# Home Health Certification and Plan of Care

**Order ID: 1163/618**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 63184014 | 12/09/2025 | From: 12/09/2025 To: 02/06/2026 | 785 | 497754 |

**6. Patient's Name and Address**

Leo Morrison
2727 S Quincy St Apt 1017,
ARLINGTON, VA 22206-
703-627-0200

**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** 06/12/1930 | **9.Sex** Male

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

Proscar - Finasteride 5 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for enlarged prostate
Cozaar - Losartan Potassium 25 mg, Take 1 tablet by mouth once a day
Aricept - Donepezil Hydrochloride 5 mg 1 tablet by mouth once a day
Iron, carbonyl/ascorbic acid 65 mg iron/125mg ascorbic acid, 1 tablet by mouth once a day Supplement
Miralax - Polyethylene Glycol 3350 17gm/scoopful 1 scoop in 8 ounces of water by mouth as necessary Daily for constipation
Imodium A-D - Loperamide Hydrochloride 1 mg/7.5ml 7.5 gm by mouth as necessary Daily for diarrhea

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| K92.2 | Gastrointestinal hemorrhage unspecified | 12/09/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| D62. | Acute posthemorrhagic anemia | 12/09/25 |
| I10. | Essential (primary) hypertension | 12/09/25 |
| E78.5 | Hyperlipidemia unspecified | 12/09/25 |
| G47.33 | Obstructive sleep apnea (adult) (pediatric) | 12/09/25 |
| F03.90 | Unsp dementia unsp severity without beh/psych/mood/anx | 12/09/25 |
| N40.0 | Benign prostatic hyperplasia without lower urinry tract symp | 12/09/25 |
| Z87.440 | Personal history of urinary (tract) infections | 12/09/25 |

**14. DME and Supplies:**

rolling walker, walker, cane

**15. Safety Measures:**

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

**16. Nutrition:**

regular

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Endurance, Dyspnea With Minimal Exertion, Hearing

**18.B. Activities Permitted**

Walker, 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: 1. In new or complex situations only, 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 Gastrointestinal Hemorrhage Unspecified, 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 95-year-old male admitted to home health services for skilled nursing and therapy following recent hospitalization for hematochezia with associated acute blood loss, resulting in generalized weakness and unsteady gait. He resides at home with his wife, who serves as his primary caregiver, in an apartment with elevator access. At the time of assessment, the patient was alert and oriented to person, place, time, and situation, though he experiences intermittent confusion consistent with his history of dementia. He wears hearing aids and has a notable past medical history including acute and chronic anemia requiring transfusion of six units of packed red blood cells, lower gastrointestinal bleeding, dementia, hypertension, hyperlipidemia, benign prostatic hyperplasia, acute kidney injury, urinary tract infection, history of three corneal transplants, and right total knee replacement.  A comprehensive nursing head-to-toe assessment revealed skin that was clean, dry, and intact, with no open areas or signs of breakdown. The patient denied pain or discomfort at the time of evaluation. Medications were reviewed in full by nursing, with education provided as appropriate to both the patient and his wife. No acute medication-related concerns were identified. The patient demonstrates generalized weakness and gait instability following hospitalization but denies current symptoms related to active bleeding.  Physical therapy evaluation was completed, confirming functional limitations related to decreased strength, endurance, and balance. The patient requires physical assistance to standby assistance for safety with all basic activities of daily living, including grooming, dressing, bathing, toileting, and management of oral medications and meals, primarily due to cognitive impairment and overall functional status. He is independent with transfers and ambulation using a rolling walker indoors and a rollator for outdoor mobility; however, intermittent supervision is required to ensure safety. Education was provided regarding safe home setup, mobility strategies, and transfer techniques, as well as ambulation training with both the rolling walker and rollator. Extensive patient and caregiver education was also completed regarding proper assembly, setup, and safe use of a shower chair. A home exercise program was initiated during this visit, with the patient demonstrating seated and standing bilateral lower extremity therapeutic exercises aimed at improving strength and endurance. The patient and his wife verbalized understanding of and agreement with all education and interventions provided.  The patient would benefit from continued skilled home health nursing and physical therapy services to monitor medical status, reinforce medication management and safety, improve strength and endurance, enhance tolerance for standing and ambulation, and increase overall safety and independence with functional mobility. Ongoing skilled intervention is indicated to reduce fall risk, support caregiver education, and prevent further functional decline related to his recent acute illness and chronic comorbid conditions. <br> Date of Order 12/09/2025 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 hhadl's due to Gastrointestinal Hemorrhage Unspecified Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 1 - SOC - SN Notes: soc OT Eval Notes: PT Eval Notes: Physician Carpenter, Shrey

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by Messick, Charles RN on 12/09/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

Shrey Carpenter
3000 Potomac Ave
Alexandria, VA 22305
PHONE: 7037216300 FAX: NPI: 1821475823

**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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## SN Careplans

SN WK1: 1 (12/09/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25) ,WK4: 1 (12/28/25-01/03/26) ,WK5: 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, 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, meal preparation, M2020 - Oral Med Management, weak pulses in feet, abnormal blood pressure, dependent edema, M1033 - Exhaustion, M1400 - Dyspnea, constipation, tarry/bloody stools, M1600 - UTI, cloudy urine, urine retention, limited endurance, limited strength, poor muscle tone, limited range of motion, muscle weakness, B0200 - Hearing Deficit, B1000 - Vision Deficit, balance 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, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, 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, * GI-specific diet including appropriate food choices stress management exercise home remedies to manage GI condition, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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/C O2 alarms, 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

## SN Goals

PATIENT-STATED GOAL: "To be more independent while walking "

GOALS
patient/caregiver recalls
* GI-specific diet including appropriate food choices
* stress management
* exercise
* home remedies to manage GI condition
* 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
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* 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
* 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
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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/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

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 12/09/2025 |

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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

## PT Careplans

PT WK1: 1 (12/09/25-12/13/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 1 (12/28/25-01/03/26) ,WK5: 1 (01/04/26-01/10/26) ,WK6: 1 (01/11/26-01/17/26) ,WK7: 1 (01/18/26-01/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver., home exercise program: Seated and/or supine therex 10-20 reps: marches, hip add pillow squeezes, HR/TR, clams, sit to stands, LAQ, standing tolerance exercises, static standing balance exercises, gait training/stair training, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: Toilet Transfer - 05. Setup or clean-up assistance, 1 - Step (curb) - 03. Partial/moderate assistance

## PT Goals

PATIENT-STATED GOAL: To walk between rooms with RW and out in community for appointments with better stability and balance

GOALS
Toilet Transfer - 05. Setup or clean-up assistance

1 - Step (curb) - 03. Partial/moderate assistance

## OT Careplans

OT WK1: 1 (12/09/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25) ,WK3: 1 (12/21/25-12/27/25) ,WK4: 1 (12/28/25-01/03/26) ,WK5: 1 (01/04/26-01/10/26) ,WK6: 1 (01/11/26-01/17/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, 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: equipment training, 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent

## OT Goals

PATIENT-STATED GOAL: I want to get stronger and get back to feeling like myself

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 12/09/2025 |