Home Health Certification and Plan of Care

Order ID: 1163/1004

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7KD1UF2NT25	04/07/2026	From: 04/07/2026 To: 06/05/2026	174	497754

6. Patient's Name and Address

William Gibbs
8129 Ridge Creek Way,
SPRINGFIELD, VA 22153-
703-304-4932

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 07/16/1950 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	04/07/26

13. ICD	Other Pertinent Diagnoses	Date
G93.41	Metabolic encephalopathy	04/07/26
I10.	Essential (primary) hypertension	04/07/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	04/07/26
E03.9	Hypothyroidism unspecified	04/07/26
F02.C11	Dem in other diseases classd elswhr severe with agitation	04/07/26
F02.C2	Dem in other dis classd elswhr severe with psych disturb	04/07/26
E11.69	Type 2 diabetes mellitus with other specified complication	04/07/26
E78.5	Hyperlipidemia unspecified	04/07/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	04/07/26
R33.8	Other retention of urine	04/07/26
N13.8	Other obstructive and reflux uropathy	04/07/26
N32.3	Diverticulum of bladder	04/07/26
R13.10	Dysphagia unspecified	04/07/26
Z79.899	Other long term (current) drug therapy	04/07/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/07/26

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

Norvasc - Amlodipine Besylate 5 mg, Take 1 tablet by mouth once a day
Proscar - Finasteride 5 mg ,Tablet by mouth once a day
Risperdal - Risperidone 0.25 mg , Tablet by mouth twice a day
Desyrel - Trazodone Hydrochloride 50 mg , Take 1-2 tablets as needed by mouth twice a day morning and bedtime
Aricept - Donepezil Hydrochloride 10 mg , Tablet by mouth at bedtime
Doxazosin - Doxazosin Mesylate 2 Mg, Tablet by mouth once a day
Vit B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1,000mcg, tab by mouth once a day
Mirtazapine - Mirtazapine 30 mg 1 Tablet by mouth at bedtime Insomnia
Pantoprazole - Pantoprazole Sodium 20 mg 1 Tablet by mouth twice a day Gerd x 8 weeks 5/2/26
Pantoprazole - Pantoprazole Sodium 20 mg 1 Tablet by mouth once a day Gerd x 8 weeks
Exelon - Rivastigmine Tartrate 9.5 mg/24hr 1 patch topical once a day Dementia
Zocor - Simvastatin 40 mg 1 Tablet by mouth at bedtime HLD
Flomax - Tamsulosin Hydrochloride 0.4 mg 1 tablet by mouth once a day For prostate health
Trazadone - Trazodone Hydrochloride 50 mg 2 tablet by mouth three times a day Depression
Amilodipine - Amlodipine Besylate 5mg 1 tablet by mouth once a day HTN
Cefpodoxime Proxetil - Cefpodoxime Proxetil eq 200 mg base 2 tables by mouth twice a day UTI x 7 days
Synthroid - Levothyroxine Sodium 100 mcg , 1 Tablet by mouth in the morning Hypothyroidism
Magnesium Oxide - Simethicone 400mg / 1 Tablet by mouth once a day Supplement
Metformin - Metformin Hydrochloride 1000 mcg 0.5 table by mouth twice a day DM
Sildenafil Citrate - Sildenafil Citrate 20 mg 2 tablet by mouth once a day As needed HTN
Gabapentin - Gabapentin 300 mg 1 Tablet by mouth at bedtime Moderate pain

14. DME and Supplies:

bath bench, walker,

15. Safety Measures:

walker precautions, standard precautions, medication safety, , diabetic precautions, fall precautions, , bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

cardiac diet, soft

17. Allergies:

penicillins ibuprofen

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

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 Urinary tract infection site not specified, 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 African American male referred for home health services following a recent hospitalization for urinary retention associated with groin pain, during which he was diagnosed with a urinary tract infection complicated by sepsis and acute kidney injury. He was discharged home with a 7-day course of oral antibiotics and an indwelling Foley catheter (16 French with 10 cc balloon), with follow-up scheduled with urology. The patient resides at home with his wife, who serves as the primary caregiver, and receives additional support from a private caregiver five days per week during daytime hours. The patient's past medical history is significant for hypertension, type 2 diabetes mellitus with neuropathy, dementia, and generalized deconditioning. At the time of assessment, the patient was awake but demonstrated significant cognitive impairment, being oriented only to person at times and intermittently unable to state his name. He exhibited confusion but was easily redirected. Neurological assessment revealed positive facial symmetry, equal bilateral hand grasps, and pupils equal and reactive to light; however, slurred speech was noted, and the patient required the use of a whiteboard to communicate effectively, indicating a decline in speech function. Respiratory assessment revealed posterior lung fields clear to auscultation. Abdominal assessment noted a distended but soft and non-tender abdomen with active bowel sounds in all four quadrants. The Foley catheter was patent with no noted sediment. The patient continues to report groin pain, which is managed by the spouse with prescribed medications as needed. Skin integrity was not reported as impaired. Functionally,

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jasmine Finch
6501 Loisdale Ct
Springfield, VA 22150
PHONE: 7033597878 FAX: NPI: 1558780726

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 : 04/03/2026

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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the patient presents with significant decline from his prior level of function, where he was previously modified independent without the use of an assistive device. Currently, he demonstrates impaired balance, decreased lower extremity strength, reduced endurance, and poor safety awareness. He requires contact guard assistance for transfers and short-distance ambulation and exhibits gait deviations including decreased foot clearance, shortened step length, and a flexed posture. The patient is at high risk for falls, as evidenced by unsteady gait, frequent ambulation without assistance, and noncompliance with the use of a walker despite repeated instruction. During the visit, the patient was observed pacing, requiring close supervision by the caregiver to prevent falls. Cognitive deficits further impair his ability to follow multi-step commands and adhere to safety recommendations. The patient requires assistance with activities of daily living (ADLs) and relies on caregiver support for initiation and completion of tasks due to cognitive impairment. Occupational therapy evaluation was completed, noting that while the patient has adequate bilateral upper extremity strength to participate in ADLs, he requires continuous supervision and assistance for task completion. A shower chair is in place, and the patient uses a front-wheeled walker for mobility, although compliance is inconsistent. At this time, no further skilled occupational therapy services are indicated, and services were concluded following evaluation, with the spouse demonstrating understanding. Skilled physical therapy services are recommended and medically necessary to address deficits in strength, balance, gait, and functional mobility, with the goal of improving safety, reducing fall risk, and promoting the highest possible level of independence. Skilled nursing services are indicated for ongoing assessment, Foley catheter monitoring and management, medication management, and patient and caregiver education, including infection prevention, catheter care, fall prevention strategies, and reinforcement of assistive device use. The plan of care focuses on close monitoring of the patient's complex medical condition, prevention of complications, and support for both the patient and caregivers in managing care safely within the home environment.
 Date of Order 04/07/2026 Orders Physician Face-to-Face Date: 04/03/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease process pt-eval & treat ot-eval & treat due to Urinary tract infection site not specified 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 Finch, Jasmine

SN Careplans

SN WK1: 1 (04/07/26-04/11/26) ,WK2: 1 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26)

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, 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M1700 - Cognition, M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, M1600 - UTI, M1610 - Urinary Catheter, 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

PROCEDURES: cough/deep breathing exercises: Doesn't follow commands, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion: Staff to encouraged, catheter change, care & irrigation: Wife to follow up with urologist due to new onset of catheter, home exercise program: Eval and treat by therapy, coordinate/arrange preparation of missing meals: 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 medication(s) purpose, schedule, * 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, 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, * 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: I need help with my husband not sitting down

GOALS
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 patient with dementia
* coping strategies for the caregiver* 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 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 relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

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) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/07/2026

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* 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

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (04/07/26-04/11/26) ,WK2: 1 (04/12/26-04/18/26) ,WK3: 1 (04/19/26-04/25/26) ,WK4: 1 (04/26/26-05/02/26) ,WK5: 1 (05/03/26-05/09/26) ,WK6: 1 (05/10/26-05/16/26)

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, gait training on uneven surfaces, gait training/stair training, transfers training

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 medication(s) purpose, schedule, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PT Goals

PATIENT-STATED GOAL: To perform sit to stand independently and safely

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 medication(s) purpose, schedule

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

OT Careplans

OT WK1: 1 (04/07/26-04/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, 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: cough/deep breathing exercises, incentive spirometer, home exercise program, 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 medication(s) purpose, schedule, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: OT evaluation only

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 medication(s) purpose, schedule

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 01. Dependent

Shower/Bathe Self - 03. Partial/moderate assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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