Home Health Certification and Plan of Care

Order ID: 1163/541

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7CC9WD3NG25	11/21/2025	From: 11/21/2025 To: 01/19/2026	690	497754

6. Patient's Name and Address
John Oesterle
9802 Pulham Road,
Burke, VA 22015-
703-581-4584

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 12/09/1943 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
L03.115	Cellulitis of right lower limb	11/21/25

13. ICD	Other Pertinent Diagnoses	Date
I87.2	Venous insufficiency (chronic) (peripheral)	11/21/25
J44.9	Chronic obstructive pulmonary disease unspecified	11/21/25
I89.0	Lymphedema not elsewhere classified	11/21/25
Z79.82	Long term (current) use of aspirin	11/21/25

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

Zyvox - Linezolid 600 mg , Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day for 7 days
Aggrenox - Aspirin: Dipyridamole 25-200 mg Oral CM12 SR Cap, Take 1 capsule by mouth once a day
Tenormin - Atenolol 50 mg, Take 1 tablet by mouth once a day
Proair - Proair 90 mcg/actuation , Inhale 2 puffs inhalant every 4 hours Inhale 2 puffs by mouth every 4 hours as needed (Rescue inhaler)
Flomax - Tamsulosin Hydrochloride 0.4 mg 0.4 mg, Take 2 capsules by mouth at bedtime Take 2 capsules by mouth daily at bedtime
Spiriva - Tiotropium Bromide Monohydrate 2.5-2.5 mcg/actuation Inhl Mist, Inhale 2 puffs inhalant once a day Inhale 2 puffs by mouth daily (Controller inhaler)
Lipitor - Atorvastatin Calcium eq 80 mg base 40 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for cholesterol
Lasix - Furosemide 40 mg, Take 1 tablet by mouth once a day
Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 tablet by mouth once a day

14. DME and Supplies:
cane, walker

15. Safety Measures:
walker precautions, ambulates with device, , cardiac precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted
Cane, Walker, 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: No

20. Prognosis: fair

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Cellulitis Of Right Lower Limb, 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.

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/21/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Marie Huynh
5999 Burke Commons Rd
Burke, VA 22015
PHONE: 7032497700 FAX: NPI: 1740247154

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 : 11/12/2025

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
John Oesterle 9802 Pulham Road, Burke, VA 22015- 703-581-4584	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Clinical Condition Requiring Homecare:

The patient is an adult Caucasian male who resides with his wife and son and is alert and oriented to person, place, and time. The admission packet was thoroughly reviewed with the patient and his wife, Dawn, and all required paperwork was signed. The patient does not have a designated durable power of attorney or advance directives and is currently a Full Code. His medical history is significant for left leg cellulitis, bilateral lower-extremity lymphedema, chronic obstructive pulmonary disease, and an abdominal aortic aneurysm status post aortoiliac stent placement. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient's skin was warm and dry with pink mucous membranes. Bilateral breath sounds were clear to auscultation, and the abdomen was soft and non-tender with active bowel sounds in all quadrants. Examination of the lower extremities revealed bilateral lymphedema with 3+ pitting edema and diminished pedal pulses. The patient requested wound care to the left leg; however, no corresponding physician orders were available in the chart, and only a verbal instruction had reportedly been given to the patient's son. Skilled nursing cleansed dry, flaking skin from both legs. At the request of the patient's wife, the nurse applied Ace bandages to both lower extremities for support and comfort. The nurse will contact the physician on Monday to obtain appropriate wound-care orders. Medications were reviewed and reconciled with the patient and his wife. Vital signs were stable throughout the visit. Ongoing skilled nursing will continue to monitor lower-extremity status, obtain formal wound-care orders, support edema management, review medication adherence, and ensure patient and caregiver understanding of the plan of care.
 Date of Order 11/21/2025 Orders Physician Face-to-Face Date: 11/12/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PR eval and treat, OT eval and treat HHA due to Cellulitis Of Right Lower Limb 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
 Physician Huynh, Marie

SN Careplans

SN WK1: 1 (11/21/25-11/22/25)

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: 2. Non-agency caregiver(s) need training/supportive services to 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: M2020 - Oral Med Management, M2102c - Med Admin, M1400 - Dyspnea, weak pulses in feet, swelling in legs/around eyes, dependent edema, muscle weakness, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, discolored patches of skin, rough/scaly/cracked skin

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care, teach/coordinate/arrange medication packaging and/or administration

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, * 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, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: I would like the swelling in my legs and toes to decrease

GOALS
patient/caregiver recalls
* how to manage skin condition including physician-prescribed treatment
* skin care
* bathing
* sun protection
* diet
* exercise
* 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
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/21/2025