Home Health Certification and Plan of Care

Order ID: 1163/211

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
221022171	08/25/2025	From: 08/25/2025 To: 10/23/2025	347	497754

6. Patient's Name and Address

Shirley Sacco
11420 Running Cedar Rd,
RESTON, VA 20191-
703-758-9506

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 01/21/1943 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L89.154	Pressure ulcer of sacral region stage 4	08/25/25

13. ICD	Other Pertinent Diagnoses	Date
L89.893	Pressure ulcer of other site stage 3	08/25/25
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	08/25/25
I50.9	Heart failure unspecified	08/25/25
N18.2	Chronic kidney disease stage 2 (mild)	08/25/25
D63.1	Anemia in chronic kidney disease	08/25/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/25/25
I71.40	Abdominal aortic aneurysm without rupture unspecified	08/25/25
E78.00	Pure hypercholesterolemia unspecified	08/25/25
M80.08XD	Age-rel osteopor w crnt path fx verteb 7thD	08/25/25
G89.4	Chronic pain syndrome	08/25/25
H04.129	Dry eye syndrome of unspecified lacrimal gland	08/25/25
E66.9	Obesity unspecified	08/25/25
Z68.33	Body mass index [BMI] 33.0-33.9 adult	08/25/25
Z95.2	Presence of prosthetic heart valve	08/25/25
Z91.81	History of falling	08/25/25
Z87.440	Personal history of urinary (tract) infections	08/25/25
Z86.19	Personal history of other infectious and parasitic diseases	08/25/25
Z79.82	Long term (current) use of aspirin	08/25/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	08/25/25
Z87.891	Personal history of nicotine dependence	08/25/25

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

Aspirin 81Mg - Aspirin 81 MG, Give 1 tablet by mouth once a day
Dakins (1/4 strength) External Solution 0.125 % (Sodium Hypochlorite) 0.125 % , Apply to LUQ of sacrum topically topical as necessary Apply to LUQ of sacrum
topically every day shift for pressure ulcer
Lidocaine - Lidocaine 4 %, Apply to 1 patch to Right Shoulder topical once a day Apply to 1
patch to Right Shoulder topically one time a day for
Pain Management Lidoderm patch 4% and remove
per schedule
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17 GM/SCOOP, Give 17 gram by mouth every 12 hours
Multiple Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Give 1 tablet by mouth once a day Give 1
tablet by mouth one time a day for nutritional
supplement/ wound healing
Sennosides - Senna 8.6 MG, Give 1 tablet by mouth every 12 hours Give 1 tablet
by mouth every 12 hours as needed for Constipation
Morphine Sulfate - Morphine Sulfate 30 mg 1 tablet by mouth every 12 hours Give 1 tablet by mouth every 12 hours for chronic pain
RX given to nurse
Atorvastatin - Atorvastatin Calcium 1 by mouth at bedtime
Gabapentin - Gabapentin 300 mg 1 by mouth twice a day
Lasix 20mg by mouth as necessary

14. DME and Supplies:

wheelchair, bath bench, walker, commode, wound care supplies, hospital bed

15. Safety Measures:

walker precautions, medication safety, fall precautions, supervision at all times, bedrails up while in bed, wheelchair precautions, standard precautions, knee precautions, electrical safety measures, cardiac precautions, activity supervision

16. Nutrition:

low sodium, regular

17. Allergies:

bacitracin insect proteins petroleum tape

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Up As Tolerated, Wheelchair, Walker

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: fair

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 Pressure Ulcer Of Sacral Region Stage 4 , 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 an 82-year-old Caucasian female who resides with her husband and daughter in a single-family home. She is alert and oriented to person, place, and time. She presented to the agency with bilateral lower extremity weakness during standing and ambulation, secondary to a stage 4 sacral ulcer, which developed after being bedbound for two consecutive months in rehab following a fall. Her past medical history is significant for recurrent falls, CKD stage 2, heart failure, anemia in CKD, atherosclerotic heart disease with prosthetic heart valve, history of TIA and cerebral infarction, abdominal aortic aneurysm without rupture, hypercholesterolemia, history of nicotine dependence, chronic pain syndrome, age-related osteoporosis, and unspecified infectious/parasitic disease. On assessment, the patient had a large stage 4 sacral wound (L-3.5 cm W-2.75 cm D-0.25 cm) and a small sacral wound (L-0.25 cm W-0.15 cm, unable to measure depth). A moderate amount of purulent serosanguinous drainage was noted. Wound care was completed per physician's order: wounds were cleansed with Dakins solution, dried, treated with Hydrofera Blue moistened with saline, and covered with foam dressings. Physician requested daily dressing changes. Pictures could not be obtained during this visit. The patient also reported left shoulder pain rated 8/10. Vitals were stable: T-97.8F, P-68, R-16, BP-130/68, O sat 95%. Lungs were clear bilaterally, mucous membranes were pink, abdomen was soft and non-tender with positive bowel sounds, and no lower extremity edema was noted. Skin was warm and dry. The patient demonstrates decreased strength, endurance, standing tolerance, gait tolerance, and overall functional mobility. She ambulates indoors with a rolling walker and uses a wheelchair indoors and outdoors for most ADLs. She requires moderate to maximum assistance for bed mobility, transfers, and ambulation. During evaluation, she ambulated 10 feet with a rolling walker and contact guard assistance, requiring multiple turns. She uses a cotton-stitched handheld assistive device to mobilize her lower extremities during transfers. She is dependent on her daughter for bathing, grooming, dressing, toileting, toileting hygiene, and oral medication management. She is able to feed herself and take medications if meals and medications are prepared in advance. She sleeps in a hospital bed set up in the living room of her multistory home. The patient wears an adult diaper due to her inability to transfer to the bathroom independently,

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/25/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Geoffrey Long
1890 Metro Center Dr
Reston, VA 20190
PHONE: 7037091500 FAX: 17037091697 NPI: 1962579037

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 : 08/18/2025

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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though she is not incontinent. Incontinence pads are placed on her bed and chair as precautionary measures. Private caregiver support is provided seven days a week, two hours in the morning and two hours in the evening. Her daughter Joan expressed concerns regarding the patient's impaired insight into the importance of off-loading pressure from the sacral area. Education was reinforced regarding the need to reposition every two hours to improve circulation and promote wound healing. The patient verbalized understanding. Skilled nursing reviewed all medications with the patient and caregivers, and medications were reconciled. A home exercise program for bilateral lower extremity strengthening was initiated, with caregiver instruction on safe transfers, pivots, walker sequencing, pacing, and rest breaks during ambulation. The patient would benefit from continued skilled nursing for wound care management and skilled physical therapy to improve strength, endurance, standing tolerance, balance, and safety with functional mobility in order to prevent further decline and promote independence. Skilled nursing is planned three times per week for eight weeks.
 Date of Order 08/25/2025 Orders Physician Face-to-Face Date: 08/18/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-wound management pt-eval & treat 0t-eval & treat hha-adl's due to Pressure Ulcer Of Sacral Region Stage 4 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: PT Eval Notes: OT Eval Notes: Physician Long, Geoffrey

SN Careplans

SN WK1: 3 (08/25/25-08/30/25) ,WK2: 3 (08/31/25-09/06/25) ,WK3: 2 (09/07/25-09/13/25) ,WK4: 2 (09/14/25-09/20/25) ,WK5: 1 (09/21/25-09/27/25) ,WK6: 1 (09/28/25-10/04/25)

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), 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:Do not resuscitate (DNR) orders

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M1033 - Exhaustion, swelling in the arms/legs (CR), dependent edema (CR), M1400 - Dyspnea, constipation, poor muscle tone, limited endurance, limited strength, muscle weakness, daytime fatigue, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, #1 - 4 - Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present. - Posterior Sacrum - Sacral Ulcers

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Cleanse Wound with Dakins Solution, and Pat Dry. Cover Large Sacral Area with Hydrofira Blue. Moisten with Saline. Do not pack wound on Left Upper Quadrant. Cover both Areas with Foam Dressing. Do Wound Care Three Times A Week, coordinate/arrange transportation services

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * 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, patient's transportation needs are met, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: i would like to get up and walk againl

GOALS
patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

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
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (08/25/25-08/30/25) ,WK2: 1 (08/31/25-09/06/25) ,WK3: 2 (09/07/25-09/13/25) ,WK4: 2 (09/14/25-09/20/25) ,WK5: 2 (09/21/25-09/27/25) ,WK6: 2 (09/28/25-10/04/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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: Medication Review: Medications reviewed with patient/caregiver. , home exercise program: sit to stands at RW with CGA of caregiver or husband, seated marches, LAQ, HR/TR, clams, hip add pillow squeezes, BLE 2x10 6-7x/week, equipment training, strengthening exercises, standing tolerance exercises, static standing balance exercises, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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, Sit to Stand - 03. Partial/moderate assistance, Chair to Bed to Chair - 03. Partial/moderate assistance, Toilet Transfer - 03. Partial/moderate assistance, Car Transfer - 03. Partial/moderate assistance, Walk 10 Feet - 03. Partial/moderate assistance, Walk 50 ft with 2 Turns - 03. Partial/moderate assistance, Walk 150 Feet - 03. Partial/moderate assistance, 1 - Step (curb) - 03. Partial/moderate assistance, 4 Steps - 03. Partial/moderate assistance, 12 Steps - 03. Partial/moderate assistance, Picking Up Object - 03. Partial/moderate assistance, Medication Review

PT Goals

PATIENT-STATED GOAL: To feel stronger in BLE's in general and to be able to walk around home/between rooms with RW with improved strength, endurance and tolerance for standing and walking

GOALS
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

Sit to Stand - 03. Partial/moderate assistance

Chair to Bed to Chair - 03. Partial/moderate assistance

Toilet Transfer - 03. Partial/moderate assistance

Car Transfer - 03. Partial/moderate assistance

Walk 10 Feet - 03. Partial/moderate assistance

Walk 50 ft with 2 Turns - 03. Partial/moderate assistance

Walk 150 Feet - 03. Partial/moderate assistance

1 - Step (curb) - 03. Partial/moderate assistance

4 Steps - 03. Partial/moderate assistance

12 Steps - 03. Partial/moderate assistance

Picking Up Object - 03. Partial/moderate assistance

Medication Review

OT Careplans

OT WK1: 2 (08/25/25-08/30/25) ,WK2: 1 (08/31/25-09/06/25) ,WK3: 1 (09/07/25-09/13/25) ,WK4: 1 (09/14/25-09/20/25) ,WK5: 1 (09/21/25-09/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, 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) purpose, schedule, Oral Hygiene - 05. Setup or clean-up assistance, Upper Body Dressing -

OT Goals

PATIENT-STATED GOAL: I want to be able to hold utensils better and move my arms more

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

Oral Hygiene - 05. Setup or clean-up assistance

Signature of Physician:

Date

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

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05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Toileting Hygiene - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance	Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 03. Partial/moderate assistance Shower/Bathe Self - 02. Substantial/maximal assistance Toileting Hygiene - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 4 of 4
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