Home Health Certification and Plan of Care

Order ID: 1163/1019

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
59290815	04/20/2026	From: 04/20/2026 To: 06/18/2026	1467	497754

6. Patient's Name and Address

Clava Russu
6124 HARMON PL,
SPRINGFIELD, VA 22152-
703-606-5003

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 02/10/1960 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N12.	Tubulo-interstitial nephritis not spcf as acute or chronic	04/20/26

13. ICD	Other Pertinent Diagnoses	Date
E11.69	Type 2 diabetes mellitus with other specified complication	04/20/26
E78.5	Hyperlipidemia unspecified	04/20/26
I10.	Essential (primary) hypertension	04/20/26
I05.0	Rheumatic mitral stenosis	04/20/26
M54.50	Low back pain unspecified	04/20/26
G89.29	Other chronic pain	04/20/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/20/26
D64.9	Anemia unspecified	04/20/26
E55.9	Vitamin D deficiency unspecified	04/20/26
Z79.4	Long term (current) use of insulin	04/20/26
Z79.82	Long term (current) use of aspirin	04/20/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/20/26
Z45.2	Encounter for adjustment and management of VAD	04/20/26
Z79.2	Long term (current) use of antibiotics	04/20/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	04/20/26
Z87.442	Personal history of urinary calculi	04/20/26

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

Labetalol - Labetalol Hydrochloride 200 mg 1tablet by mouth at bedtime HTN
COZAAR 50 mg 1 tablet by mouth one time each day HTN
GLUCOPHAGE 500 mg 2 tablets by mouth twice a day Dm
Methocarbamol - Methocarbamol 500 mg 1 Tablet by mouth twice a day Muscles spams
Crestor - Rosuvastatin Calcium 40 mg 1 Tablet by mouth at bedtime HLD
Hydralazine - Hydralazine Hydrochloride 50 mg 1 tab by mouth three times a day HLD
Invanz - Ertapenem Sodium 1 gram IV intravenous once a day UTI x 28 days
Vitamin D - Ergocalciferol 50,000 International Units 1 Tablet by mouth once a week Supplement
Chlorthalidone - Chlorthalidone 25 mg 1 Tablet by mouth once a day HTN
Aspirin 325Mg - Aspirin 1 Tablet by mouth once a day Prophylactic
Albuterol Inhaler - Albuterol 90mcg 2 puffs by mouth every 4 hours Wheezing as needed
Humulin N - Insulin Susp Isophane Recombinant Human 100 units/ml 16 unit subcutaneous three times a day DM

14. DME and Supplies:

IV supplies

15. Safety Measures:

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

16. Nutrition:

cardiac diet

17. Allergies:

amlodipine besylate

18.A. Functional Limitations

Endurance

18.B. Activities Permitted

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 Tubulo-interstitial nephritis that is not specified as acute or chronic, 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 66-year-old Russian female who was recently hospitalized for flank-related pathology and subsequently underwent surgical intervention with placement of a right-sided nephrostomy tube and a single-lumen peripherally inserted central catheter (PICC) line in the right upper extremity. She is currently residing at home with her husband and daughter, who are actively involved in her care, with the daughter serving as the primary caregiver and interpreter due to a language barrier. The daughter reports independently managing dressing changes and declined further education in this area; however, skilled nursing provided instruction regarding intravenous medication administration during the visit. On assessment, the patient is alert, awake, and oriented to person, place, and time, with intact neurological status as evidenced by symmetrical facial movements, equal bilateral hand grasps, and pupils equal and reactive to light. Respiratory assessment reveals clear lung sounds bilaterally without use of accessory muscles. The abdomen is soft and non-tender, with active bowel sounds in all four quadrants. The right flank nephrostomy tube is patent, with adequate flushing and drainage observed. The patient is continent of both bowel and bladder and denies dysuria or discomfort with urination. She is independently ambulatory and denies pain at the time of the visit. During the visit, the nurse administered intravenous antibiotic therapy via the PICC line over 30 minutes, utilizing 10 mL normal saline flushes before and after infusion; no heparin was available in the home at the time. The daughter actively participated in the medication setup, demonstrated understanding of the administration process, and took photographs for reference to ensure accurate technique moving forward. The husband assists with meal preparation, supporting the patient's nutritional needs. Education was provided regarding IV medication administration, PICC line care, and infection prevention, with reinforcement of aseptic technique. The patient and caregiver demonstrated understanding of the instructions. The plan of care includes continued skilled nursing visits for monitoring of the nephrostomy tube and PICC line, administration and supervision of IV antibiotic therapy, and ongoing caregiver education to ensure safe and effective treatment at home.
 Date of Order 04/20/2026 Orders Physician Face-to-Face Date: 04/18/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management due to Tubulo-interstitial nephritis that is not specified as acute or chronic 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 Physician Doppalapudi, Suma

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Suma Doppalapudi
2101 E Jefferson St
Rockville, MD 20852
PHONE: 7037264500 FAX: 17037264555 NPI: 1154493641

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 : 04/18/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Clava Russu 6124 HARMON PL, SPRINGFIELD, VA 22152- 703-606-5003	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

SN WK1: 1 (04/20/26-04/25/26) ,WK2: 1 (04/26/26-05/02/26) ,WK3: 1 (05/03/26-05/09/26) ,WK4: 1 (05/10/26-05/16/26) ,WK5: 1 (05/17/26-05/23/26) ,WK6: 1 (05/24/26-05/30/26)

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), 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, 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, 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 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: M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, M1600 - UTI, limited endurance, limited range of motion, limited strength, balance deficit

PROCEDURES: Weekly CBC, CR via picc line or venipunture, picc line dressing changed weekly with sterile dressing : Weekly CBC, CR via picc line or venipunture, picc line dressing changed weekly with sterile dressing, cough/deep breathing exercises: Demonstrated understanding, glucose testing via monitor: Self monitoring the blood glucose, coordinate/arrange preparation of missing meals: Family involved with process, infusion therapy: Ertpenem 1 gram daily via picc line Flushes with 10 cc normal saline before and after

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, * strategies to increase caloric intake, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: Help take care of the IV

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

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

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

meal preparation is available to patient for all meals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/20/2026