Home Health Certification and Plan of Care

Order ID: 1163/533

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
19217261	11/13/2025	From: 11/13/2025 To: 01/11/2026	682	497754

6. Patient's Name and Address
Hau Duong
2836 Annandale Road Apt 233,
Falls Church, VA 22042-
571-456-6666

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 12/15/1965 **9.Sex** Male

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
Viread - Tenofovir Disoproxil Fumarate 300 mg , Take 1 tablet by mouth once a day
Norvasc - Amlodipine Besylate 2.5 mg , Take 1 tablet by mouth once a day

11. ICD	Principal Diagnosis	Date
L02.31	Cutaneous abscess of buttock	11/13/25

13. ICD	Other Pertinent Diagnoses	Date
Z48.03	Encounter for change or removal of drains	11/13/25
I10.	Essential (primary) hypertension	11/13/25
J45.909	Unspecified asthma uncomplicated	11/13/25
B18.1	Chronic viral hepatitis B without delta-agent	11/13/25

14. DME and Supplies:
wound care supplies

15. Safety Measures:
fall precautions, medication safety, standard precautions

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
None of the above

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 Cutaneous Abscess Of Buttock, 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 59-year-old Vietnamese male living with his mother and son. He is alert and oriented to person, place, and time, and paper consent was signed at the visit. He recently underwent incision and drainage of a right buttock abscess, with placement of a Jackson-Pratt (JP) drain. During today's assessment, wound care was performed per orders. The JP drain remains sutured in place and is appropriately secured, with approximately 30 mL of serosanguinous output noted in the bulb. A photograph of the wound site was obtained for documentation. The patient's skin was warm and dry, and mucous membranes were pink. Bilateral breath sounds were clear; the abdomen was soft, non-tender, with active bowel sounds in all quadrants. Lower-extremity assessment revealed bilateral 2+ pitting edema with palpable pedal pulses. Vital signs were stable. Medication review and reconciliation were completed with the patient, who verbalized understanding of his current regimen. The plan includes continued skilled nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-9 CE-FMS-visits">visits</mh> for ongoing wound assessment and dressing changes, JP drain monitoring, evaluation of drainage characteristics, reinforcement of infection-prevention strategies, and monitoring of lower-extremity edema. Education will continue regarding medication adherence, signs of infection or complications that require immediate reporting, and general supportive care to promote healing and prevent readmission.
 Date of Order 11/13/2025 Orders Physician Face-to-Face Date: 11/09/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management due to Cutaneous Abscess Of Buttock 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 Ngo, Minh-Hai

SN Careplans

SN WK1: 1 (11/13/25-11/15/25) ,WK4: 1 (11/30/25-12/06/25) ,WK5: 1 (12/07/25-12/13/25) ,WK6: 1 (12/14/25-12/20/25) ,WK7: 1 (12/21/25-12/27/25)

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 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

SN Goals

PATIENT-STATED GOAL: Patient would like his wound to heal

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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/13/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Minh-Hai Ngo
8008 Westpark Dr
McLean, VA 22102
PHONE: 7032876400 FAX: NPI: 1467835215

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 : 11/09/2025

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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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: M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/13/2025