Home Health Certification and Plan of Care

Order ID: 1163/1219

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5R94AX7HN68	07/23/2026	From: 07/23/2026 To: 09/20/2026	1786	497754

6. Patient's Name and Address
Lucia Seyranyan
6109 Dominican Dr,
Springfield, VA 22152-
703-609-0473

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 04/12/1955 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	07/23/26

13. ICD	Other Pertinent Diagnoses	Date
I70.213	Athscl native arteries of extrm w intrmt claud bi legs	07/23/26
E46.	Unspecified protein-calorie malnutrition	07/23/26
E78.5	Hyperlipidemia unspecified	07/23/26
F03.911	Unspecified dementia unspecified severity with agitation	07/23/26
F03.93	Unsp dementia unspecified severity with mood disturb	07/23/26
F33.1	Major depressive disorder recurrent moderate	07/23/26
I10.	Essential (primary) hypertension	07/23/26
L89.101	Pressure ulcer of unspecified part of back stage 1	07/23/26
L89.211	Pressure ulcer of right hip stage 1	07/23/26
M17.11	Unilateral primary osteoarthritis right knee	07/23/26
J45.909	Unspecified asthma uncomplicated	07/23/26
M62.81	Muscle weakness (generalized)	07/23/26
Z79.899	Other long term (current) drug therapy	07/23/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/23/26
Z79.891	Long term (current) use of opiate analgesic	07/23/26
Z74.01	Bed confinement status	07/23/26

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

NYSTATIN 100,000 units/g topical cream Apply to rash area twice a day for fungal and diaper rash
Baza-Protect topical cream Use topically twice a day for skin rash
LOSARTAN POTASSIUM 50 MG / 1 Tablet by mouth twice a day for HTN
QUETIAPINE FUMARATE 25 MG / 1 Tablet by mouth at bedtime for insomnia
WIXELA INHUB 250/50 INH 250/50 inhalant twice a day
TRAZODONE 50 MG TAB by mouth at bedtime
Tramadol Hcl - Tramadol Hydrochloride 50 MG TAB by mouth as necessary
Metformin Er - Metformin Hydrochloride 500 MG GP TAB by mouth once a day
PREGABALIN 25 GM CAP by mouth once a day
MEMANTINE HYDROCHLORIDE 10 MG TAB by mouth once a day
LISINOPRIL 20 mg 20 MG TAB by mouth once a day
Lidocaine Patch - Lidocaine 5 % topical once a day
IBUPROFEN 600 mg 600 MG TAB inhalant as necessary
FUROSEMIDE 20 mg 20 MG TAB inhalant once a day
ESCITALOPRAM 10 MG TAB by mouth once a day
Doxycycline Hyclate - Doxycycline Hyclate 100 MG TAB by mouth once a day
DONEPEZIL HYDROCHLORIDE 10 mg 10 MG TAB by mouth once a day
DICLOFENAC 1 % Gel topical as necessary

14. DME and Supplies:
None of the above

15. Safety Measures:
fall precautions, diabetic precautions, supervision at all times, emergency phone # clearly displayed, bedrails up while in bed, aspiration precautions, standard precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
None

18.A. Functional Limitations
Ambulation, Contracture, Bowel/Bladder Incontinence, Paralysis

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes

20. Prognosis: poor

22. A Rehabilitation Potential:
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

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

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

Clinical Condition Requiring Homecare: sn-disease process dx:pressure ulce right hip

SN Careplans

SN WK1: 1 (07/23/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26) ,WK7: 1 (08/30/26-09/05/26) ,WK8: 1 (09/06/26-09/12/26) ,WK9: 1 (09/13/26-09/19/26)

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, 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; 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:

SN Goals

PATIENT-STATED GOAL: Patient states she wants her wound to heal without infection;Patient states she wants her wound to heal without infection

GOALS
patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 07/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Lauren Tracy
2833 Cleave Dr
Falls Church, VA 22042
PHONE: 8009691104 FAX: 17033981519 NPI: 1790436749

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 : 06/05/2026

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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Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:PLACEHOLDER

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M1700 - Cognition, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, M1620 - Bowel Incontinence, muscle weakness, limited range of motion, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, skin breakdown r/t incontinence, #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Buttock - Wound bed appears pink and moist with partial-thickness skin loss. No slough or eschar noted. Drainage is scant serous without foul odor. Periwound skin intact with no signs of infection.

PROCEDURES: physician-ordered wound care: #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Buttock - Wound bed appears pink and moist with partial-thickness skin loss. No slough or eschar noted. Drainage is scant serous without foul odor. Periwound skin intact with no signs of infection., cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care: Apply zinc oxide cream to stage 1 on back and right hip, turn patient every 2 hours, continue with padded mattress, physician-ordered wound care: Apply barrier cream to stage 1 on back and right hip, turn patient every 2 hours, physician-ordered wound care: Apply barrier cream to stage 1 on back and right hip, turn patient every 2 hours

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, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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, * bowel incontinence management including dietary changes bowel training 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

* diet modification
* record wound measurements
* 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/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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	07/23/2026