

Home Health Certification and Plan of Care				Order ID: 1163/594	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
907624086		06/09/2025		From: 12/05/2025 To: 02/02/2026	
				4. Medical Record No.	
				72	
				5. Provider No.	
				497754	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Adriana Valenzuela				Grace Home Healthcare, LLC	
6520 Manet Ct,				9735 Main Street Suite 200 Fairfax,	
WOODBRIDGE, VA 22193-				Fairfax, VA 22031-3736	
703-328-0294				703-865-7370	
				1073904009	
8. DOB 11/14/1996				9. Sex Female	
				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
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	
Proventil - Albuterol (2.5 MG/3ML) 0.083% nebulizer solution, Take 3 mLs (2.5 mg) inhalant four times a day (2.5 MG/3ML) 0.083% nebulizer solution, Take 3 mLs (2.5 mg) by nebuization 4 (four) times daily, Disp: 360 mL, Rfl: 5					
Pulmicort - Budesonide 0.5 MG/2ML nebulizer solution, INHALE THE CONTENT OF ONE VIAL inhalant twice a day 0.5 MG/2ML nebulizer solution, INHALE THE CONTENT OF ONE VIAL BY MOUTH VIA NEBULIZER TWO TIMES DAILY, Disp: 360 mL, Rfl: 0					
Zaditor - Ketotifen Fumarate 0.025 % ophthalmic solution, Place 1 drop both eyes twice a day 0.025 % ophthalmic solution, Place 1 drop into both eyes 2 (two) times daily 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:, Rfl:					
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: Dexpantenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflavin					
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 daily, 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, Disp:, 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 daily 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.					
Augmentin '250' - Amoxicillin: Clavulanate Potassium 250 mg PEG TUBE twice a day Medication- Liquid 250 mg/5ml via PEG Tube.					
X 10 DAYS					
14. DME and Supplies:				15. Safety Measures:	
feeding pump, hoyer lift, wound care supplies, hospital bed				bedrails up while in bed, aspiration precautions, supervision at all times	
16. Nutrition:				17. Allergies:	
G-Tube				erythromycin lactose morphine	
18.A. Functional Limitations				18.B. Activities Permitted	
Contracture, Bowel/Bladder Incontinence				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					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 12/01/2025					
24. Physician's Name and Address				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.	
Keri Thomas				F2F date : 05/27/2025	
2501 Parker's Lane					
Alexandria, VA 22309					
PHONE: 703-664-8020 FAX: 17036647317 NPI: 1528364437					
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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				1073904009	
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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: <div>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.</div><div> </div><div></div><div>Date of Order</div><div>12/01/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 05/27/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: sn-wound management due to due to Pressure Ulcer Of Left Hip Stage 4</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div></div><div>4 - Recertification Notes: Patient is being recertified due to stage 4 pressure ulcer wound</div><div> </div><div>Physician</div><div>Thomas, Keri</div></div>					
SN Careplans					
SN WK2: 3 (12/07/25-12/13/25) ,WK3: 3 (12/14/25-12/20/25) ,WK4: 3 (12/21/25-12/27/25) ,WK5: 3 (12/28/25-01/03/26) ,WK6: 3 (01/04/26-01/10/26) ,WK7: 3 (01/11/26-01/17/26) ,WK8: 3 (01/18/26-01/24/26) ,WK9: 3 (01/25/26-01/31/26)					
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: 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:No Advance Directive					
PROBLEMS IDENTIFIED ON ASSESSMENT: involuntary movement of extremity, #1 - 4 - Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present. - Other - Left lateral buttock -					
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 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) , 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 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 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 9/15/2025 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 9/19/2025 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					
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					
Signature of Physician:					
Date					
PAGE 2 of 3					
Optional Name/Signature of Nurse/Therapist:					
Date					
Electronically Signed by Messick, Charles RN					
12/01/2025					

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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: Discontinue all previous wound care. As of 10/24/2025 Skilled nurse to re- apply the wound vac 3 times a week with wound vac drape to periwound and bridged to an area proximal to the wound on the Left hip, black foam bridged to the proximal area on the Left hip, wound vac drape to cover all, T.R.A.C. pad @ proximal area, NPWT at 125 mmHg. , physician-ordered wound care: Discontinue all previous wound care orders.....As of 10/30/2025: To left hip pressure ulcer wound- Cleanse with Vashe, Apply cavilon periwound, hydrocolloid periwound, cavilon and wound vac drape to periwound bridged to an area proximal to the wound, hydrafera blue transfer to base of wound and black foam in the undermining and bridged to proximal area of the wound, wound vac drape to cover all, T.R.A.C pad, and NPWT @ 150mmHg. Change 3 times a week on Mondays, Wednesdays and Fridays. , 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 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			patient self-administers medications as prescribed * 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	12/01/2025