Home Health Certification and Plan of Care

Order ID: 1163/1016

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2Q39DR9YY21	04/14/2026	From: 04/14/2026 To: 06/12/2026	1431	497754

6. Patient's Name and Address

Francis Gipson
7216 Wickford Drive,
ALEXANDRIA, VA 22315-
703-971-3537

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 01/13/1948 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
C18.4	Malignant neoplasm of transverse colon	04/14/26

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	04/14/26
I50.9	Heart failure unspecified	04/14/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/14/26
N18.30	Chronic kidney disease stage 3 unspecified	04/14/26
D63.1	Anemia in chronic kidney disease	04/14/26
M62.50	Muscle wasting and atrophy NEC unsp site	04/14/26
I48.91	Unspecified atrial fibrillation	04/14/26
E78.5	Hyperlipidemia unspecified	04/14/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	04/14/26
R33.8	Other retention of urine	04/14/26
F32.A	Depression unspecified	04/14/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/14/26
E43.	Unspecified severe protein-calorie malnutrition	04/14/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/14/26
I25.5	Ischemic cardiomyopathy	04/14/26
Z79.01	Long term (current) use of anticoagulants	04/14/26
Z86.711	Personal history of pulmonary embolism	04/14/26
Z86.718	Personal history of other venous thrombosis and embolism	04/14/26
Z87.440	Personal history of urinary (tract) infections	04/14/26
Z90.49	Acquired absence of other specified parts of digestive tract	04/14/26
Z91.81	History of falling	04/14/26

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

Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg/capsule / Give 2 capsule by mouth in the evening BPH
Acetaminophen - Acetaminophen 500 mg/tablet / Give 2 tablet by mouth three times a day Mild pain
ELIQUIS 5 mg / 1 Tablet by mouth every 12 hours for A-FIB
Atorvastatin Calcium - Atorvastatin Calcium 20 mg / 1 Tablet by mouth at bedtime for HLD
DIGOXIN 0.125 mg 1 Tablet by mouth in the morning for ARRHYTMIA HOLD FOR AP < 60
Empagliflozin Oral Tablet 10 mg / 1 Tablet by mouth in the morning for DIABETES
Lactobacillus Oral Capsule 1 capsule by mouth in the morning for PROBIOTIC
LIDOCAINE 4% 1 patch topical in the morning Moderate pain
Metoprolol Tartrate - Metoprolol Tartrate 25 mg / 1 Tablet by mouth once a day HTN
Pantoprazole Sodium - Pantoprazole Sodium 40 mg / 1 Tablet by mouth in the morning GERD

14. DME and Supplies:

wheelchair,

15. Safety Measures:

wheelchair precautions, supervision at all times, medication safety, fall precautions, emergency phone # clearly displayed, diabetic precautions, bathroom safety, activity supervision

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Wheelchair, 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: Yes

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

SN: family/caregiver will be responsible for managing treatment
PT: family/caregiver will be responsible for managing treatment
OT: patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Malignant neoplasm of transverse colon, 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 78-year-old African American male who was recently hospitalized due to malaise and treated for colon cancer, followed by transfer to a rehabilitation facility and subsequent referral to home health services. His past medical history is significant for malignancy, protein-calorie malnutrition, atrial fibrillation, heart failure, chronic kidney disease, pulmonary hypertension, type 2 diabetes mellitus, hyperlipidemia, and a recent pulmonary embolism. The patient is currently residing in a single-level home with his sister, who serves as the primary caregiver, with additional assistance from another sibling. It was noted that the patient can become easily frustrated when family members speak on his behalf; however, he remains alert, awake, and oriented to person, place, time, and situation, with intact cognition, no visual or hearing impairments, symmetrical facial movements, equal bilateral hand grasps, and pupils reactive to light. On physical assessment, lung sounds are clear to auscultation posteriorly without use of accessory muscles. The abdomen is soft, non-tender, with active bowel sounds in all four quadrants. The patient is incontinent of bowel and has a newly placed indwelling Foley catheter (16 French, 10 cc balloon) with noted sediment but adequate urinary drainage; fluid intake has been encouraged as tolerated. The patient also reports a history of gout and currently complains of right foot pain, accompanied by observable edema; he has received prescribed pain medication with partial relief and has been instructed to elevate the affected extremity. Functionally, the patient demonstrates significant decline from his prior level of independence. Previously independent with activities of daily living (ADLs) and functional transfers, he now presents with generalized weakness, decreased endurance, impaired balance, and reduced activity tolerance, increasing his risk for falls and limiting his ability to safely perform ADLs and ambulation. He requires the use of a front-wheeled walker for mobility and has a bedside commode in place. Family members currently assist with instrumental activities of daily living (IADLs). Occupational therapy evaluation identified decreased bilateral upper extremity strength and endurance impacting ADL performance. A home exercise program was initiated, including upper extremity strengthening exercises using a red medium-resistance theraband, and plans are in place for continued ADL retraining and therapeutic exercise to facilitate return to prior level of function. Skilled physical therapy services are

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 04/14/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Manpreet Singh
6355 Walker Ln Ste 500
Alexandria, VA 22310
PHONE: 7037976970 FAX: 17039223479 NPI: 1104113570

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 : 04/10/2026

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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medically necessary to address deficits in strength, balance, and mobility, with goals focused on improving functional independence, safety, and fall prevention within the home environment. The patient's care plan also includes monitoring of catheter status, with the family to update the agency following a scheduled urology consultation regarding the continuation of Foley catheter use. Overall, the interdisciplinary plan of care emphasizes rehabilitation, symptom management, caregiver support, and close monitoring of the patient's multiple comorbid conditions.
 Date of Order 04/14/2026 Orders Physician Face-to-Face Date: 04/10/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management, PT-eval & treat, OT-eval & treat, HHA due to Malignant neoplasm of transverse colon 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 Singh, Manpreet

SN Careplans

SN WK1: 1 (04/14/26-04/18/26) ,WK3: 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: 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, 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:Durable Do Not Resuscitate Order

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1033 - Unintentional Weight Loss, M1620 - Bowel Incontinence, M1610 - Urinary Catheter, urine retention, 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: Demonstrated understanding, catheter change, care & irrigation: Patient has a Follow up appointment with urologist for new on set of foley, coordinate/arrange preparation of missing meals: Sister 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, 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, * 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 want to walk again

GOALS
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
* 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
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* 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
* 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 (04/14/26-04/18/26) ,WK2: 1 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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/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, * 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

PT Goals

PATIENT-STATED GOAL: Patient desires to ambulate from bedroom to living with no rest breaks

GOALS
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

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/14/2026

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to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Chair to Bed to Chair - 05. Setup or clean-up assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 150 Feet - 04. Supervision or touching assistance

Sit to Stand - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (04/14/26-04/18/26) ,WK2: 1 (04/19/26-04/25/26) ,WK3: 1 (04/26/26-05/02/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, 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

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, 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

OT Goals

PATIENT-STATED GOAL: I want to get stronger and be able to go to NY for July 4th.

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
* 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

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Eating - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
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