

Home Health Certification and Plan of Care				Order ID: 1163/1185
1. Patient's HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
61115339	07/24/2026	From: 07/24/2026 To: 09/21/2026	1774	497754
6. Patient's Name and Address Thomas Kennedy 2208 Russell Rd, ALEXANDRIA, VA 22301-703-517-1095			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		11/25/1962		9. Sex		Male		10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD		Principal Diagnosis				Date		FLOMAX 0.4 MG / 1 Capsule by mouth daily NORVASC 10 MG / 1 Tablet by mouth once a day Zestril - Lisinopril 5 MG / 1 Tablet by mouth daily Zofran Odt - Ondansetron Disintegrating 8 MG / Dissolve 1 tablet on the tongue by mouth three times a day after meals as needed for nausea or vomiting	
Z48.816		Encounter for surgical after following surgery on the GU sys				07/24/26			
13. ICD		Other Pertinent Diagnoses				Date			
Z90.6		Acquired absence of other parts of urinary tract				07/24/26			
Z43.6		Encounter for attn to oth artif openings of urinary tract				07/24/26			
14. DME and Supplies:								15. Safety Measures:	
ostomy supplies								hand rails, fall precautions, standard precautions, smoke detectors , medication safety, emergency phone # clearly displayed, ambulates with assistance, transfer with assist, bathroom safety, activity supervision	
16. Nutrition:								17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET								no known allergies	
18.A. Functional Limitations								18.B. Activities Permitted	
Endurance								Up As Tolerated	
19. Mental & Pyschosocial Status:		COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No							
20. Prognosis:		good							
22. A Rehabilitation Potential:								22.B. Discharge Plans	
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.								family/caregiver will be responsible for managing treatment	

Homebound status:	Due to diagnosis of Encounter for surgical aftercare following surgery on the genitourinary 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
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[illegible]

23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 07/24/2026		25. Date HHA Received Signed POT
24. Physician's Name and Address Faisal Chaudri 6501 Loisdale Ct Ste 1100 Springfield, VA 22150 PHONE: 5716222000 FAX: NPI: 1750430682	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 : 07/19/2026	
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. PAGE 1 of 2	

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SN Careplans SN WK1: 1 (07/24/26-07/25/26) ,WK2: 2 (07/26/26-08/01/26) ,WK3: 2 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26) ,WK7: 1 (08/30/26-09/05/26) ,WK8: 1 (09/06/26-09/12/26) 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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance HOSPITALIZATION RISKS: 10. None of the above 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:POLST (Physician Orders for Life-Sustaining Treatment) PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, swelling of affected area, limited endurance, M1630 - GI Ostomy, #1 - GI Ostomy - Other - RUQ - Ileal Conduit PROCEDURES: physician-ordered wound care: #1 - GI Ostomy - Other - RUQ - Ileal Conduit: SN Orders - Loop Ileostomy SN to assess loop ileostomy at each visit for stoma appearance (color, size, edema, viability), peristomal skin integrity, pouch seal, and amount/consistency of output. Remove pouching system gently using adhesive remover wipes. Cleanse peristomal skin with water only using disposable washcloths. Do not use Theraworx or other products that may interfere with pouch adhesion. Pat skin completely dry. Measure stoma as needed and cut skin barrier opening to fit the stoma, allowing no more than 1/8 inch of exposed peristomal skin. For moldable barriers, mold barrier to fit snugly around the stoma. If peristomal skin is broken or irritated, apply stoma powder, brush away excess, then apply no-sting barrier film and allow to dry for 20-30 seconds before applying the barrier. If skin is intact, omit this step. Apply skin barrier securely to dry skin and attach pouch per manufacturer's instructions. Empty pouch when 1/3 full. Change pouching system every 3-5 days and as needed for leakage or loss of seal. Connect urostomy/high-output pouch to bedside gravity drainage while patient is in bed using the prescribed adapter, if ordered. Monitor for signs of dehydration, electrolyte imbalance, decreased or excessive output, leakage, peristomal skin breakdown, bleeding, stoma ischemia, prolapse, retraction, or obstruction. Notify the provider of significant findings. Instruct and reinforce patient/caregiver on ostomy care, hydration, diet, pouch management, skin care, and symptoms requiring medical attention. Encourage independence with ostomy care as tolerated., physician-ordered wound care: #1 - GI Ostomy - Other - RUQ - Ileal Conduit: SN Orders - Ileal Conduit SN to assess Ileal Conduit at each visit for stoma appearance (color, size, edema, viability), peristomal skin integrity, pouch seal, and amount/consistency of output. Remove pouching system gently using adhesive remover wipes. Cleanse peristomal skin with water only using disposable washcloths. Do not use Theraworx or other products that may interfere with pouch adhesion. Pat skin completely dry. 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Instruct and reinforce patient/caregiver on ostomy care, hydration, diet, pouch management, skin care, and symptoms requiring medical attention. Encourage independence with ostomy care as tolerated., cough/deep breathing exercises, incentive spirometer 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, * ostomy management including how to clean stoma change ostomy pouch, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	SN Goals PATIENT-STATED GOAL: Patient wants to become independent with her ileal conduit 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 * ostomy management including how to clean stoma * change ostomy pouch * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient is adequately supervised caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/24/2026