Home Health Certification and Plan of Care

Order ID: 1163/1172

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5YX2YQ5DV03	01/15/2026	From: 07/14/2026 To: 09/11/2026	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

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

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

(Calcium Carbonate-Cholecalciferol) Calcium 600/Vitamin D Oral Tablet 600 -10 MG-MCG / 1 Tablet by mouth once a day for Vitamin D- deficiency
Simvastatin - Simvastatin 20 mg 1 Tablet by mouth at bedtime for Hyperlipidemia
Jardiance - Empagliflozin 100 mg 1 tab by mouth once a day Dm
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day for supplement
Cozaar - Losartan Potassium 100 mg 1 tab by mouth once a day HTN

14. DME and Supplies:

wheelchair, walker, hand held shower

15. Safety Measures:

walker precautions, wheelchair precautions, supervision at all times, medication safety, hand rails, fall precautions, bathroom safety, ambulates with assistance

16. Nutrition:

cardiac diet, regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Bowel/Bladder Incontinence, Ambulation, Endurance

18.B. Activities Permitted

Transfer bed/Chair

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:

Skilled nursing recertification was completed for continued wound care. The patient was seen in his apartment with his private aide present and was scheduled for a wound care center appointment later the same day. The patient remains wheelchair-bound but is independent with wheelchair mobility, elevating his legs while propelling the wheelchair without using the footrests. Wound care was performed with a dry dressing in preparation for the wound center visit. Assessment of the right heel revealed a foul odor without an elevated temperature noted during the visit. The patient is incontinent of bowel and bladder and receives daily assistance from a private aide, who also escorts him to wound care appointments. Continued skilled nursing services remain medically necessary for ongoing wound assessment and management, infection monitoring, skin integrity preservation, and coordination of care with the wound care center. <span
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Physician Face-to-Face Date: 01/05/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Venous insufficiency (chronic) (peripheral)<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
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23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 07/13/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Hasina Hamid
419 Holiday Ct Suite 100,
Warrenton, VA 21086
PHONE: 540-347-4200 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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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <o:p></o:p>
4 - Recertification SN Notes: due to wound care<o:p></o:p> Physician: Hamid, Hasina

SN Careplans

SN WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26) ,WK6: 1 (08/16/26-08/22/26) ,WK7: 1 (08/23/26-08/29/26) ,WK8: 1 (08/30/26-09/05/26) ,WK9: 1 (09/06/26-09/11/26)

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: limited endurance, limited range of motion, limited strength, balance deficit, #1 - Blister - Other - Left lower leg - , #2 - Blister - Other - Right lower leg - , #3 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Other - Right heel - , #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, #8 - Other - Other - Left shin - , #9 - Other - Other - Right shin -

PROCEDURES: physician-ordered wound care: #1 - Blister - Other - Left lower leg -, physician-ordered wound care: #2 - Blister - Other - Right lower leg -, physician-ordered wound care: #4 - Abrasion - Other - Left 2nd toe -, physician-ordered wound care: #5 - Other - Other - Right 2nd toe -, physician-ordered wound care: #6 - Other - Other - Right 4th toe trauma - Trauma, physician-ordered wound care: #7 - - Other - Left heel - New wound, 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: #8 - Other - Other - Left shin -, physician-ordered wound care: #9 - Other - Other - Right shin -, 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: Written order from Wound center: ---Discontinued prior wounds orders, Cleanse right heel wound with normal saline, sure prep peri wound, apply Iodosorb, Hydrofera blue conforming stretch gauze, non sterile gauze rolled gauze and tape 3 x weekly Cleanse right calcaneus wound with normal saline, sure prep peri wound, apply Hydrofera blue parasol plus collagen wound dressing conforming stretch gauze, opt foam dressing 3 x weekly Cleanse left heel wound with normal saline, sure prep peri wound, apply Iodosorb, conforming stretch gauze, non sterile gauze rolled gauze and tape 3 x weekly, physician-ordered wound care

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, *

SN Goals

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
* 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
* 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

meal preparation is available to patient for all meals

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/13/2026

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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, meal preparation is available to patient for all meals

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