# Home Health Certification and Plan of Care

**Order ID: 1163/898**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 356012120019 | 01/15/2026 | From: 03/16/2026 To: 05/14/2026 | 980 | 497754 |

**6. Patient's Name and Address**
Ledell Webster
305 Oak spring Drive, Apt 210,
WARRENTON, VA 20186-
703-856-5549

**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** 01/12/1955 | **9.Sex** Male

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

Simvastatin - Simvastatin 10 mg 10 mg 10 mg1 Tablet by mouth at bedtime for Hyperlipidemia
(Calcium Carbonate-Cholecalciferol) Calcium 600/Vitamin D Oral Tablet 600 -10 MG-MCG / 1 Tablet by mouth once a day for Vitamin D- deficiency

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I87.2 | Venous insufficiency (chronic) (peripheral) | 01/15/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| L97.412 | Non-prs chr ulcer of right heel and midft w fat layer expos | 01/15/26 |
| L97.812 | Non-prs chronic ulcer oth prt r low leg w fat layer exposed | 01/15/26 |
| L97.822 | Non-prs chronic ulcer oth prt l low leg w fat layer exposed | 01/15/26 |
| I10. | Essential (primary) hypertension | 01/15/26 |
| E11.40 | Type 2 diabetes mellitus with diabetic neuropathy unsp | 01/15/26 |
| E78.5 | Hyperlipidemia unspecified | 01/15/26 |
| E03.9 | Hypothyroidism unspecified | 01/15/26 |
| F32.9 | Major depressive disorder single episode unspecified | 01/15/26 |
| E55.9 | Vitamin D deficiency unspecified | 01/15/26 |
| Z86.19 | Personal history of other infectious and parasitic diseases | 01/15/26 |
| Z86.718 | Personal history of other venous thrombosis and embolism | 01/15/26 |
| Z87.01 | Personal history of pneumonia (recurrent) | 01/15/26 |

**14. DME and Supplies:**
grab bars, wound care supplies, wheelchair, reacher

**15. Safety Measures:**
wheelchair precautions, , , hand rails, bathroom safety

**16. Nutrition:**
regular

**17. Allergies:**
no known allergies

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

**18.B. Activities Permitted**
Wheelchair, Up As Tolerated

**19. Mental & Pyschosocial Status:** COGNITION: 4. Is totally dependent in toileting., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

**20. Prognosis:** good

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

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

**Homebound status:** Due to diagnosis of Venous insufficiency (chronic) (peripheral), 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 71-year-old African American male with a history of hospitalization following a fall with fracture, followed by an extended rehabilitation stay (approximately one year). He currently resides alone in a secured-access apartment with assistance from his daughter. Upon arrival, the nurse met the daughter downstairs; the daughter requested that the nurse clean the patient following a bowel movement earlier today. The nurse offered education and hands-on training regarding incontinence care; however, the daughter declined, stating she was unable to perform this care. The patient was found in bed with a strong foul odor and reported he had been lying in feces and urine for approximately two days because he was unable to get to the toilet. The daughter reported a wound on the patient's buttock. The nurse provided thorough incontinence care and performed a skin <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> of the buttocks/sacral area; no skin breakdown was observed at the time of this visit. The nurse assisted with application of a clean brief/diaper and reinforced hygiene needs to reduce risk of skin breakdown and infection. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert, awake, and oriented (reported as oriented to person, place, and time; also documented as alert and oriented x4), with no reported vision or hearing impairment. Neurological screening was within expected limits for this visit, with facial symmetry present, equal bilateral grips, and pupils equal and reactive to light. Respiratory <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed posterior lung fields clear to auscultation without use of accessory muscles. The abdomen was distended but soft and non-tender, with active bowel sounds in all four quadrants. The patient is incontinent of both bowel and bladder. Bilateral lower extremities demonstrated edema with discoloration and multiple small open blisters; the patient also reported left calf pain with partial relief from medication (pain medication not specified). Vital signs were notable for elevated blood pressure of 189/100 mmHg; the patient was without acute distress and denied dizziness, lightheadedness, or headache. The patient reported he had not taken his blood pressure medication since Monday; the daughter contacted the pharmacy during the visit and stated she would pick up the medication today. The nurse notified the provider by calling and leaving a message with the service for a return call. The patient has a Life Alert system in place. He is currently receiving caregiver assistance through Right at Home through Sunday. The patient utilizes bilateral knee flexion orthoses. Plan of care includes resumption of prescribed antihypertensive therapy as soon as obtained, monitoring of blood pressure and symptoms, continued incontinence care and frequent hygiene/brief changes to prevent skin breakdown, ongoing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> and protection of lower-extremity skin integrity (open blisters/edema), and follow-up with the provider regarding uncontrolled blood pressure and reported left calf pain. Education was offered to the daughter regarding safe, routine incontinence care and skin protection measures; the daughter declined training at this time. The patient and daughter were advised to seek urgent medical evaluation for worsening calf pain, increased swelling/redness/warmth, shortness of breath, chest pain, new neurologic symptoms, or symptoms associated with severe hypertension. <br> Date of Order 03/13/2026 Orders Physician Face-to-Face Date: 01/05/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Venous insufficiency (chronic) (peripheral) Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <br> 4 - Recertification Notes: The patient is being recertified due to wound care management. <br> Physician Hamid, Hasina

**SN Careplans**

**SN Goals**

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by Messick, Charles RN on 03/13/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Hasina Hamid
419 Holiday Ct Suite 100,
Warrenton, VA 21086
PHONE: 5403474200 FAX: 15403417102 NPI: 1033356829

**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 : 01/05/2026

**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 (03/16/26-03/21/26) ,WK2: 1 (03/22/26-03/28/26) ,WK3: 1 (03/29/26-04/04/26) ,WK4: 1 (04/05/26-04/11/26) ,WK5: 1 (04/12/26-04/18/26) ,WK6: 1 (04/19/26-04/25/26) ,WK7: 1 (04/26/26-05/02/26) ,WK8: 1 (05/03/26-05/09/26)

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: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 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: dependent edema, frequent urination, muscle weakness, swelling of affected area, limited endurance, limited range of motion, limited strength, balance deficit, #2 - Blister - Other - Right lower leg - , #4 - Abrasion - Other - Left 2nd toe - , #5 - Other - Other - Right 2nd toe - , #6 - Other - Other - Right 4th toe trauma - Trauma, #7 - - Other - Left heel - New wound

PROCEDURES: physician-ordered wound care: #5 - Other - Other - Right 2nd toe -, physician-ordered wound care: #2 - Blister - Other - Right lower leg -, physician-ordered wound care: #1 - Blister - Other - Left lower leg -, physician-ordered wound care: #3 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Other - Right heel -, physician-ordered wound care: #4 - Abrasion - Other - Left 2nd toe -, physician-ordered wound care: #7 - - Other - Left heel - New wound, physician-ordered wound care: #6 - Other - Other - Right 4th toe trauma - Trauma, wound care: Physician ordered wound care Eff 1/29/2026 Right Ankle, Right Lower Leg, Right Calcaneus, Right 4th toe, Right 2nd toe, Left second toe Wound Laterality: RightCleanser: Saline 3 x Per Week/30 DaysPeri-Wound Care: Sureprep Skin Prep 3 x Per Week/30 DaysDischarge Instructions: apply to intact skin around woundPrimary Dressing: Hydrofera Blue Ready Foam, 8x8 (in/in) 3 x Per Week/30 DaysDischarge Instructions: 4x5 ok. on top of iodosorbPrimary Dressing: Iodosorb Gel 40 (gm) Tube 3 x Per Week/30 Days3 x Per Week/30 DaysDischarge Instructions: apply to wound bed. Iodoflex is okay as replacement if iodosorb is out of stock.Secondary Dressing: Conforming Gauze Bandage Roll, Nonsterile, 2x75 (in/in) 3 x Per Week/30 DaysDischarge Instructions: 2 Inch Rolled Gauze Place over hydrofera blue dressing Secondary Dressing: Optifoam Heel, 1 (pad) 3 x Per Week/30 DaysDischarge Instructions: Place over hydrofera blue, underneath gauze preferredSecured With: 3M Medipore H Soft Cloth Surgical Tape, 4 x 10 (in/yd)Discharge Instructions: to secure gauze wrap3 x Per Week/30 DaysSecured With: Encompass X-Span Tubular Gauze Dressing Retainer, Elastic Net, Size 5Discharge Instructions: if patient prefers3 x Per Week/30 Days, cough/deep breathing exercises, physician-ordered wound care, glucose testing via monitor, monitor intake & output, bladder training

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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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 relaxatio, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: I want to help myself more

GOALS
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
* 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
* 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
* 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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic 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 relaxatio

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

patient/caregiver recalls
* 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

meal preparation is available to patient for all meals

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 2 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by Messick, Charles RN | 03/13/2026 |