Home Health Certification and Plan of Care

Order ID: 1163/991

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
28339740	04/06/2026	From: 04/06/2026 To: 06/04/2026	1403	497754

6. Patient's Name and Address
Rodney Newbraugh
16713 Chowning Courts,
WOODBRIDGE, VA 22191-
540-903-2497

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 04/03/1966 | 9.Sex Male

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

DOXYCYCLINE eq 100 mg base tablet Oral 2 times a day as needed with food and a large glass of water. Do not lay flat Wounds infection
Acetaminophen: Oxycodone Hydrochloride - Acetaminophen: Oxycodone Hydrochloride 5 - 325 mg by mouth every 6 hours Severe pain as needed

11. ICD	Principal Diagnosis	Date
L73.2	Hidradenitis suppurativa	04/06/26

13. ICD	Other Pertinent Diagnoses	Date
L89.154	Pressure ulcer of sacral region stage 4	04/06/26
L89.314	Pressure ulcer of right buttock stage 4	04/06/26
L89.324	Pressure ulcer of left buttock stage 4	04/06/26
L89.892	Pressure ulcer of other site stage 2	04/06/26
Z79.2	Long term (current) use of antibiotics	04/06/26

14. DME and Supplies:
wheelchair, reacher, , , hoyer lift, hospital bed

15. Safety Measures:
standard precautions, fall precautions, bedrails up while in bed

16. Nutrition:
regular,

17. Allergies:
cephalexin

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

18.B. Activities Permitted
Wheelchair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: NA Patient nonresponsive, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

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: Due to diagnosis of Hidradenitis suppurativa, 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 60-year-old White male referred from the wound care center for skilled nursing services related to complex wound management. The patient resides in a townhouse with his 82-year-old mother and his son. Upon arrival, the nurse was greeted by the patient's mother while the patient was observed lying in a hospital bed. The patient was alert, awake, and oriented to person, place, and time. Neurological assessment revealed positive facial symmetry, equal and strong bilateral hand grasps, and pupils that were equal, round, and reactive to light. Lung assessment revealed posterior lobes clear to auscultation. The patient has significant mobility limitations, with contracted lower extremities and an inability to independently lift or move his legs. The patient weighs approximately 250 pounds and requires total assistance for repositioning. He was lying on a Hoyer lift pad but was unable to independently pull himself up or assist with turning. During the visit, the patient became agitated while instructing his mother to assist with repositioning, as both the nurse and the mother experienced difficulty turning him due to his size and inability to assist. The nurse supported the patient's back while the patient was eventually able to grasp the bed rail to help facilitate partial turning. Assessment of the patient's skin and wound status revealed multiple chronic open wounds with moderate drainage and foul odor. Wounds were noted in the following areas: left axilla, left waist, left upper buttock, coccyx, left outer buttock, right buttock, right upper thigh, and right thigh. Additionally, abnormal tissue growths were observed in the right axilla, right groin, left groin, and perianal region, all with moderate drainage but without visible open areas. The patient also exhibited abnormal scab-like lesions on the lower legs. Skin assessment revealed significant dryness of the lower extremities, foot drop, and excessively long toenails. The patient reported severe pain with even light touch to the wounds or surrounding skin. Wound care required nearly two hours to complete due to the complexity of the wounds and the patient's limited mobility. The patient refused the use of Vashe wound solution during care; therefore, cleansing was performed using available wet wipes to clean between the buttock folds and surrounding areas. The patient is incontinent of bowel and utilizes a urinal for urinary elimination. He is able to feed himself with setup assistance and self-administers his prescribed pain medication, which he reported provides some relief. During the visit, the patient stated that nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> are scheduled three times per week for wound care management. Due to the patient's inability to reposition himself and the significant physical assistance required to safely perform wound care, the nurse informed the patient that the presence of an additional caregiver in the home during <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> is necessary to assist with turning and positioning. The nurse advised that this support is essential for safe and effective wound care. The nurse will notify and follow up with the agency office regarding the patient's care needs and the requirement for additional assistance during future <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh>. The plan of care includes continued skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-visits">visits</mh> for wound assessment and treatment, monitoring for signs of infection, pain management support, reinforcement of skin care and hygiene, and coordination with the care team to ensure adequate assistance is available for safe patient repositioning during wound care procedures.
 Date of Order 04/06/2026 Orders Physician Face-to-Face Date: 03/18/2026 Clinical Condition Requiring home Care per Certifying Physician: SN due to Hidradenitis suppurativa 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 Pahal, Gurleen

SN Careplans

SN WK1: 10 (04/06/26-04/11/26)

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months

SN Goals

PATIENT-STATED GOAL: I want help with my wounds

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 04/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Gurleen Pahal
500 Martha Jefferson Dr
Charlottesville, MD 22911
PHONE: 7039862400 FAX: NPI: 1831694470

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 : 03/18/2026

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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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: M1700 - Cognition, meal preparation, M2020 - Oral Med Management, M1400 - Dyspnea, M1620 - Bowel Incontinence, foul-smelling urine, muscle weakness, limited endurance, limited range of motion, limited strength, balance deficit, Pain Effect on Sleep, Pain Interference with Therapy activities, pain radiating to arms/legs, Pain Interference with ADLs, obesity, skin breakdown r/t incontinence, #1 - Other - Other - Right armpit - , #2 - Other - Other - Left armpit - , #3 - Other - Other - Left waist - , #4 - Other - Other - Left upper buttock - , #5 - Other - Other - Left coccyx - , #6 - Other - Other - Left outer buttock - , #7 - Other - Other - Right buttock - , #8 - Other - Other - Right posterior upper thigh - , #9 - Other - Other - Right posterior lower thigh -

PROCEDURES: physician-ordered wound care: #3 - Other - Other - Left waist -: Wound care instructions to all open wounds including bilateral axilla: Cleans with wound cleanser Cover wounds with Aquacel and ABD pads and Extra-absorbent pads Repeat daily and as needed if dressings become saturated Please use dry gauze moistened with Vashe for wounds that have cream colored drainage. Cover with ABD pads and Extra-absorbent pads May use Allevyn foam on wounds if wound is not too large Please use moisturizing cream for your dry skin twice daily Reposition and offload pressure from affected areas, physician-ordered wound care: #2 - Other - Other - Left armpit -: Cleans with wound cleanser Cover wounds with Aquacel and ABD pads and Extra-absorbent pads Repeat daily and as needed if dressings become saturated Please use dry gauze moistened with Vashe for wounds that have cream colored drainage. Cover with ABD pads and Extra-absorbent pads May use Allevyn foam on wounds if wound is not too large Please use moisturizing cream for your dry skin twice daily Reposition and offload pressure from affected areas, physician-ordered wound care: #1 - Other - Other - Right armpit -: Cleans with wound cleanser Cover wounds with Aquacel and ABD pads and Extra-absorbent pads Repeat daily and as needed if dressings become saturated Please use dry gauze moistened with Vashe for wounds that have cream colored drainage. Cover with ABD pads and Extra-absorbent pads May use Allevyn foam on wounds if wound is not too large Please use moisturizing cream for your dry skin twice daily Reposition and offload pressure from affected areas, physician-ordered wound care: #4 - Other - Other - Left upper buttock -: Cleans with wound cleanser Cover wounds with Aquacel and ABD pads and Extra-absorbent pads Repeat daily and as needed if dressings become saturated Please use dry gauze moistened with Vashe for wounds that have cream colored drainage. Cover with ABD pads and Extra-absorbent pads May use Allevyn foam on wounds if wound is not too large Please use moisturizing cream for your dry skin twice daily Reposition and offload pressure from affected areas, physician-ordered wound care: #5 - Other - Other - Left coccyx -: Cleans with wound cleanser Cover wounds with Aquacel and ABD pads and Extra-absorbent pads Repeat daily and as needed if dressings become saturated Please use dry gauze moistened with Vashe for wounds that have cream colored drainage. Cover with ABD pads and Extra-absorbent pads May use Allevyn foam on wounds if wound is not too large Please use moisturizing cream for your dry skin twice daily Reposition and offload pressure from affected areas, physician-ordered wound care: #6 - Other - Other - Left outer buttock -: Wound care instructions to all open wounds including bilateral axilla: Cleans with wound cleanser Cover wounds with Aquacel and ABD pads and Extra-absorbent pads Repeat daily and as needed if dressings become saturated Please use dry gauze moistened with Vashe for wounds that have cream colored drainage. Cover with ABD pads and Extra-absorbent pads May use Allevyn foam on wounds if wound is not too large Please use moisturizing cream for your dry skin twice daily Reposition and offload pressure from affected areas, physician-ordered wound care: #7 - Other - Other - Right buttock -: Wound care instructions to all open wounds including bilateral axilla: Cleans with wound cleanser Cover wounds with Aquacel and ABD pads and Extra-absorbent pads Repeat daily and as needed if dressings become saturated Please use dry gauze moistened with Vashe for wounds that have cream colored drainage. Cover with ABD pads and Extra-absorbent pads May use Allevyn foam on wounds if wound is not too large Please use moisturizing cream for your dry skin twice daily Reposition and offload pressure from affected areas, physician-ordered wound care: #8 - Other - Other - Right posterior upper thigh -: Wound care instructions to all open wounds including bilateral axilla: Cleans with wound cleanser Cover wounds with Aquacel and ABD pads and Extra-absorbent pads Repeat daily and as needed if dressings become saturated Please use dry gauze moistened with Vashe for wounds that have cream colored drainage. Cover with ABD pads and Extra-absorbent pads May use Allevyn foam on wounds if wound is not too large Please use moisturizing cream for your dry skin twice daily Reposition and offload pressure from affected areas, physician-ordered wound care: #9 - Other - Other - Right posterior lower thigh -: Wound care instructions to all open wounds including bilateral axilla: Cleans with wound cleanser Cover wounds with Aquacel and ABD pads and Extra-absorbent pads Repeat daily and as needed if dressings become saturated Please use dry gauze moistened with Vashe for wounds that have cream colored drainage. Cover with ABD pads and Extra-absorbent pads May use Allevyn foam on wounds if wound is not too large Please use moisturizing cream for your dry skin twice daily Reposition and offload pressure from affected areas, cough/deep breathing exercises: Demonstrated understanding, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion: Son assist, physician-ordered wound care: See above, coordinate/arrange preparation of missing meals: Son managed

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

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

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 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 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	04/06/2026

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dementia coping strategies for the caregiver*, 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, patient self-administers medications as prescribed, 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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