# Home Health Certification and Plan of Care

**Order ID: 1163/789**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 32347388 | 02/06/2026 | From: 02/06/2026 To: 04/06/2026 | 1110 | 497754 |

**6. Patient's Name and Address**
John Burkhalter
10055 Braddock Road Apt 406,
Fairfax, VA 22032-
703-405-0029

**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** 09/04/1946 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| Z48.815 | Encntr for surgical aftcr following surgery on the dgstv sys | 02/06/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| Z90.49 | Acquired absence of other specified parts of digestive tract | 02/06/26 |
| Z86.16 | Personal history of COVID-19 | 02/06/26 |
| Z87.442 | Personal history of urinary calculi | 02/06/26 |

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

Acetaminophen - Acetaminophen 500 mg 2 Tablets by mouth every 6 hours Mild pain as needed
Augmentin '875' - Amoxicillin: Clavulanate Potassium 1 table by mouth twice a day Infection x 4 days
Roxicodone - Oxycodone Hydrochloride 5 mg 1 Tablet by mouth every 6 hours Severe pain as needed

**14. DME and Supplies:**
grab bars, cane

**15. Safety Measures:**
supervision at all times, , , infectious material management, , cardiac precautions, bathroom safety, 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**
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: No

**20. Prognosis:** good

**22. A Rehabilitation Potential:**
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

**22.B.Discharge Plans**
family/caregiver will be responsible for managing treatment

**Homebound status:** Due to diagnosis of Encounter For Surgical Aftercare Following Surgery On The Digestive 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 a 79-year-old White male recently hospitalized for abdominal pain and discharged home with a Jackson-Pratt (JP) drain in place. He resides alone in an apartment, and his son was present at the time of the skilled nursing visit to provide support. 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, and time. Neurological examination revealed intact facial symmetry, equal and strong bilateral hand grasps, and pupils equal, round, and reactive to light. He is hard of hearing and uses bilateral hearing aids. Respiratory <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> demonstrated clear breath sounds in the posterior lung fields without use of accessory muscles. Cardiovascular <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed trace bilateral lower extremity edema with faint peripheral pulses; lower extremity elevation was encouraged to promote venous return and reduce swelling. Abdominal examination revealed a soft, non-tender abdomen with active bowel sounds in all four quadrants. The JP drain site dressing was changed during the visit using appropriate sterile technique, and the site was assessed for signs of infection or complications. The patient reported abdominal pain, which he stated is satisfactorily managed with prescribed analgesics. He appears to be adjusting well post-discharge at this time. The patient ambulates with an unsteady gait and utilizes a cane for outdoor ambulation to enhance safety. Education was provided regarding fall prevention, proper use of assistive devices, monitoring of the JP drain output and insertion site for signs of infection (including redness, swelling, increased drainage, foul odor, or fever), and adherence to prescribed pain management. He and his son were instructed on the importance of maintaining follow-up appointments and reporting any changes in abdominal pain, drainage characteristics, or overall condition. The plan of care includes continued skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> for ongoing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> of abdominal status, JP drain management and dressing changes, pain control evaluation, monitoring of lower extremity edema, and reinforcement of safety and self-care education to support recovery and prevent complications. <br> Date of Order 02/06/2026 Orders Physician Face-to-Face Date: 02/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat due to Encounter For Surgical Aftercare Following Surgery On The Digestive System 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 <br> Physician Wright, Jeffrey

## SN Careplans

SN WK1: 1 (02/06/26-02/07/26)

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: 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

## SN Goals

PATIENT-STATED GOAL: I want this tube out

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

**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**
Jeffrey Wright
5999 Burke Commons Rd
Arlington, VA 22205
PHONE: 8007777904 FAX: NPI: 1396366803

**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 : 02/02/2026

**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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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 - Unintentional Weight Loss, 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: Son assist, coordinate/arrange home modifications for hearing impaired, i.e. alarms: Son assist, coordinate/arrange transportation services: Son assist

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 increase caloric intake, 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, patient's transportation needs are met, meal preparation is available to patient for all meals

* strategies to increase caloric intake
* 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

patient's transportation needs are met

meal preparation is available to patient for all meals

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 2 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 02/06/2026 |