Home Health Certification and Plan of Care

Order ID: 1163/817

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
751291633	02/18/2026	From: 02/18/2026 To: 04/18/2026	1179	497754

6. Patient's Name and Address
Phylicia Alleyne
1674 Potomac Crest Circle Apt 103,
STAFFORD, VA 22554-
540-273-6756

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 12/22/1989 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L03.116	Cellulitis of left lower limb	02/18/26

13. ICD	Other Pertinent Diagnoses	Date
B96.89	Oth bacterial agents as the cause of diseases classd elswhr	02/18/26
I11.9	Hypertensive heart disease without heart failure	02/18/26
M32.9	Systemic lupus erythematosus unspecified	02/18/26
I73.00	Raynaud's syndrome without gangrene	02/18/26
M34.9	Systemic sclerosis unspecified	02/18/26
M13.80	Other specified arthritis unspecified site	02/18/26
F33.9	Major depressive disorder recurrent unspecified	02/18/26
J45.909	Unspecified asthma uncomplicated	02/18/26
D50.9	Iron deficiency anemia unspecified	02/18/26
E55.9	Vitamin D deficiency unspecified	02/18/26
M31.19	Other thrombotic microangiopathy	02/18/26
J98.11	Atelectasis	02/18/26

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

Miralax - Polyethylene Glycol 3350 17gm/scoopful 17 gram by mouth in the morning Constipation
Prednisone - Prednisone 10 mg 10 mg / 1 Tablet by mouth once a day Cellulitis
Bactrim Ds - Sulfamethoxazole: Trimethoprim 800 mg;160 mg 1 Tablet by mouth twice a day Cellulitis
Wixela 500-50m mcg inhalant twice a day Respiratory distress
Acetaminophen - Acetaminophen 325 mg 2 tables by mouth every 6 hours Mild pain
Albuterol - Albuterol 90 mcg 2 puff inhalant every 6 hours Wheezing
Carboxymethylcellulose sodium 0.5% drops four times a day Effective eyes as needed
Ergocalciferol 0 50,000 Units by mouth once a week Supplement

14. DME and Supplies:
walker

15. Safety Measures:
walker precautions, supervision at all times, , , ambulates with device

16. Nutrition:
regular

17. Allergies:
hydroxychloroquine azathioprine latex

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
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: Yes

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
family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Cellulitis Of Left 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.

Clinical Condition Requiring Homecare:

The patient is a 36-year-old African American female recently hospitalized for bilateral lower extremity pain and swelling and discharged with a reported diagnosis of cellulitis per patient report. Her past medical history is significant for Raynaud's syndrome without gangrene, systemic sclerosis, arthritis, depression, asthma, iron deficiency anemia, vitamin D deficiency, and thrombotic microangiopathy. She resides in a ground-level apartment with her children and a dog; her two sons were present at the time of the nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. One son serves as the primary caregiver when needed. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented to person, place, time, and situation, pleasant, and cooperative with care. Neurologically, she demonstrated intact facial symmetry and equal bilateral hand grasps. Respiratory <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed clear posterior lung fields to auscultation without use of accessory muscles. The abdomen was soft and non-tender with active bowel sounds in all four quadrants. The patient reports occasional urinary incontinence. Bilateral lower extremity edema and discoloration were noted, with flaky, dry, peeling skin observed on the left lower leg. She was educated on the importance of lower extremity elevation to reduce edema and promote skin integrity. The patient reports left leg pain, which she manages with acetaminophen 1,000 mg (two 500 mg tablets) as needed, with satisfactory relief. Functionally, the patient requires moderate assistance with some activities but is able to feed herself with setup. However, during physical therapy evaluation, she demonstrated independence with basic activities of daily living including grooming, dressing, bathing, toileting, oral medication management, and meal preparation. She reports independently performing household chores and expresses motivation to remain active, including plans to return to work. Manual muscle testing revealed right lower extremity strength ranging from 4/5 to 5/5 and left lower extremity strength ranging from 3+/5 to 4+/5. The patient is independent with transfers and ambulation within the apartment, ambulating between rooms with and without a rolling walker. Although she uses a walker as needed for support, she is capable of independent mobility and has resumed driving, including transporting her son to school. She reports that since hospital discharge, her eldest son accompanies her during errands or appointments for reassurance. Education was provided regarding safe home setup, fall prevention strategies, energy conservation, and proper use of a rolling walker to maximize safety during mobility tasks. A home exercise program (HEP) was initiated, including seated and standing bilateral lower extremity therapeutic exercises, with the patient demonstrating and verbalizing understanding. Due to lower extremity weakness, recent hospitalization, and ongoing edema, the patient would benefit from continued skilled physical therapy services to improve strength, endurance, and functional mobility, and to safely return to her prior level of function. Additionally, a shower chair was recommended to enhance safety during bathing tasks and reduce fall risk. The plan of care focuses on edema management, pain control, strengthening, gait training, safety education, and restoration of full functional independence.
 Date of Order 02/18/2026 Orders Physician Face-to-Face Date: 02/15/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Cellulitis Of Left 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 PT Eval Notes: OT Eval Notes:
 Physician Mira, Jose

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/18/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jose Mira
1201 Hospital Dr
Fredericksburg, VA 22401
PHONE: 5403683700 FAX: NPI: 1669823118

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 : 02/15/2026

27. Attending Physician's Signature and Date Signed **02/26/2026**: 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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SN WK1: 1 (02/18/26-02/21/26) ,WK2: 1 (02/22/26-02/28/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 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

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: D0160 - Depression, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, swelling in the arms/legs, swelling of affected area, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, discolored patches of skin

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, coordinate/arrange preparation of missing meals: Sons managed, coordinate/arrange transportation services: Family assist

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 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 relaxatio, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: I want to walk again without the use of the walker

GOALS
patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

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 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 relaxatio

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (02/18/26-02/21/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, 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

PROCEDURES: home exercise program: seated and/or standing: SLR hip flex, SLR hip abd, marches, LAQs, HR/TR, clams, hip add pillow squeezes, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent

PT Goals

PATIENT-STATED GOAL: To get stronger and get back to work

GOALS
Sit to Stand - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

OT Careplans

OT WK2: 1 (02/22/26-02/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: , Pain Effect on Sleep, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation

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, * 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, 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.

OT Goals

PATIENT-STATED GOAL: OT evaluation only

GOALS
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 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

Oral Hygiene - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/18/2026

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