Home Health Certification and Plan of Care

Order ID: 1189/17

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
99094913F	01/26/2026	From: 01/26/2026 To: 03/26/2026	1	559004

6. Patient's Name and Address
Omilee Stricklin
1128 Lawrence LN,
LOMPOC, CA 93436-
820-218-7360

7. Provider's Name, Address and Telephone Number
Superior Home Health
320 E. Walnut
Lompoc, CA 93436-6835
805-742-4514
1750834719

8. DOB 02/22/1975 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S81.801D	Unspecified open wound right lower leg subs encntr	01/26/26

13. ICD	Other Pertinent Diagnoses	Date
I89.0	Lymphedema not elsewhere classified	01/26/26
J45.909	Unspecified asthma uncomplicated	01/26/26
E55.9	Vitamin D deficiency unspecified	01/26/26
E87.5	Hyperkalemia	01/26/26
E66.01	Morbid (severe) obesity due to excess calories	01/26/26
I10.	Essential (primary) hypertension	01/26/26
Z87.891	Personal history of nicotine dependence	01/26/26
Z68.45	Body mass index [BMI] 70 or greater adult	01/26/26

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

Acetaminophen - Acetaminophen 650 mg / 1 Tablet by mouth every 8 hours TAKE 2 TABLETS
Vitamin D2 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1,250 mcg (50,000 unit) / 1 Capsule by mouth once a week
Mupirocin - Mupirocin 2 perc 2 perc2% topical three times a day APPLY A SMALL AMOUNT TO THE AFFECTED AREA
Furosemide - Furosemide 40 mg 40 mg/ 1 Tablet by mouth once a day D/C / STOP ZEPBOUND
Klor-Con - Potassium Chloride 10meq 10meq/ 1 Tablet by mouth once a day start 01/19/2026: Pt to hold med until next BMP lab per MD notes.

14. DME and Supplies:
wound care supplies

15. Safety Measures:
fall precautions, infectious material management, standard precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
AMOXICILLIN, Cigarette Smoke, Penicillin

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

18.B. Activities Permitted
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: good

22. A Rehabilitation Potential:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

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

Homebound status: medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: Wound. F2F on 1/19/26 by Dr Noor Al Saud

SN Careplans

SN Goals

PT Careplans

PT: Care plans effective 1/26/26

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

STANDING ORDERS: infection control: hygiene, proper hand washing; 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; Verbal orderVORB 1/26/26 Dr. Al-Saud 4PM. No other disciplines indicated. No additional providers at this time.
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: , GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 -

PT Goals

PATIENT-STATED GOAL: I want this swelling to go away and my wound to heal

GOALS: Goals to be achieved by 3/26/26
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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 medicatio

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Miller, Erin PT RN on 01/26/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Noor Al-Saud
1300 W Ocean Ave
Lompoc, CA 93436
PHONE: 805-737-1169 FAX: 18057371772 NPI: 1548882566

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 : 01/19/2026

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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Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, 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, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, swelling in the arms/legs, M1033 - Exhaustion, increased urine output, limited endurance, balance deficit, obesity, rough/scaly/cracked skin, #1 - Observable Stasis Ulcer - Posterior Right Calf -

PROCEDURES: physician-ordered wound care: #1 - Observable Stasis Ulcer - Posterior Right Calf -: Cleansed Rt calf wound with wound cleanser and patted dry with gauze. Applied calcium alginate to wound bed covered with ABD pad and secured with tape and netting retention bandage. Assessed patient's response to wound care. Wound care to be done weekly by home health clinician and once weekly by patient's family., Lymphedema therapy to Rt lower leg: Application of short-stretch bandages to R lower leg edema. Instruct patient in elevation for edema management 30 minutes 3 times per day 12" above the level of the heart., train caregiver(s) to perform medical/rehabilitation treatments: Train pt's family to perform wound care to R calf.

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 medicatio, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * 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, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

* 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

caregiver performs medical/rehabilitation treatments with adequate competence

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Miller, Erin PT RN

Date
01/26/2026