Home Health Certification and Plan of Care

Order ID: 1163/756

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
74333657	01/09/2026	From: 01/09/2026 To: 03/09/2026	674	497754

6. Patient's Name and Address
Leslie Pinckney
2199 Mountain View Road Apt 314,
STAFFORD, VA 22556-
571-230-4109

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 11/14/1962 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	01/09/26

13. ICD	Other Pertinent Diagnoses	Date
N18.6	End stage renal disease	01/09/26
D63.1	Anemia in chronic kidney disease	01/09/26
Z99.2	Dependence on renal dialysis	01/09/26
F20.9	Schizophrenia unspecified	01/09/26
E78.5	Hyperlipidemia unspecified	01/09/26
M10.9	Gout unspecified	01/09/26

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

Abilify - Aripiprazole 5 mg, Take 1 tablet by mouth once a day
Cozaar - Losartan Potassium 50 mg , Take 1 tablet by mouth once a day
Coreg - Carvedilol 25 mg 1 tablet by mouth twice a day for blood pressure control
Nifedipine - Nifedipine 60 mg Take 1 tablet by mouth twice a day
Zyloprim - Allopurinol 100 mg 1 Tablet by mouth once a day
Tylenol Es 500 Mg - Acetaminophen 2 tablets by mouth every 6 hours as needed for mild pain
Hydralazine - Hydralazine Hydrochloride 100 mg 1 tab by mouth four times a day HTN
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 65 mg 1 tab by mouth once a day ANEMIA
Atorvastatin - Atorvastatin Calcium 40 mg 1 tab by mouth at bedtime

14. DME and Supplies:
grab bars

15. Safety Measures:
supervision at all times, medication safety, fall precautions, hand rails

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
povidone iodine shellfish

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

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 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 is a 63-year-old African American female with a recent hospitalization who lives alone in a secured apartment, with her sister available for support. Upon nursing arrival, access to the building was delayed; the nurse contacted the sister by phone, who stated she would call back, and entry was ultimately gained when another resident opened the door. The patient was found home alone, alert and awake, oriented to person, with intermittent confusion but easily redirected. Neurological assessment revealed facial symmetry and equal bilateral hand grasps. Lung sounds were clear to auscultation posteriorly, and the abdomen was soft and non-tender with active bowel sounds in all four quadrants. The patient is continent of bowel and bladder and ambulates independently with supervision. She is dialysis-dependent with a right arm AV shunt exhibiting a positive bruit and thrill and no signs of bleeding, and she receives hemodialysis three times weekly on Tuesdays, Thursdays, and Saturdays. The sister contacted the nurse regarding prepackaged medications stored in a zip-locked bag; no medication instructions were available in the home. Education was provided emphasizing the need for a current medication list to ensure safe medication administration at each visit, and the sister stated she would contact the agency for clarification regarding medication administration twice weekly.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 01/09/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 12/24/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management 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:<span style="font-size: 10.5pt; background-image: initial; background-position: initial; background-size: initial; background-repeat: initial; background-attachment: initial; background-origin: initial; background-clip: initial;"> Moultrie, Marissa

SN Careplans

SN WK1: 1 (01/09/26-01/10/26) ,WK2: 1 (01/11/26-01/17/26) ,WK6: 1 (02/08/26-02/14/26) ,WK7: 1 (02/15/26-02/21/26)

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: 7. Currently taking 5 or more medications, 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: D0700 - Social Isolation, M2020 - Oral Med Management,

SN Goals

PATIENT-STATED GOAL: I want to feel better

GOALS
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 manage gout flare-ups including non-medical pain relief
* dietary modifications
* 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 medicatio

patient self-administers medications as prescribed

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/09/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Marissa Moultrie
125 Hospital Center Blvd Ste 110
Stafford, VA 22554
PHONE: 5406026500 FAX: NPI: 1235591769

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 : 12/24/2025

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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M1400 - Dyspnea, limited endurance, limited range of motion, limited strength

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange long-term socialization activities

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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to manage gout flare-ups including non-medical pain relief dietary modifications, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule

* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/09/2026