Home Health Certification and Plan of Care

Order ID: 1163/1070

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2NC0YG0JU35	06/05/2026	From: 06/05/2026 To: 08/03/2026	1618	497754

6. Patient's Name and Address

Kim Le
4979 Collin Chase Place,
FAIRFAX, VA 22030
571-228-9387

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 02/26/1942 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
F03.93	Unsp dementia unspecified severity with mood disturb	06/05/26

13. ICD	Other Pertinent Diagnoses	Date
F32.A	Depression unspecified	06/05/26
F03.94	Unspecified dementia unspecified severity with anxiety	06/05/26
G47.00	Insomnia unspecified	06/05/26
M19.90	Unspecified osteoarthritis unspecified site	06/05/26
I82.402	Acute embolism and thombos unsp deep veins of l low extrem	06/05/26
I11.9	Hypertensive heart disease without heart failure	06/05/26
E78.2	Mixed hyperlipidemia	06/05/26
H04.123	Dry eye syndrome of bilateral lacrimal glands	06/05/26
E55.9	Vitamin D deficiency unspecified	06/05/26
Z79.01	Long term (current) use of anticoagulants	06/05/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	06/05/26

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

ELIQUIS 5 mg / 1 Tablet by mouth every 12 (twelve) hours Prophylactic
REMERON 15 mg 1 Tablet by mouth once at bedtime Insomnia
Buspar - Buspirone Hydrochloride 10 mg 1 Tablet by mouth at bedtime Depression
LEXAPRO 5 mg / 1 Tablet by mouth once daily Depression
MELATONIN 10mg / 1 Tablet by mouth at bedtime Insomnia
Senna - Senna 8.6 mg 2 tablet by mouth in the morning Constipation
RESTASIS Ophthalmic Emulsion 0.05% / Place 1 drop into both eyes every 12 (twelve) hours Dried eye
Rosuvastatin Calcium - Rosuvastatin Calcium 20 mg 1 Tablet by mouth in the morning HLD
BUSPAR 5 mg 5 mg tablet by mouth in the morning Depression

14. DME and Supplies:

wheelchair, , hospital bed, hand held shower, grab bars, bath bench

15. Safety Measures:

wheelchair precautions, standard precautions, medication safety, hand rails, , fall precautions, bedrails up while in bed, bathroom safety, anticoagulant precautions, activity supervision

16. Nutrition:

cardiac diet

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: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 2. On awakening or at night only, SOCIAL ISOLATION: 0. Never, 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: good

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Unspecified dementia unspecified severity with mood disturbance, 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:

Patient is an elderly Vietnamese-speaking female referred for home health rehabilitation services due to significant functional decline, wheelchair-bound status, left-sided weakness, and contractures secondary to a history of cerebrovascular accident (CVA). The patient resides in the basement level of a multi-level home with her daughter and son-in-law and receives daily caregiver assistance for activities of daily living (ADLs), instrumental activities of daily living (IADLs), and transfers. A family member was present during the visit and assisted with interpretation in Vietnamese, as the patient requires language support for communication and assessment. Upon assessment, the patient was alert, awake, and oriented primarily to self, with confusion noted but easily redirected. Family reports progressive cognitive decline, worsening aphasia, impaired balance, reduced mobility, decreased activity tolerance, and increasing dependence with functional tasks. The patient remains largely homebound with limited community participation. Physical examination revealed facial symmetry with pupils equal, round, and reactive to light. The patient demonstrates significant left-sided hemiplegia with contractures involving the left upper extremity, including left hand contracture, and left lower extremity with associated foot inversion. Abdominal assessment revealed a soft, non-tender abdomen with active bowel sounds in all four quadrants. The patient is incontinent of both bowel and bladder. She is non-ambulatory and wheelchair-dependent for mobility, requiring maximum assistance with locomotion, transfers, and most functional activities. The patient denies pain during the visit. She is able to feed herself independently after setup and requires supervision during meals. The patient utilizes multiple durable medical equipment and adaptive devices within the home, including a wheelchair, hospital bed, shower bench, and transfer pole located in the bathroom to assist with transfers. Family reports that the patient refuses to wear a splint for management of the left hand contracture. Current deficits include impaired cognition, decreased strength, impaired balance, contractures, deconditioning, reduced endurance, diminished functional mobility, and increased dependence with ADLs and transfers. These impairments contribute to an elevated fall risk, decreased safety within the home environment, increased caregiver burden, and reduced overall functional independence. Skilled physical therapy services are medically necessary to assess and address functional mobility, strength, balance, transfer ability, safety awareness, gait potential, activity tolerance, and durable medical equipment needs. Skilled occupational therapy evaluation was completed and identified the need for continued intervention to improve right upper extremity active range of motion, strength, endurance, and participation in self-care activities and transfers. The plan of care includes therapeutic exercises, endurance training, caregiver education and training, transfer training, safety instruction, contracture management strategies, and development of an individualized rehabilitation program aimed at maximizing functional independence, reducing fall risk, improving safety with household mobility, and decreasing caregiver assistance requirements within the home setting. The patient and family were educated regarding the current functional status, safety precautions, and rehabilitation goals, with continued reinforcement recommended throughout the course of care.
 Date of Order 06/05/2026 Orders Physician Face-to-Face Date: 06/01/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Unspecified dementia unspecified severity with mood disturbance 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 OT Eval Notes: PT Eval Notes:
 Physician Hauptmann, Maria

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Maria Hauptmann
2700 Prosperity Ave Ste 270
Fairfax, VA 22031
PHONE: 7036982431 FAX: 15716656878 NPI: 1205014479

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 : 06/01/2026

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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SN WK1: 1 (06/05/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26) ,WK4: 1 (06/21/26-06/27/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 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

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

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, M1745 - Behavioral Issues, D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, muscle weakness, limited endurance, limited range of motion, limited strength, balance deficit

PROCEDURES: cough/deep breathing exercises: Can't follow commands, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion: Family involved, coordinate/arrange preparation of missing meals: Family assist, coordinate/arrange resources for vision-impaired: Family 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 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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: My mother is stiff and I want therapy to work on her muscles

GOALS
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
* 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
* 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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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 WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26) ,WK4: 1 (06/21/26-06/27/26) ,WK5: 1 (06/28/26-07/04/26) ,WK6: 1 (07/05/26-07/11/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170R1 - Wheel 50 ft w 2 Turns, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170S1 - Wheel 150 feet

PROCEDURES: wheelchair training, home exercise program, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: To improve LUE flexibility

GOALS
Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Car Transfer - 04. Supervision or touching assistance

OT Careplans

OT WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26) ,WK4: 1 (06/21/26-06/27/26) ,WK5: 1 (06/28/26-07/04/26) ,WK6: 1 (07/05/26-07/11/26)

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

OT Goals

PATIENT-STATED GOAL: I want to get stronger with transferring to my bed

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
* 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

Signature of Physician:

Date

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

Date
06/05/2026

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purpose, schedule, Oral Hygiene - 01. Dependent, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 01. Dependent, Upper Body Dressing - 01. Dependent, Lower Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 05. Setup or clean-up assistance	Oral Hygiene - 01. Dependent Toileting Hygiene - 01. Dependent Shower/Bathe Self - 01. Dependent Upper Body Dressing - 01. Dependent Lower Body Dressing - 01. Dependent Don/Doff Footwear - 01. Dependent Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/05/2026