Home Health Certification and Plan of Care

Order ID: 1163/612

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
13225568	12/13/2025	From: 12/13/2025 To: 02/10/2026	800	497754

6. Patient's Name and Address

Mohammed Islam
3420 Terrace Court Apt 1533,
ALEXANDRIA, VA 22302-
571-388-0627

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 03/13/1977 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	12/13/25

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	12/13/25
N18.30	Chronic kidney disease stage 3 unspecified	12/13/25
D63.1	Anemia in chronic kidney disease	12/13/25
E87.70	Fluid overload unspecified	12/13/25
R33.9	Retention of urine unspecified	12/13/25
I69.354	Hemiplga following cerebral infrc affecting left nondom side	12/13/25
Q21.10	Atrial septal defect unspecified	12/13/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/13/25
E03.9	Hypothyroidism unspecified	12/13/25
Z87.01	Personal history of pneumonia (recurrent)	12/13/25
Z79.82	Long term (current) use of aspirin	12/13/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	12/13/25

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

Lasix - Furosemide 40 mg, Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day
Dulcolax - Bisacodyl 5 mg, Take 2 tablets by mouth as necessary Take 2 tablets by mouth one time with at least 8 ounces of water at 12 noon the day before procedure
Levothroid - Levothyroxine Sodium 88 mcg, Take 1 tablet by mouth in the morning Take 1 tablet by mouth every morning 30 minutes before a meal
Apresoline - Hydralazine Hydrochloride 25 mg, Take 1 tablet by mouth three times a day Take 1 tablet by mouth 3 times a day For blood pressure
Prinivil - Lisinopril 20 mg, Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day
Omeprazole Magnesium - Omeprazole Magnesium 20 mg, Take 1 capsule by mouth twice a day Take 1 capsule by mouth 2 times a day 30 minutes to 1 hour prior to breakfast and dinner for 14 days
Coreg - Carvedilol 12.5 mg, Take 1 tablet by mouth every 12 hours Take 1 tablet by mouth every 12 hours
Jardiance - Empagliflozin 25 mg , Take ONEHALF tablet by mouth in the morning Take ONEHALF tablet by mouth daily In THE MORNING for diabetes
Desyrel - Trazodone Hydrochloride 50 mg, Take 1 to 2 tablets by mouth at bedtime Take 1 to 2 tablets by mouth at bedtime as needed for sleep
Bumex - Bumetanide 1 mg 2 tablets by mouth twice a day In the morning and at bedtime for fluid control
Metolazone - Metolazone 5 mg 1 tablet by mouth once a day for fluid retention and high blood pressure
Hydralazine Hydrochloride - Hydralazine Hydrochloride 100 mg 1 tablet by mouth every 8 hours to treat my high blood pressure
Lipitor - Atorvastatin Calcium eq 80 mg base 2 tablets by mouth at bedtime for high cholesterol

14. DME and Supplies:

walker, commode, oxygen supplies

15. Safety Measures:

diabetic precautions, , , walker precautions, , cardiac precautions, , ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

diabetic, cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted

Walker, Up As Tolerated

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/13/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Vu Nguyen
201 North Washington Street
Falls Church, VA 22046
PHONE: 7032374020 FAX: 17035361395 NPI: 1457400160

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 : 12/04/2025

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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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:	22.B.Discharge Plans
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.	family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Hypertensive Chronic Kidney Disease With Stage 1 Through Stage 4 Chronic Kidney 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 services for skilled in-home nursing and therapy following a recent hospitalization for management of hyperglycemia, chronic kidney disease with acute kidney injury, altered mental status, and dehydration. Since discharge, the patient continues to demonstrate generalized weakness and functional decline. Gait is unsteady, and the patient requires assistance from at least one person in addition to the use of an assistive device in order to ambulate and leave the home safely. These limitations place the patient at increased risk for falls and further complications. A head-to-toe <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> was completed, and the patient's current condition reflects residual effects of the recent acute illness, including decreased strength and impaired mobility. Skilled nursing services are required to monitor medical status, manage chronic conditions, assess response to treatment, and provide ongoing education to the patient and caregivers regarding safety, disease management, and prevention of further decline. Therapy services are indicated to address weakness, balance deficits, and functional mobility in order to improve safety, promote independence, and reduce the risk of rehospitalization. The plan of care focuses on continued medical monitoring, supportive care, and therapeutic intervention to optimize recovery and maintain the patient safely in the home environment.
 Date of Order 12/13/2025 Orders Physician Face-to-Face Date: 12/04/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive Chronic Kidney Disease With Stage 1 Through Stage 4 Chronic Kidney Disease 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 Nguyen, Vu

SN Careplans	SN Goals
SN WK1: 1 (12/13/25-12/13/25)	PATIENT-STATED GOAL: "I want to be able to go back to work."
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	GOALS patient/caregiver recalls * how to take the patient's blood pressure * record the reading * recalls related medication(s) purpose, schedule
CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance	
HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 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	patient/caregiver recalls * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic diet * recalls related medication(s) purpose, schedule
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	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
PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, Home Safety, M2102c - Med Admin, meal preparation, M1033 - Exhaustion, swelling in the arms/legs, abnormal blood pressure, dependent edema, weak pulses in feet, M1400 - Dyspnea, abnormal thyroid <> 0.40 - 4.50 mIU/mL, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Catheter, muscle weakness, limited range of motion, poor muscle tone, limited strength, limited endurance, rough/scaly/cracked skin, discolored patches of skin, bruising/discoloration	patient/caregiver recalls * lifestyle modification to manage blood condition including dietary changes * bleeding precautions * recalls related medication(s) purpose, schedule
PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, catheter change, care & irrigation, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange for maintenance of clean/uncluttered living area	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
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 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, * prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s)	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 * prescribed dietary modifications

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/13/2025

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purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, 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

* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* 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
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

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
	PAGE 3 of 3
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