Home Health Certification and Plan of Care

Order ID: 1163/365

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
907624086	06/09/2025	From: 10/07/2025 To: 12/04/2025	72	497754

6. Patient's Name and Address

Adriana Valenzuela
6520 Manet Ct,
WOODBRIDGE, VA 22193-
703-328-0294

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 11/14/1996 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L89.224	Pressure ulcer of left hip stage 4	06/09/25

13. ICD	Other Pertinent Diagnoses	Date
G82.50	Quadriplegia unspecified	06/09/25
D64.9	Anemia unspecified	06/09/25
H47.619	Cortical blindness unspecified side of brain	06/09/25
Q03.1	Atresia of foramina of Magendie and Luschka	06/09/25
M41.40	Neuromuscular scoliosis site unspecified	06/09/25
G47.30	Sleep apnea unspecified	06/09/25
D69.6	Thrombocytopenia unspecified	06/09/25

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

Proventil - Albuterol (2.5 MG/3ML) 0.083% nebulizer solutlon, Take 3 mLs (2.5 mg) inhalant four times a day (2.5 MG/3ML) 0.083% nebulizer solutlon, Take 3 mLs (2.5 mg) by nebuiization 4
(four) times daily, Disp: 360 mL, Rfl: 5
Pulmicort - Budesonide 0.5 MG/2ML nebulizer solutlon, INHALE THE CONTENT OF ONE VIAL inhalant twice a day 0.5 MG/2ML nebulizer solutlon, INHALE THE CONTENT OF ONE VIAL BY
MOUTH VIA NEBULIZER TWO TIMES DAILY, Disp: 360 mL, Rfl: 0
Zaditor - Ketotifen Fumarate 0.025 % ophthalmic solutlon, Place 1 drop both eyes twice a day 0.025 % ophthalmic solutlon, Place 1 drop Into both eyes 2 (two) times dally as
needed, Disp:, Rfl:
Miralax - Polyethylene Glycol 3350 packet, Take 17 g powder PEG TUBE once a day packet, Take 17 g by mouth daily as needed, Disp:, Rfil:
Mucinex Dm - Dextromethorphan Hydrobromide: Guaifenesin 30-600 MG per 12 hr, Take 1 tablet PEG TUBE every 12 hours 30-600 MG per 12 hr tablet, Take 1 tablet by mouth
every 12 (twelve) hours as needed, Disp:, Rfl:
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav Take 500 mg tablet PEG TUBE once a day
Singulair - Montelukast Sodium 10 MG tablet, Take 1 tablet (10 mg) PEG TUBE once a day 10 MG tablet, Take 1 tablet (10 mg) by mouth every evening, Disp: 90 tablet,
Rfl: 1
Flonase - Fluticasone Propionate 50 MCG/ACT nasal spray, USE TWO SPRAYS IN EACH NOSTRIL Nasal once a day 50 MCG/ACT nasal spray, USE TWO SPRAYS IN EACH NOSTRIL EVERY
DAY, Disp: 16 g, Rfl: 5
Prevacid - Lansoprazole 15 MG disintegrating tablet, Take 1 tablet (15.mg) PEG TUBE once a day 15 MG disintegrating tablet, Take 1 tablet (15.mg) by mouth once dally, Disp: 90 tablet, Rfl: 3
Multiple Vitamin (THEREMS) Tab Take 1 tablet PEG TUBE as necessary
Multiple Vitamin (THEREMS) Tab, Take 1 tablet by mouth (Patient not taking: Reported on 5/20/2025),
Disp:, Rfl:
Tylenol - Acetaminophen 160 MG/5ML suspension,Take 15 mg/kg PEG TUBE every 6 hours Take 15 mg/kg by mouth every 6 (six) hours as
needed for Fever, Dlsp:, Rfl:
Claritin - Loratadine 5 MG/5ML syrup, Take 10 mLs (10 mg) PEG TUBE once a day 5 MG/5ML syrup, Take 10 mLs (10 mg) by mouth dally as needed, Disp:, Rfl:
Artane - Trihexyphenidyl Hydrochloride oral solution 2 mg/5 mL, Take 5 mL PEG TUBE twice a day oral solution 2 mg/5 mL, Take 5 mL by mouth twice daily via G-tube, Disp: 473 mL, Rfl: 3
Robitussin - Chlorpheniramine Polistirex: Hydrocodone Polistirex 100 MG/5ML liquid, Take 10 mLs (200 mg) PEG TUBE three times a day 100 MG/5ML liquid, Take 10 mLs (200 mg) by mouth 3 (three) times daily as needed for Cough, Disp:, Rfl:
pediatric multivitamin with iron (POLY-VI-SOL with IRON) oral solution oral solution, Take 1 mL PEG TUBE once a day oral solution, Take 1 mL by mouth daily, Disp:, Rfl:
Juven 1 Can PEG TUBE three times a day Nutrition and hydration. Flush with 60ml of water before and after each feeding, med administration.

14. DME and Supplies:

feeding pump, wheelchair, nebulizer, wound care supplies, oxygen supplies, hospital bed

15. Safety Measures:

infectious material management, , wheelchair precautions, , seizure precautions

16. Nutrition:

TPN

17. Allergies:

erythromycin lactose morphine

18.A. Functional Limitations

Contracture, Speech, Bowel/Bladder Incontinence, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted

Complete Bedrest

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: NA Patient nonresponsive, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:

22.B.Discharge Plans

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 10/06/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Keri Thomas
2501 Parker's Lane
Alexandria, VA 22309
PHONE: 703-664-8020 FAX: 17036647317 NPI: 1528364437

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 : 05/27/2025

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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Adriana Valenzuela 6520 Manet Ct, WOODBRIDGE, VA 22193- 703-328-0294	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

SELF-CARE: , MOBILITY: | family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Pressure Ulcer Of Left Hip 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 a fully contracted quadriplegic with a left hip pressure ulcer and requires total assistance with all activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The patient is nonverbal but demonstrates awareness by following caregivers' movements with their eyes and occasionally smiling. They are primarily bedbound, with only rare periods out of bed to a wheelchair. Nutritional support is provided via tube feeding using a pump at 150 mL three times daily, with 120 mL water flushes before and after each feeding. The patient has regular bowel movements every other day. Medication management is overseen by the patient's mother and a skilled nurse.
 Date of Order 10/06/2025 Orders Physician Face-to-Face Date: 05/27/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-wound management due to due to Pressure Ulcer Of Left Hip 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
 4 - Recertification Notes: Due to pressure ulcer wound. Physician Thomas, Keri

SN Careplans

SN WK3: 2 (10/19/25-10/25/25) ,WK4: 2 (10/26/25-11/01/25) ,WK5: 2 (11/02/25-11/08/25) ,WK6: 2 (11/09/25-11/15/25)

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: 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 Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: wheezing, seizures

PROCEDURES: Wound care: Discontinue all previous wound care. Cleanse L buttock healing pressure ulcer with wound cleanser, apply skin prep to periwound, apply collagen to wound base, and cover with bordered gauze dsg 2Xweek and PRN soiling or dislodging until healed. , Wound Center Order- As of 10/9/2025: Hold Home Health for one week. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: As of 9/8/2025 Discontinue all previous wound care. To the left hip pressure ulcer wound- remove dressing and cleanse wound with Vashe. Prep periwound with Cavilon. Apply Duoderm to periwound, Hydrofera Blue Transfer (no substitutions) cut to fit and tuck into base and undermining of wound. Black foam into wound, do not pack in. Bridge suction pad (Trac Pad) to abdominal area using black foam. (Keep offloading wound). Seal with NPWT drape and connect to 150mmHG suction, continuous. Change NPWT dressing 3 times per week. Do not forget Hydrofera Blue Transfer to touch base (do not over pack) and follow with black foam. , physician-ordered wound care: As of 9/19/2025 Discontinue all previous wound care. To the left hip pressure ulcer wound- remove dressing and cleanse wound with Vashe. Prep periwound with Cavilon. Apply Duoderm/hydrocolloid to periwound, Hydrofera Blue Transfer (no substitutions) cut to fit and tuck into base and undermining of wound. Black foam into wound, do not pack in. Bridge suction pad (Trac Pad) to 5 o'clock, using black foam. Apply wound vac drape. (Keep offloading wound). Seal with NPWT drape and connect to 150mmHG suction, continuous. Change NPWT dressing 3 times per week. Do not forget Hydrofera Blue Transfer to touch base (do not over pack) and follow with black foam., physician-ordered wound care: As of 9/15/2025 Discontinue all previous wound care. To the left hip pressure ulcer wound- remove dressing and cleanse wound with Vashe. Prep periwound with Cavilon. Apply Duoderm to periwound, Hydrofera Blue Transfer (no substitutions) cut to fit and tuck into base and undermining of wound. Black foam into wound, do not pack in. Bridge suction pad (Trac Pad) to left upper thigh area using black foam. (Keep offloading wound). Seal with NPWT drape and connect to 150mmHG suction, continuous. Change NPWT dressing 3 times per week. Do not forget Hydrofera Blue Transfer to touch base (do not over pack) and follow with black foam., physician-ordered wound care: As of 9/8/2025 Discontinue all previous wound care. To the left hip pressure ulcer wound- remove dressing and cleanse wound with Vashe. Prep periwound with Cavilon. Apply Duoderm to periwound, Hydrofera Blue Transfer (no substitutions) cut to fit and tuck into base and undermining of wound. Black foam into wound, do not pack in. Bridge suction pad (Trac Pad) to abdominal area using black foam. (Keep offloading wound). Seal with NPWT drape and connect to 150mmHG suction, continuous. Change NPWT dressing 3 times per week. Do not forget Hydrofera Blue Transfer to touch base (do not over pack) and follow with black foam. To Right Abdomen- Change Daily or as needed. Cleanse with soap and water. Use of interdry and wicking product.(No Aquaphor). , physician-ordered wound care: As of 8/22/2025 Discontinue all previous wound care. To left hip wound- Cleanse with Vashe, Apply hydrofera blue Transfer (no substitutions), cut to fit and tuck into base and undermining of wound, Fluff 2x2 inch gauze, DO NOT PACK!. Cover with 4x4 inch bordered mepilex. Change dressing 3 times a week. Begin Negative Pressure Wound Therapy once receiving wound vac. Remove dressing and cleanse wound with Vashe. Prep periwound with cavilon, apply Duoderm to periwound. Hydrofera Blue Transfer (no substitutions), cut to fit and tuck into base and undermining of wound. Black foam. Seal NPWT Drape and connect to 125mmHG suction, continuous. Change NPWT dressing 3 times a week. (Do not forget Hydrofera Blue Transfer to touch base and follow with Black Foam) , wound vacuum: To left hip pressure ulcer wound- Apply cavilon to intact skin, apply Wound vac with black foam to wound bed, bridge to soft tissue area. Cover with vac

SN Goals

PATIENT-STATED GOAL: Wound to heal per mother, pt nonverbal.

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

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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 keep home safe for patient with dementia
* coping strategies for the caregiver* 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

Signature of Physician: | Date

Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN | Date 10/06/2025

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drape. Set vac at 125mmhg. Change 3 times a week., coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired

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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/06/2025