Home Health Certification and Plan of Care

Order ID: 1163/699

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
591081469	11/14/2025	From: 01/13/2026 To: 03/13/2026	687	497754

6. Patient's Name and Address

John Jackson
10497 Butterfield St Apt 11,
Manassas, VA 20109-
703-477-9457

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 08/25/1949 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
L97.819	Non-pressure chronic ulcer oth prt r low leg w unsp severity	11/14/25

13. ICD	Other Pertinent Diagnoses	Date
A04.72	Enterocolitis d/t Clostridium difficile not spcf as recur (A04.72)	11/14/25
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	11/14/25
E87.6	Hypokalemia	11/14/25
E11.622	Type 2 diabetes mellitus with other skin ulcer	11/14/25
B34.1	Enterovirus infection unspecified	11/14/25
C34.90	Malignant neoplasm of unsp part of unsp bronchus or lung	11/14/25
I11.0	Hypertensive heart disease with heart failure	11/14/25
I50.32	Chronic diastolic (congestive) heart failure	11/14/25
I95.1	Orthostatic hypotension	11/14/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	11/14/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	11/14/25
J96.10	Chronic respiratory failure unsp w hypoxia or hypercapnia	11/14/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	11/14/25
E78.5	Hyperlipidemia unspecified	11/14/25
M10.9	Gout unspecified	11/14/25
E03.9	Hypothyroidism unspecified	11/14/25
Z79.82	Long term (current) use of aspirin	11/14/25
Z79.4	Long term (current) use of insulin	11/14/25
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	11/14/25
Z79.52	Long term (current) use of systemic steroids	11/14/25
Z99.81	Dependence on supplemental oxygen	11/14/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	11/14/25
Z87.01	Personal history of pneumonia (recurrent)	11/14/25

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

Vancomycin - Vancomycin Hydrochloride 125 mg capsule, Take 1 capsule by mouth four times a day for 8 days
Albuterol - Albuterol 90 mcg/actuation inhaler,Inhale 2 puffs inhalant every 6 hours if needed for wheezing
Allopurinol - Allopurinol 100 mg tablet,Take 1 tablet by mouth once a day each day
aspirin-dipyridamole 25-200 mg per 12 hr capsule,Take 1 capsule by mouth in the morning and 1 capsule before bedtime.
Lipitor - Atorvastatin Calcium 80 mg tablet, Take 1 tablet by mouth once a day each day
Vitamin D-3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 125 mcg (5,000 unit) capsule,Take 1 capsule by mouth once a day each day
empagliflozin 25 mg tablet ,Take 0.5 tablets by mouth once a day each day
Neurontin - Gabapentin 100 mg capsule, Take 1 capsule by mouth in the morning and 1 capsule (100 mg total) in the evening and 1 capsule (100 mg total) before bedtime.
Levoxyl - Levothyroxine Sodium 50 mcg table,Take 1 tablet by mouth once a day at the same time
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 tablet by mouth once a day
Spiriva - Tiotropium Bromide Monohydrate 18 mcg per inhalation capsulePlace 2 puffs (1 capsule total), inhalant once a day
Wixela Inhub 250-50 mcg/dose i,nhaler Inhale 1 puff inhalant in the morning and 1 puff in the evening.
Lantus - Insulin Glargine Recombinant 35 units subcutaneous twice a day In AM and PM
Kirsten Aspart Biosimilar Sliding scale subcutaneous - 150 -199=2 units, 200-249=4 units, 250-299=6 units, 300-349=8 units, >350=10units, >400 go to ER

14. DME and Supplies:
walker

15. Safety Measures:
walker precautions, , , hand rails, , diabetic precautions, ambulates with device

16. Nutrition:
diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted
Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance)., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Non-Pressure Chronic Ulcer Of Other Part Of Right Lower Leg With Unspecified Severity, 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 77-year-old African American male residing with his two brothers in a ground-level apartment, with one brother serving as his primary caregiver. The patient is alert and oriented to person, place, and time, though noted to be hard of hearing with episodes of blurred vision. The admission packet was reviewed in full with both the patient and caregiver, and consent was obtained. His significant medical history includes Type 2 diabetes mellitus (current blood glucose 172 mg/dL), hypertension, chronic obstructive pulmonary disease, obstructive sleep apnea, chronic colitis, gout, hypothyroidism, peripheral vascular disease, diabetic neuropathy with fingertip numbness, osteoarthritis, orthostatic hypotension, a history of acute kidney injury, and lung carcinoma for which he is currently receiving palliative chemotherapy. The patient was recently hospitalized for suspected sepsis, altered mental status, and diarrhea. Skin <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> reveals warm, dry integument with pink mucous membranes. Lung auscultation demonstrates rhonchi and rales. The patient reports using 3 L/min supplemental oxygen via nasal cannula as needed when awake. He has an active right lower extremity wound related to cellulitis and diabetes; dressing was not removed due to unavailable replacement wound-care supplies. Functionally, the patient demonstrates decreased strength, endurance, balance, and standing tolerance. He ambulates with a walker or rollator, exhibiting an unsteady, unbalanced gait, and requires physical assistance for basic grooming, dressing, bathing, toileting, medication management, and meal

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 01/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Emily Bergman
10701 Rosemary Dr
Manassas, VA 20109
PHONE: 7032573000 FAX: 13606366282 NPI: 1427219146

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 : 11/07/2025

27. Attending Physician's Signature and Date Signed **01/21/2026**: 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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preparation. His caregiver reports that the patient often remains seated throughout the day with minimal self-initiation of mobility. Medication review and reconciliation were completed with both patient and caregiver. Physical therapy evaluation indicates the patient would benefit from skilled therapy to improve functional mobility, gait safety, endurance, and independence. During the visit, training was provided on safe home setup, transfer techniques, ambulation using a rolling walker, and a home exercise program focused on bilateral lower-extremity strengthening, seated and standing therapeutic exercises, and respiratory conditioning. Instruction was also provided on the use of an incentive spirometer, with both patient and family demonstrating understanding. The patient reports chronic pain at a level of 6/10, managed with gabapentin. Ongoing skilled nursing and physical therapy services are recommended to support wound care, optimize respiratory status, improve mobility and safety, and work toward restoring the patient to his prior level of function.
 Date of Order 01/12/2026 Orders Physician Face-to-Face Date: 11/07/2025 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Non-pressure chronic ulcer of other part of right lower leg with unspecified severity 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: Patient is being recertified for 60 days recertification due to right lower leg wound care
 Physician Bergman, Emily

SN Careplans

SN WK2: 1 (01/18/26-01/24/26) ,WK3: 1 (01/25/26-01/31/26) ,WK4: 1 (02/01/26-02/05/26)

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, blood sugar < 60 > 300

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

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: frequent urination, limited range of motion, weak hand grips, #1 - Observable Stasis Ulcer - Other - right lower leg -

PROCEDURES: physician-ordered wound care: #1 - Observable Stasis Ulcer - Other - right lower leg -, Physician ordered wound care : 12/09/2025 Discontinue all previous wound care orders. ----------New wound care orders starting 12/09/2025 - Nurse/caregiver to remove and discard old dressings. Cleanse wound with vashe and rinse with normal saline, pat dry. Apply mepitel to wound bed, cover with polymen, ABD pads, wrap with kerlix and secure with ace wrap three times a week on Mondays, Wednesdays and Fridays and PRN soiled or wet., cough/deep breathing exercises, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange resources for vision-impaired

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, 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 changes to manage hypotension including diet changes proper posture body position changes wearing of compression stockings, 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 manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purp, * how to manage gout flare-ups including non-medical pain relief dietary modifications, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's transportation needs are met, patient's living environment is clean/uncluttered, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages

SN Goals

PATIENT-STATED GOAL: I want the wound on my leg to heal

GOALS
patient's living environment is clean/uncluttered

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purp

patient/caregiver recalls
* lifestyle changes to manage hypotension including diet changes
* proper posture
* body position changes
* wearing of compression stockings
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage gout flare-ups including non-medical pain relief
* dietary modifications
* 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
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

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 is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	* 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 * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic 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 minimize chemotherapy and radiation side-effects including management of nausea or vomiting * diarrhea * appetite loss * hair loss * fatigue * insomnia * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to manage sleep disorder including changes to daytime habits and bedtime routine * maintaining a journal to track sleep patterns * 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 * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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