Home Health Certification and Plan of Care

Order ID: 1163/800

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5WN5KX7NA79	02/09/2026	From: 02/09/2026 To: 04/09/2026	940	497754

6. Patient's Name and Address

Jose Salgado
8199 Tis Well Drive Apt 108,
ALEXANDRIA, VA 22308-
571-982-2124

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 01/08/1951 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I13.2	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	02/09/26

13. ICD	Other Pertinent Diagnoses	Date
I50.9	Heart failure unspecified	02/09/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/09/26
N18.6	End stage renal disease	02/09/26
D63.1	Anemia in chronic kidney disease	02/09/26
I48.91	Unspecified atrial fibrillation	02/09/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	02/09/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	02/09/26
N12.	Tubulo-interstitial nephritis not spcf as acute or chronic	02/09/26
E78.5	Hyperlipidemia unspecified	02/09/26
D50.9	Iron deficiency anemia unspecified	02/09/26
G47.00	Insomnia unspecified	02/09/26
E87.6	Hypokalemia	02/09/26
I95.9	Hypotension unspecified	02/09/26
Z79.4	Long term (current) use of insulin	02/09/26
Z99.2	Dependence on renal dialysis	02/09/26
Z94.0	Kidney transplant status	02/09/26
Z86.19	Personal history of other infectious and parasitic diseases	02/09/26

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

Flomax - Tamsulosin Hydrochloride 0.4 mg 1 Tablet by mouth once a day BPH
Calcium Acetate - Calcium Acetate 667 by mouth three times a day ESRD
Famotidine - Famotidine 40 mg 1 Tablet by mouth in the morning GERD
Humalog - Insulin Lispro Recombinant 5 units subcutaneous three times a day DM with meal
Albuterol Sulfate And Ipratropium Bromide - Albuterol Sulfate: Ipratropium Bromide 0.5-2.5 mg inhalant every 6 hours COPD as needed
Lantus Insulin - Insulin Glargine Recombinant 10 units subcutaneous at bedtime DM
Melatonin - Melatonin 3 mg 1 tab by mouth at bedtime Insomnia
Toprol Xl - Metoprolol Tartrate 25 mg , Take 1 tablet by mouth twice a day HTN
Midodrine Hydrochloride - Midodrine Hydrochloride 10 mg 1 tab by mouth every 8 hours Hypotension as needed
Miralax - Polyethylene Glycol 3350 17gm/scoopful 17 gram by mouth at bedtime Constipation
Senna Plus - Senna 8.6 mg 2 tablet by mouth at bedtime Constipation
Eliquis - Apixaban 5 mg 1tablet by mouth every 12 hours Prophylactic
Atorvastatin Calcium - Atorvastatin Calcium 80 mg 1 tab by mouth at bedtime HLD
Azathioprine - Azathioprine Sodium 50 mg 1 Tablet by mouth once a day Immune system

14. DME and Supplies:

hand held shower, walker, grab bars, bath bench

15. Safety Measures:

ambulates with assistance

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Bowel/Bladder Incontinence

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: 2. On awakening or at night 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 Hypertensive Heart And Chronic Kidney Disease With Heart Failure And 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 75-year-old Hispanic male who initially presented to the hospital with generalized weakness and was subsequently transferred to a rehabilitation setting for continued care. His medical history is significant for end-stage renal disease (ESRD) requiring hemodialysis three times weekly (Monday, Wednesday, Friday) via permanent catheter, with a right upper extremity arteriovenous (AV) shunt demonstrating positive bruit and thrill without signs of bleeding. Additional past medical history includes heart failure, type II diabetes mellitus, anemia, unspecified atrial fibrillation, benign prostatic hyperplasia without lower urinary tract symptoms, tubulo-interstitial nephritis, hyperlipidemia, insomnia, hypokalemia, hypotension, and multiple hospitalizations since August 2025 related to urinary tract infection, sepsis, and acute pyelonephritis. The patient resides in a senior apartment with his wife, who serves as the primary caregiver. He also receives assistance from a private caregiver Monday through Wednesday and support from his granddaughter, who assists with medication management and medical appointments. The patient is Spanish-speaking; communication during the visit was facilitated by his granddaughter serving as translator. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, he is alert and oriented to person and generally oriented to place and time, with intermittent confusion that is easily redirected. Neurological examination reveals facial symmetry, equal and strong bilateral hand grasps, and pupils equal, round, and reactive to light. He reports numbness in both hands. Pulmonary <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> demonstrates clear posterior lung fields without use of accessory muscles. The abdomen is soft and non-tender with active bowel sounds in all four quadrants. Trace lower extremity edema is present, and education was provided regarding leg elevation to reduce swelling. The patient is occasionally incontinent of bladder. He denies pain at the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. Functionally, the patient ambulates with an unsteady gait and utilizes a rolling walker for mobility. He is independent with transfers but requires pushing off from chair arms or nearby surfaces for support. He is independent in feeding with setup assistance but requires assistance with oral medication management and meal preparation. He performs basic grooming, dressing, bathing, and toileting activities with some physical assistance from caregivers as needed. Physical therapy evaluation was completed. A home exercise program (HEP) was initiated, including seated and standing bilateral lower extremity therapeutic exercises. Education was provided to the patient and caregiver regarding safe home setup, fall prevention strategies, and gait training with a rolling walker and quad cane. Both the patient and caregiver demonstrated and verbalized understanding of instructions. Given his deconditioning, impaired balance, decreased strength, and reduced standing and ambulation tolerance, the patient would benefit from continued skilled physical therapy services to improve strength, functional mobility, safety, and overall independence, with the goal of returning to his prior level of function. The plan of care includes ongoing skilled physical therapy, reinforcement of home safety and mobility training, continued dialysis as scheduled, edema management through elevation, monitoring of cognitive status and continence, and caregiver education to support safe care at

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/09/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Luiz Malini
8109 Hinson Farm Rd Ste 504
Alexandria, VA 22306
PHONE: 7037802800 FAX: 17037800461 NPI: 1861603532

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 : 12/31/2025

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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home.
 Date of Order 02/09/2026 Orders Physician Face-to-Face Date: 12/31/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Hypertensive Heart And Chronic Kidney Disease With Heart Failure And 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
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Malini, Luiz

SN Careplans

SN WK1: 1 (02/09/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26) ,WK3: 1 (02/22/26-02/28/26) ,WK4: 1 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26)

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, 5. Decline in mental, emotional, or behavioral status 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: A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence, muscle weakness, limited endurance, limited range of motion, limited strength, balance deficit

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, glucose testing via monitor: Family monitor, coordinate/arrange preparation of missing meals: Wife managed, coordinate/arrange transportation services: Wife managed, monitor dialysis schedule: Dialysis dependent

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, * urinary incontinence management including bladder training Kegel exercises skin care, 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 transportation needs are met, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: I want my grand father to be strong

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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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 transportation needs are met

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (02/09/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26) ,WK4: 1 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26) ,WK6: 1 (03/15/26-03/21/26)

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 therex 10-20 reps: marches, hip add pillow squeezes, clams, sit to stands, LAQ Standing therex 10-20 reps: sit to stands, strengthening exercises, 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, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To gain some strength in BLE in the presence of his ESRD dx

GOALS
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

Sit to Stand - 06. Independent

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (02/09/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26) ,WK3: 1 (02/22/26-02/28/26) ,WK4: 1 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26)

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

OT Goals

PATIENT-STATED GOAL: Improve BUE strength and Ind with LB dressing

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

Signature of Physician:

Date

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

Date
02/09/2026

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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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

* strategies to control shortness of breath
* 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

Upper Body Dressing - 06. Independent

Sit to Stand - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/09/2026