Home Health Certification and Plan of Care

Order ID: 1163/777

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
964075478	02/06/2026	From: 02/06/2026 To: 04/06/2026	1036	497754

6. Patient's Name and Address
Ken Hattori
10001 Oakton Crossing Court,
OAKTON, VA 22124-
703-967-1844

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 02/21/1944 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G90.3	Multi-system degeneration of the autonomic nervous system	02/06/26

13. ICD	Other Pertinent Diagnoses	Date
I48.0	Paroxysmal atrial fibrillation	02/06/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	02/06/26
R26.9	Unspecified abnormalities of gait and mobility	02/06/26
Z91.81	History of falling	02/06/26
Z79.01	Long term (current) use of anticoagulants	02/06/26

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

Florinef - Fludrocortisone Acetate 0.1 mg 1/2 table by mouth once a day Hormonal Imbalance
Afternoon
Florinef - Fludrocortisone Acetate 0.1 mg 0.1 mg 0.1 mg / 1 Tablet by mouth in the morning Hormonal Imbalance
Xarelto - Rivaroxaban 15 mg 1 Tablet by mouth at bedtime Prophylactic
Neurontin - Gabapentin 100 mg 100 mg / 1 Capsule by mouth at bedtime Moderate pain
Zetia - Ezetimibe 10 mg 10 mg / 1 Tablet by mouth at bedtime HLD
Lopressor - Metoprolol Tartrate 25 mg 1/2 tablet by mouth once a day Afib as-needed
Vitamin D-3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 5000 unit by mouth in the morning
Benefiber - Benefiber 1 package by mouth once a day Constipation
Advil - Ibuprofen 200 mg 200 mg / 1 Tablet by mouth every 6 hours Muscles pain as needed
Tylenol - Acetaminophen 500mg 2 tabs by mouth every 6 hours Mild pain as needed

14. DME and Supplies:
walker, bath bench

15. Safety Measures:
supervision at all times, , , infectious material management, , ambulates with assistance

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
No Known Allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, 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 of Multi-System Degeneration Of The Autonomic Nervous System, 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 an 81-year-old Japanese male who was recently hospitalized following a fall associated with loss of consciousness and was subsequently discharged home with his wife to their single-family, multi-level residence. He was referred for home health services by his primary care provider. His past medical history is significant for multi-system degeneration of the autonomic nervous system, paroxysmal atrial fibrillation, benign prostatic hyperplasia without lower urinary tract symptoms, unspecified abnormalities of gait and mobility, history of falls, and long-term use of anticoagulant therapy. According to his wife, the patient has experienced recurrent syncopal or "slump" episodes, which currently last approximately 1-2 minutes but have previously persisted for up to 5 minutes or longer. His wife remains vigilant and provides close supervision during ambulation due to fall risk. She has requested consideration of a private home health aide once weekly to provide respite and assist with supervision and activities of daily living. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented to person, place, time, and situation, though mild forgetfulness was noted; he was easily redirected. Speech was clear, and facial symmetry was intact. He reports poor vision, including double vision, and wears glasses. He is hard of hearing and does not consistently use hearing aids. Pulmonary examination revealed clear breath sounds in the posterior lobes bilaterally without use of accessory muscles. Cardiovascular <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> was unremarkable, with no bilateral lower extremity edema observed. The abdomen was soft and non-tender with active bowel sounds in all four quadrants. The patient is continent of bowel and bladder. He reports intermittent lower extremity sensitivity and pain, which is relieved with relaxation techniques and prescribed medications. During the visit, he was noted to be restless at times and to take frequent short naps. Functionally, the patient ambulates independently within the home but requires standby to occasional hands-on assistance to safely complete grooming, dressing, bathing, and toileting tasks. He uses a shower chair for safety during bathing and a single-point cane for ambulation in the community. His wife manages meal preparation and medication administration, although he is able to feed himself independently. Physical therapy evaluation has been completed, and a home exercise program was initiated, including seated and standing bilateral lower extremity therapeutic exercises. Both the patient and his wife demonstrated and verbalized understanding of the exercises and agreed with the plan. Education was provided regarding safe home setup, fall prevention strategies, stair negotiation, energy conservation, and the importance of rest breaks to minimize overexertion and reduce risk of syncopal episodes. The patient presents with impaired balance, decreased endurance, autonomic instability with recurrent syncopal episodes, visual and hearing deficits, and a history of falls, all of which contribute to an increased fall risk within the home and community. Skilled physical therapy services are recommended to improve lower extremity strength, activity tolerance, gait steadiness, and overall safety with functional mobility, with the goal of maximizing independence and returning to prior level of function. In addition, the implementation of home health aide services is recommended to assist with supervision of daily activities and to provide caregiver support and respite for his wife. The plan of care focuses on fall prevention, strengthening, safe mobility training, caregiver education, and ongoing monitoring of functional status and syncopal events.
 Date of Order 02/06/2026 Orders Physician Face-to-Face Date: 01/22/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT eval and treat OT eval and treat HHA due to Multi-System Degeneration Of The Autonomic Nervous System 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 Hegde, Dinraj

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Dinraj Hegde
10455 White Granite Drive
Oakton, VA 22124
PHONE: 7039380363 FAX: 17039388653 NPI: 1184612178

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 : 01/22/2026

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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SN Careplans

SN WK1: 1 (02/06/26-02/07/26) ,WK2: 1 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) ,WK4: 1 (02/22/26-02/28/26) ,WK5: 1 (03/01/26-03/07/26)

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), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 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: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, B0200 - Hearing Deficit

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, coordinate/arrange preparation of missing meals: Wife managed, coordinate/arrange home modifications for hearing impaired, i.e. alarms: Wife managed

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, * 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/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 stop falling

GOALS
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
* 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 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

PT Careplans

PT WK2: 1 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) ,WK5: 1 (03/01/26-03/07/26) ,WK6: 1 (03/08/26-03/14/26) ,WK7: 1 (03/15/26-03/21/26) ,WK8: 1 (03/22/26-03/28/26) ,WK9: 2 (03/29/26-04/04/26) ,WK10: 1 (04/05/26-04/06/26)

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: standing SLR hip abd/ext, seated and/or standing marches, LAQs, seated and/or standing HR/TR, seated clams and hip add pillow squeezes, standing squats at support/countertop, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To increase strength in BLE to better perform and tol ADLs, funct activities and ambul

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

1 - Step (curb) - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

OT Careplans

OT WK2: 1 (02/08/26-02/14/26) ,WK3: 1 (02/15/26-02/21/26) ,WK4: 1 (02/22/26-02/28/26) ,WK5: 1 (03/01/26-03/07/26)

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

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

Signature of Physician:

Date

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

Date
02/06/2026

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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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

* home remedies to keep lungs healthy
* recalls related medicatio

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
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Electronically Signed by Messick, Charles RN	02/06/2026