Home Health Certification and Plan of Care

Order ID: 1163/715

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
761034584	01/15/2026	From: 01/15/2026 To: 03/15/2026	950	497754

6. Patient's Name and Address

Clifford Paris Sr
10024 Lake Occoquan Drive,
MANASSAS, VA 20111-
571-220-7503

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 02/20/1963 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
G93.41	Metabolic encephalopathy	01/15/26

13. ICD	Other Pertinent Diagnoses	Date
M62.82	Rhabdomyolysis	01/15/26
E03.9	Hypothyroidism unspecified	01/15/26
G31.81	Alpers disease	01/15/26
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	01/15/26
E78.5	Hyperlipidemia unspecified	01/15/26
B00.9	Herpesviral infection unspecified	01/15/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/15/26
I95.1	Orthostatic hypotension	01/15/26
F90.9	Attention-deficit hyperactivity disorder unspecified type	01/15/26
G47.00	Insomnia unspecified	01/15/26
K59.00	Constipation unspecified	01/15/26
G43.009	Migraine w/o aura not intractable w/o status migrainosus	01/15/26
N39.41	Urge incontinence	01/15/26
L85.3	Xerosis cutis	01/15/26
F33.42	Major depressive disorder recurrent in full remission	01/15/26
Z79.899	Other long term (current) drug therapy	01/15/26

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

Levothyroxine - Levothyroxine Sodium 0137 mcg, oral tablet by mouth once a day 137 mcg, oral, Daily
Risperidone - Risperidone 1 mg 1 Tablet by mouth twice a day Mood swing
Quetiapine Fumarate - Quetiapine Fumarate 25 mg 25 mg0.5 tab by mouth at bedtime Mood swing
Atorvastatin - Atorvastatin Calcium 20 mg 1 tab by mouth in the morning HLD
Amphetamine-Dextroamphetamine Oral Tablet 5 MG (Amphetamine-Dextroamphetamine) 5 mg by mouth once a day Neurotransmitters
Trazodone - Trazodone Hydrochloride 50 mg 1 tab by mouth at bedtime Insomnia
Fluoxetine - Fluoxetine Hydrochloride eq 10 mg base 1 Tablet by mouth twice a day Depression
Rytary - Carbidopa: Levodopa 23.75-95 mg 2 tabs by mouth four times a day Parkinson

14. DME and Supplies:

walker, hospital bed, hand held shower, commode, cane

15. Safety Measures:

emergency phone # clearly displayed, , walker precautions, , hand rails, , diabetic precautions, bedrails up while in bed, ambulates with device, ambulates with assistance

16. Nutrition:

diabetic

17. Allergies:

sertraline tamsulosin

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Walker, Cane, 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: Yes

20. Prognosis: good

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 Metabolic Encephalopathy, 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 63-year-old White male with a recent hospitalization for altered mental status and anxiety, subsequently transferred to rehabilitation and now admitted to home health services with a primary diagnosis of Parkinson's disease. Past medical history is significant for hypothyroidism, gastroesophageal reflux disease (GERD), and hyperlipidemia. The patient resides in a multi-level single-family home with his wife and multiple pets. He currently has a private caregiver Monday through Friday from 8:00 a.m. to 1:00 p.m., which, per the patient's wife, is a temporary arrangement. The wife and private aide were present during the visit and actively involved in care. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert, awake, and oriented to person, place, time, and situation. He wears prescription glasses and is hard of hearing. Neurological <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed positive facial symmetry, pupils equal, round, and reactive to light, and bilateral upper extremity strength with equal hand grasps. The patient demonstrates uncontrolled shaking and muscle rigidity consistent with Parkinson's disease, contributing to unsteady and festinating gait patterns. He requires moderate assistance and supervision for safety due to impaired balance and gait instability and was encouraged to consistently use assistive devices. The patient ambulates independently indoors and outdoors with a rollator for balance and safety and is independent with all transfers; however, supervision remains necessary due to fall risk. Cardiopulmonary <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed posterior lung lobes clear to auscultation bilaterally without use of accessory muscles. No edema was noted in the bilateral lower extremities. Abdominal <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed a distended, soft, and non-tender abdomen with active bowel sounds in all four quadrants. The patient is continent of bowel and bladder. He reported intermittent abdominal pain, which is effectively relieved with prescribed medication. The patient is able to feed himself with setup assistance, and medications are prepared by his wife, though he manages oral medications independently once prepared. Functionally, the patient is independent in basic activities of daily living, including grooming, dressing, bathing, toileting, and meal management, though supervision is required for safety related to Parkinson's disease symptoms, including hypertonicity, muscle rigidity, stiffness, and gait disturbances. The wife has ordered orthotic rocker sole shoes to promote improved toe-off and foot clearance during ambulation. A physical therapy evaluation was completed during this visit. A home exercise program was initiated, focusing on seated and standing therapeutic exercises targeting core/abdominal strength and bilateral lower extremity strengthening. Education was provided to both the patient and his wife regarding proper performance and safety with exercises. Both verbalized understanding and demonstrated exercises appropriately. The patient would benefit from continued skilled physical therapy services to improve strength, functional mobility, standing and ambulation tolerance, gait efficiency, balance, and overall safety in order to maximize independence and facilitate return to prior level of function.
 Date of Order 01/15/2026 Orders Physician Face-to-Face Date:

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/15/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Musaab Esmael
10701 Rosemary Dr
Manasas, VA 20109
PHONE: 7036899000 FAX: NPI: 1902251648

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 : 01/07/2026

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
Clifford Paris Sr 10024 Lake Occoquan Drive, MANASSAS, VA 20111- 571-220-7503	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

01/07/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat HHA due to Metabolic Encephalopathy 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 Esmael, Musaab

SN Careplans

SN WK1: 1 (01/15/26-01/17/26) ,WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more 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, 7. Currently taking 5 or more medications

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: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, M1600 - UTI, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B0200 - Hearing Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange preparation of missing meals, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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 medicatio, * 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 relaxatio, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * strategies to increase caloric intake, related medication(s) purpose, schedule, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, 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 help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purp, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: I want to help myself more

GOALS
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

patient/caregiver recalls
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* 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
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purp

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

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 medicatio

patient/caregiver recalls
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* 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 relaxatio

patient/caregiver recalls
* strategies to increase caloric intake
* 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
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/15/2026

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* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

PT Careplans

PT WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26)

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: home exercise program: Seated and/or standing therex 10-20 reps: marches, hip add pillow squeezes, HR/TR, clams, sit to stands, LAQ, SLR hip 4way, therapeutic exercises, static standing balance exercises, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To walk between rooms and out in community for appointments and errands with better stability, balance and control; To walk between rooms of home and out in community for appointments and errands with better stability, balance and control

GOALS
Chair to Bed to Chair - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

OT Careplans

OT WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/07/26) ,WK5: 1 (02/08/26-02/14/26)

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 medicatio, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to get stronger and get back to feeling like myself and improve the strength in my hands.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 medicatio

Sit to Stand - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
01/15/2026