, VA 22003-
703-941-4384

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 03/13/1931 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
T83.511A	I/I react d/t indwelling urethral catheter init	10/30/25

13. ICD	Other Pertinent Diagnoses	Date
N39.0	Urinary tract infection site not specified	10/30/25
B96.89	Oth bacterial agents as the cause of diseases classd elswhr	10/30/25
L03.114	Cellulitis of left upper limb	10/30/25
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	10/30/25
I50.32	Chronic diastolic (congestive) heart failure	10/30/25
N18.30	Chronic kidney disease stage 3 unspecified	10/30/25
D63.1	Anemia in chronic kidney disease	10/30/25
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	10/30/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/30/25
E78.00	Pure hypercholesterolemia unspecified	10/30/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	10/30/25
R33.8	Other retention of urine	10/30/25
R35.0	Frequency of micturition	10/30/25
R35.1	Nocturia	10/30/25
E87.6	Hypokalemia	10/30/25
H91.90	Unspecified hearing loss unspecified ear	10/30/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/30/25
I25.2	Old myocardial infarction	10/30/25
I73.9	Peripheral vascular disease unspecified	10/30/25
I83.93	Asymptomatic varicose veins of bilateral lower extremities	10/30/25
I65.29	Occlusion and stenosis of unspecified carotid artery	10/30/25
G89.29	Other chronic pain	10/30/25
M54.9	Dorsalgia unspecified	10/30/25
Z79.82	Long term (current) use of aspirin	10/30/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	10/30/25
Z87.891	Personal history of nicotine dependence	10/30/25
Z95.1	Presence of aortocoronary bypass graft	10/30/25
Z91.81	History of falling	10/30/25

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

Aspirin 81Mg - Aspirin Chew 1 tablet by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1.25 MG (50000 UT) Cap, TAKE 1 CAPSULE by mouth once a week TAKE 1 CAPSULE BY MOUTH ONE TIME PER WEEK
Proscar - Finasteride 5 MG, Take 1 tablet by mouth once a day
Imdur - Isosorbide Mononitrate 30 MG, Take 1 tablet by mouth once a day
Nizoral - Ketoconazole 2% cream, Apply cream topical twice a day Apply topically 2 (two) times daily To rash at groin
senna-docusate (CVS Senna Plus) 8.6-50 MG per tablet, Take 2 tablets by mouth twice a day
Zoloft - Sertraline Hydrochloride 50 MG, Take 1 tablet by mouth once a day
Flomax - Tamsulosin Hydrochloride 0.4 MG , Take 1 capsule by mouth once a day Take 1 capsule (0.4 mg total) by mouth Daily after dinner
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 MCG , Take 1 tablet (1,000 mcg) by mouth once a day
Tylenol - Acetaminophen 500 MG,Take 1 tablet by mouth every 4 hours as needed for Pain
Lipitor - Atorvastatin Calcium 40 MG, Take 1 tablet by mouth at bedtime
carboxymethylcellulose (PF) (REFRESH PLUS) 0.5% solution ,Instill 1 drop both eyes three times a day
Folvite - Folic Acid 500 mcg, Take 500 mcg tablet by mouth once a day
Seroquel - Quetiapine Fumarate 25 MG , Take 0.5 tablets by mouth as necessary Take 0.5 tablets (12.5 mg) by mouth once at bedtime as needed
Klor-Con M20 - Potassium Chloride 40 mEq,Take 40 mEq, tablet by mouth once a day
Saline (Ocean Nasal Spray) 0.65% nasal solution 0.65% solution, 2 sprays nasal cannula every 4 hours as needed

14. DME and Supplies:

wheelchair, rolling walker, bath bench, walker, grab bars, commode, hospital bed, cane, 4 wheeled walker

15. Safety Measures:

infectious material management, , , bedrails up while in bed, wheelchair precautions,

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Dyspnea With Minimal Exertion, Ambulation, Hearing

18.B. Activities Permitted

None of the above

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 Infection And Inflammatory Reaction Due To Indwelling Urethral Catheter, Initial Encounter, 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

Regina Kasun
2700 Prosperity Ave Ste 270
Fairfax, VA 22031
PHONE: 7036982431 FAX: 15716656878 NPI: 1356574867

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 : 10/23/2025

27. Attending Physician's Signature and Date Signed **11/06/2025**: 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
Charles Park 7450 Demille Ct, ANNANDALE, VA 22003- 703-941-4384	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Clinical Condition Requiring Homecare:

The patient is a 94-year-old Korean male who resides with his wife in a single-family home. He is primarily Korean-speaking and is noted to yell out intermittently. His wife reports that he experiences occasional hallucinations. The patient is currently bedbound and resting in a hospital bed. A Foley catheter is in place, draining clear yellow urine. The admission packet was provided to the wife, and paper consent was signed. The patient has no durable power of attorney (DPOA) or advance directives on file and is designated as Full Code. His medical history is significant for unspecified dementia, urinary tract infection (UTI), congestive heart failure (CHF), chronic kidney disease (CKD) stage 3, bilateral carotid stenosis, benign prostatic hyperplasia (BPH), coronary artery disease (CAD), bilateral hearing loss, and anemia. Additional history includes hypertensive heart disease, atherosclerotic heart disease of native coronary artery without angina pectoris, chronic pain, dorsalgia, and status post aortocoronary bypass graft. The patient also has a history of urinary retention and frequency, as well as a prior myocardial infarction. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert but confused, oriented only to self, and intermittently agitated-attempting to pull at his Foley catheter. His wife administered a dose of Seroquel to calm him. Physical examination revealed skin warm and dry to touch, with pink mucous membranes. Bilateral breath sounds were clear upon auscultation. The abdomen was soft, non-tender, with active bowel sounds in all quadrants. Moderate (2+) bilateral lower extremity edema was noted. Pedal pulses were diminished but palpable. No shortness of breath was reported, and vital signs were stable. The patient's appetite was poor. The physical therapy evaluation noted that the patient was referred to home health following hospitalization for decreased urinary output related to a suspected kinked Foley catheter, which has since been resolved. He remains bedbound due to severe deconditioning and bilateral lower extremity weakness. The patient has exhausted his rehabilitation benefits and is being managed at home by his wife and private caregivers. He resides on the entry level of a multilevel home, utilizing a hospital bed, wheelchair, and diaper for toileting. His hearing impairment is profound; although he has a cochlear implant, it is currently malfunctioning and cannot be repaired or replaced until January 2026 per insurance restrictions. The patient demonstrates significant deficits in strength, endurance, postural control, cognition, and functional mobility. He is nonverbal, requiring maximum assistance of one to two persons for all mobility, transfers, and activities of daily living (ADLs), including grooming, bathing, toileting, feeding, and dressing. Transfers from supine to sitting, sitting balance, and standing or pivoting all require maximum physical assistance. The wife serves as the primary caregiver, with additional private caregiver support provided from 9:00 AM-3:00 PM and 9:00 PM-5:00 AM daily. The patient was reportedly able to ambulate short distances with a front-wheeled walker and assistance prior to his recent hospitalization. A follow-up appointment with a urologist is scheduled for Friday to evaluate the Foley catheter and determine the need for removal. The care plan includes continued skilled nursing and physical therapy services to promote strength, improve functional mobility, and prevent further decline. Education was provided to the wife and caregiver regarding Foley care, infection prevention, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-2 CE-FMS-fall%20precautions">fall precautions</mh>, and safe transfer techniques. Ongoing monitoring of fluid status, edema, and cognitive behavior is recommended, with emphasis on maintaining patient comfort, preventing complications of immobility, and supporting caregiver education and safety in the home setting.
 Date of Order 10/30/2025 Orders Physician Face-to-Face Date: 10/23/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Infection And Inflammatory Reaction Due To Indwelling Urethral Catheter, Initial Encounter 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: OT Eval Notes:
 Physician Kasun, Regina

SN Careplans

SN WK1: 1 (10/30/25-11/01/25) ,WK2: 1 (11/02/25-11/08/25) ,WK3: 2 (11/09/25-11/15/25)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 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: M1745 - Behavioral Issues, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, weak pulses in feet, dependent edema, swelling in the arms/legs, M1033 - Exhaustion, M1400 - Dyspnea, abdominal pain, heartburn/indigestion, urine retention, M1610 - Urinary Catheter, muscle spasms, muscle weakness, B0200 - Hearing Deficit, involuntary movement of extremity, drooling, loss of appetite, bruising/discoloration

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, catheter change, care & irrigation: Per PCP Regina Kasun IF issues with Foley Catheter send patient to ER. Patient / Family cancelled outpatient visit with urology., teach/coordinate/arrange medication packaging and/or administration

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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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

SN Goals

PATIENT-STATED GOAL: Patient has Dementia and speaking Korean only. Caregiver would like Patient to be alert and not Bedbound

GOALS
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
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* 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
* how to incorporate lifestyle modifications to optimize genito-urinary condition including diet
* exercise
* home remedies
* 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 peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet

Signature of Physician:	Date

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

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caregiver, 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, * 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, * low-fat diet lifestyle modifications to manage esophageal condition, 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, * how to incorporate lifestyle modifications to optimize genito-urinary condition including diet exercise home remedies, 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 hearing-impaired including installing special fire-detector/CO2 alarms, 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

* 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/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
* 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/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 hearing-impaired including installing special fire-detector/CO2 alarms
* 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 (11/02/25-11/08/25) ,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)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170A1 - Roll left & Right, GG0170B1 - Sit to Lying, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver., home exercise program: Seated or supine therex w/ caregiver vc/tc and demo, 20 reps BLE: LAQ, marches, heel slides/AROM knee flex, ankle pumps, HR/TR, clams, hip add pillow squeezes, transfers training, therapeutic exercises

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, Roll left & Right - 01. Dependent, Sit to Lying - 01. Dependent

PT Goals

PATIENT-STATED GOAL: Via word of wife on behalf on nonverbal pt: To see if pt can gain any strength or general improvement given his current physical and functional status due to his extensive med history

GOALS
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

Roll left & Right - 01. Dependent

Sit to Lying - 01. Dependent

OT Careplans

OT WK2: 2 (11/02/25-11/08/25) ,WK3: 2 (11/09/25-11/15/25) ,WK4: 1 (11/16/25-11/22/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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,

OT Goals

PATIENT-STATED GOAL: Patients wife would like for patient to be able to sit up at EOB to prepare for functional transfers

GOALS
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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

10/30/2025

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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 - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Toileting Hygiene - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

* 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 - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Shower/Bathe Self - 02. Substantial/maximal assistance

Toileting Hygiene - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

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