Home Health Certification and Plan of Care

Order ID: 1163/890

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
994183619	03/10/2026	From: 03/10/2026 To: 05/08/2026	1245	497754

6. Patient's Name and Address

Alice Farmer
7658 Cass Place Apt 204,
Manassass, VA 20109-
571-630-4052

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 09/05/1975 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S91.301D	Unspecified open wound right foot subsequent encounter	03/10/26

13. ICD	Other Pertinent Diagnoses	Date
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	03/10/26
I10.	Essential (primary) hypertension	03/10/26
E06.3	Autoimmune thyroiditis	03/10/26
E78.2	Mixed hyperlipidemia	03/10/26
E11.610	Type 2 diabetes mellitus w diabetic neuropathic arthropathy	03/10/26
K44.9	Diaphragmatic hernia without obstruction or gangrene	03/10/26
K21.00	Gastro-esophageal reflux dis with esophagitis without bleed	03/10/26
L91.8	Other hypertrophic disorders of the skin	03/10/26
E04.2	Nontoxic multinodular goiter	03/10/26
F32.2	Major depressv disord single epsd sev w/o psych features	03/10/26
D64.9	Anemia unspecified	03/10/26
E66.01	Morbid (severe) obesity due to excess calories	03/10/26
Z68.41	Body mass index [BMI] 40.0-44.9 adult	03/10/26
Z79.4	Long term (current) use of insulin	03/10/26
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	03/10/26

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

Tylenol Arthritis - Acetaminophen 650 mg 1 table by mouth at bedtime Mild pain
Synthroid - Levothyroxine Sodium 300 mcg / 1 Tablet by mouth in the morning Hypothyroidism
Synthroid - Levothyroxine Sodium 50 mcg / 1 Tablet by mouth in the morning Take 1 of the 50 mcg tablets with the 300mcg tablet of levothyroxine hypothyroidism
Robaxin - Methocarbamol 750 mg / 1 Tablet by mouth three times a day Muscles spams
Cozaar - Losartan Potassium 100 mg 100- 12.5mg 1 tablet by mouth once a day HTN
Lipitor - Atorvastatin Calcium eq 40 mg base eq 40 mg base eq 40 mg base / 1 Tablet by mouth once a day HLD
CYMBALTA 60 mg 60 mg 0 30 mg / 1 Capsule by mouth once a day Depression
Valacyclovir Hydrochloride - Valacyclovir Hydrochloride eq 500 mg base 2 tables by mouth three times a day Infection x 7 days
Mobic - Meloxicam 0 15 mg / 1 Tablet by mouth in the morning Moderate pain
Xyzal - Levocetirizine Dihydrochloride 5 mg 0 5 mg / 1 Tablet by mouth in the evening Allergic

14. DME and Supplies:
wound care supplies, , diabetic supplies, , cane

15. Safety Measures:
walker precautions, , , , , , , diabetic precautions, ambulates with assistance

16. Nutrition:
diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Cane, 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

Homebound status: Due to diagnosis of Unspecified Open Wound Right Foot Subsequent Encounter, 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 50-year-old African American female referred by her physician for wound care management. She reports the presence of an open wound on the left heel that has persisted for approximately one year, which she has been self-treating without successful healing. The patient resides in an apartment with her sons, who serve as her primary caregivers, and a small dog. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert, awake, and oriented to person, place, and time. Neurological evaluation revealed intact cranial nerve function with facial symmetry, equal bilateral hand grasps, and pupils reactive to light. Respiratory <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> demonstrated clear breath sounds in the posterior lung fields without the use of accessory muscles. Cardiovascular and peripheral vascular <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> noted bilateral lower extremity edema with faint pulses; the patient was educated on the importance of limb elevation to reduce swelling. Abdominal examination was unremarkable, with a soft, non-tender abdomen and active bowel sounds in all four quadrants. The patient is continent of both bowel and bladder and denies dysuria or urinary discomfort. The patient reports chronic back pain, which is adequately managed with current medication. She ambulates with an unsteady gait and utilizes a cane for mobility, requiring moderate assistance for safety. Wound <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed an open ulcer on the left heel with minimal drainage and no detectable odor, indicating no overt signs of infection at this time. The right foot exhibits a healed scab with dry skin and no evidence of breakdown. During the visit, the nurse contacted the physician's office to clarify wound care orders and spoke with staff member Dipti; a return call from the physician is pending for further guidance. Education was provided regarding proper wound care, infection prevention, pressure offloading, and safety with ambulation. The plan of care includes ongoing wound monitoring, implementation of physician-directed wound treatment upon receipt of updated orders, continued pain management, edema control, and reinforcement of caregiver support and fall prevention strategies.
 Date of Order 03/10/2026 Orders Physician Face-to-Face Date: 03/03/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN wound management due to Unspecified Open Wound Right Foot Subsequent Encounter 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 Hasan, Anum

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 03/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Anum Hasan
13575 Heathcote Blvd Ste 210
Gainesville, VA 20155
PHONE: 5712484620 FAX: 15712484374 NPI: 1083238547

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 : 03/03/2026

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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SN WK1: 1 (03/10/26-03/14/26) ,WK2: 1 (03/15/26-03/21/26) ,WK3: 1 (03/22/26-03/28/26) ,WK4: 1 (03/29/26-04/04/26) ,WK5: 1 (04/05/26-04/11/26) ,WK6: 1 (04/12/26-04/18/26) ,WK7: 1 (04/19/26-04/25/26) ,WK8: 1 (04/26/26-05/02/26)

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: 5. Decline in mental, emotional, or behavioral status 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, meal preparation, M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, M1400 - Dyspnea, swelling in legs/around eyes, dependent edema, limited range of motion, swelling of affected area, limited endurance, limited strength, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, bruising/discoloration, discolored patches of skin

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, cough/deep breathing exercises: Demonstrated understanding, cough/deep breathing exercises: Demonstrated understanding, physician-ordered wound care: TVO Anum Hasan MD, Cleanse Left heel wound with normal saline, skin prep peri wound, apply calcium alginate cover with foam dressing three time weekly, glucose testing via monitor, coordinate/arrange preparation of missing meals: Son assist, coordinate/arrange transportation services

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, 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: Help to treat my wound

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) 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
* 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

patient's transportation needs are met

meal preparation is available to patient for all meals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	03/10/2026