Home Health Certification and Plan of Care

Order ID: 1163/458

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
53269561	10/31/2025	From: 10/31/2025 To: 12/29/2025	615	497754

6. Patient's Name and Address
Kevin Love
2915 27th Street N,
ARLINGTON, VA 22207-
703-969-6776

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 07/28/1964 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M71.162	Other infective bursitis left knee	10/31/25

13. ICD	Other Pertinent Diagnoses	Date
B20.	Human immunodeficiency virus [HIV] disease	10/31/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/31/25
E78.5	Hyperlipidemia unspecified	10/31/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	10/31/25
F41.9	Anxiety disorder unspecified	10/31/25
F17.290	Nicotine dependence other tobacco product uncomplicated	10/31/25
Z79.891	Long term (current) use of opiate analgesic	10/31/25

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

Ultram - Tramadol Hydrochloride Take 50 mg tablet by mouth every 8 hours
Linezolid - Linezolid 600 mg 1 tablet by mouth twice a day AM and PM for infection
Claritin - Loratadine 10 mg 1 tablet by mouth as necessary for allergies
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg, 1 tablet by mouth every 6 hours as needed for pain
bictegrav-emtricittenofov ala (BIKTARVY) 50- 200-25 mg table Take 1 tablet by mouth once a day HIV medication
Tylenol - Acetaminophen 500 mg, 1 tablet by mouth every 6 hours as needed for mild pain 5 or less and fever

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

15. Safety Measures:
infectious material management, , , , electrical safety measures, bathroom safety

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Independent at Home, 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: No

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
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Other Infective Bursitis Left Knee, 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 61-year-old Caucasian male residing with a roommate in a single-family home. He has a known history of HIV and is currently alert and oriented to person, place, and time. The patient is ambulatory without assistance, demonstrating a steady and balanced gait. Upon admission, the patient received the admission packet and signed the paper consent form. He does not have a durable power of attorney (DPOA) or advance directives on file and is designated as Full Code. Physical <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed skin that is warm and dry to touch, with pink mucous membranes. Bilateral breath sounds were clear upon auscultation. The abdomen was soft, non-tender, with positive bowel sounds in all quadrants. No swelling was observed in the lower extremities. The left knee wound dressing was noted to be saturated with dark bloody drainage. The patient reported that the wound originated as a small pimple, which later became infected. An incision and drainage procedure had been performed; however, the prepatellar bursa subsequently became infected. The ordered wound care supplies had not yet arrived at the time of the visit. Current wound measurements are as follows: length 10 cm, width 4.5 cm, and depth 1.4 cm, with undermining measuring 2.5 cm at the deepest point. A photograph of the wound was taken for documentation. Wound care was completed using the supplies available in the home. The patient reported a good appetite and denied any shortness of breath or recent falls. Vital signs were stable, and medications were reviewed and reconciled with the patient. The plan includes continued wound monitoring and care upon arrival of the appropriate supplies, reinforcement of infection control measures, and ongoing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> of healing progress. The patient was educated on signs and symptoms of infection to report promptly and encouraged to maintain adequate nutrition and hydration to promote wound healing.
 Date of Order 10/31/2025 Orders Physician Face-to-Face Date: 10/27/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management due to Other Infective Bursitis Left Knee 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 Yu, Dan

SN Careplans

SN WK1: 1 (10/31/25-11/01/25) ,WK2: 3 (11/02/25-11/08/25) ,WK3: 3 (11/09/25-11/15/25) ,WK4: 3 (11/16/25-11/22/25) ,WK5: 3 (11/23/25-11/29/25) ,WK6: 3 (11/30/25-12/06/25) ,WK7: 2 (12/07/25-12/13/25)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 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

SN Goals

PATIENT-STATED GOAL: I would like my knee wound to heal

GOALS
patient/caregiver recalls
* how to optimize range of motion with active and passive therapeutic exercises
* manage pain/discomfort
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/31/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Dan Yu
201 N Washington St
Falls Church, VA 22046
PHONE: 7032374000 FAX: 17035361359 NPI: 1760528095

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 : 10/27/2025

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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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: M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, Pain Effect on Sleep, Pain Interference with ADLs, #1 - Open Wound - Anterior Left Knee -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Teach patient to cleanse wound with normal saline or wound cleanser and pat dry. Pack wound with saline moistened hydrofera blue dressing, cut to fit as needed. Cover with ABD pad or mepilex foam dressing. Secure with rolled gauze and tape. Change every Monday/Wednesday/Friday and prn if soiled or saturated.

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to optimize range of motion with active and passive therapeutic exercises manage pain/discomfort fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence

* strategies to control shortness of breath
* home remedies to keep lungs healthy
* 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

caregiver performs medical/rehabilitation treatments with adequate competence

patient self-administers medications as prescribed
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/31/2025