Home Health Certification and Plan of Care

Order ID: 1163/600

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
191289386	12/08/2025	From: 12/08/2025 To: 02/05/2026	791	497754

6. Patient's Name and Address

Mary Williams
5233 11th Street S,
ARLINGTON, VA 22204-
703-379-0696

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 10/05/1940 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	12/08/25

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	12/08/25
N18.6	End stage renal disease	12/08/25
N25.81	Secondary hyperparathyroidism of renal origin	12/08/25
E11.69	Type 2 diabetes mellitus with other specified complication	12/08/25
E78.00	Pure hypercholesterolemia unspecified	12/08/25
E03.9	Hypothyroidism unspecified	12/08/25
N82.3	Fistula of vagina to large intestine	12/08/25
K43.5	Parastomal hernia without obstruction or gangrene	12/08/25
K59.00	Constipation unspecified	12/08/25
Z93.6	Other artificial openings of urinary tract status	12/08/25
Z85.51	Personal history of malignant neoplasm of bladder	12/08/25
Z99.2	Dependence on renal dialysis	12/08/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	12/08/25
Z87.891	Personal history of nicotine dependence	12/08/25

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

Norvasc - Amlodipine Besylate 10mg tablet,Take 1 tablet by mouth once a day
Vitamin D-3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 units tablet,Take 1 tablet by mouth once a day
Flonase - Fluticasone Propionate 50mcg actuation 2 spraya topical in the morning spray before bedtime
Neurontin - Gabapentin 300mg capsule,Take 1 capsule by mouth once a day in the evening
Glucotrol - Glipizide 5mg tablet,Take 1 tablet by mouth in the morning in the evening take before meals.
synthroid levothroid 50mcg tablet,Take 1 tablet by mouth once a day
Mevacor - Lovastatin 40mg tablet,Take 1 tablet by mouth at bedtime
Renagel - Sevelamer Hydrochloride 800mg tablet,take 2 tablet(1,600mg tablet total) by mouth in the morning in the morning and 2 tablet (1,600mg total at noon and 2 tablet (1,600 mg total in the evening take with meals
Refresh Tears - Normal Saline 0.5% drops 2 drops both eyes once a day as needed(dry eyes)
Fosrenol - Lanthanum Carbonate 1000mg chewable tablet, Tak e1 tablet by mouth in the morning in the morning and 1 tablet(1,000 mg total at noon and 1 tablet (1,000mg total in the evening. Chew with meals
Pericolace - Docusate Sodium 8.6 50mg per tablet,take 1 tablet by mouth once a day as needed for constipation
Rocaltrol - Calcitriol 0.25mcg capsule ,take 0.25mcg by mouth every other day
Prinivil - Lisinopril 5mg tablet,take 2 tablet by mouth once a day
Senokot - Senna 8.6mg tablet,take 1 tablet by mouth once a day as needed for constipation
Sodium Bicarbonate - Sodium Bicarbonate 650mg tablet,take 1 tablet(650 mg total) by mouth in the morning and take 1 tablet (650mg total) in the evening and 1 tablet (650mg total) before bedtime
Catapres - Clonidine Hydrochloride 0.2mg tablet,Take 1 tablet by mouth as necessary every 4 hours as needed for elevated blood pressure

14. DME and Supplies:

walker, cane

15. Safety Measures:

diabetic precautions, fall precautions, no bp left arm, standard precautions, cardiac precautions, activity supervision, ambulates with assistance, ambulates with device

16. Nutrition:

renal diet, diabetic

17. Allergies:

potassium-powdered form

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Endurance, Ambulation

18.B. Activities Permitted

Walker, 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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., 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

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease, 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 and therapy following hospitalization for generalized weakness and inability to rise from the floor after a near fall. She lives at home with her partner and two dogs in a cluttered environment. The patient is alert and oriented. She attends dialysis on a three-times-per-week schedule, currently using a right upper chest wall port due to a non-functioning left arm fistula. She also has a right lower quadrant urostomy, which she has been managing since August 2008, with ostomy supplies delivered by Byrum providing a three-month supply. A sonogram of the left arm fistula is scheduled for January 7 to assess potential use or replacement with a graft; the patient refuses placement in the left arm. Past medical history includes type 2 diabetes, end-stage renal disease, bladder cancer status post cystectomy with ileal conduit, hernia, and small bowel obstruction. The hernia is prominent on the right side of the abdomen. No blood pressures are being taken in the left arm due to the fistula.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/08/2025<o:p></o:p> Order<o:p></o:p> Physician Face-to-Face Date: 12/01/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's dx: Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - SN Notes: <o:p></o:p> Physician: Lee, Donna

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/08/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Donna Lee
201 North Washington Street
Falls Church, VA 22046
PHONE: 7032374000 FAX: 17035361400 NPI: 1750468344

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 : 12/01/2025

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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SN Careplans

SN WK1: 1 (12/08/25-12/13/25)

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), 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: A1250 - Lack of Necessary Transportation, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, Home Safety, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M1033 - Exhaustion, swelling in the arms/legs, abnormal blood pressure, M1400 - Dyspnea, constipation, limited range of motion, poor muscle tone, limited strength, muscle spasms, limited endurance, muscle weakness, B1000 - Vision Deficit, discolored patches of skin, rough/scaly/cracked skin, itchy skin, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, apply collection/fistula pouch, ostomy care & irrigation, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange resources for vision-impaired, coordinate/arrange transportation services, monitor dialysis schedule

TEACH PATIENT/CAREGIVER: * 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, * 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule, * ostomy management including how to clean stoma change ostomy pouch, 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's transportation needs are met, patient's living environment is clean/uncluttered, 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

SN Goals

PATIENT-STATED GOAL: "To be able to take a bath or shower"

GOALS
patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* ostomy management including how to clean stoma
* change ostomy pouch
* 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
* 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's transportation needs are met

patient's living environment is clean/uncluttered

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	12/08/2025