Home Health Certification and Plan of Care

Order ID: 1163/1168

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100049137	07/07/2026	From: 07/07/2026 To: 09/04/2026	1700	497754

6. Patient's Name and Address

Tan Dao
5330 RAVENSWORTH RD,
SPRINGFIELD, VA 22151-
202-590-8879

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 11/11/1983 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	07/07/26

13. ICD	Other Pertinent Diagnoses	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/07/26
E11.9	Type 2 diabetes mellitus without complications	07/07/26
I10.	Essential (primary) hypertension	07/07/26
I48.0	Paroxysmal atrial fibrillation	07/07/26
E78.5	Hyperlipidemia unspecified	07/07/26
Z95.1	Presence of aortocoronary bypass graft	07/07/26
Z72.0	Tobacco use	07/07/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/07/26
Z79.4	Long term (current) use of insulin	07/07/26
R42.	Dizziness and giddiness	07/07/26

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

PACERONE 200 mg/tablet / Take 2 tablets (400 mg total) by mouth three times a day for 4 days, THEN 2 tablets (400 mg total) 2 (two) times a day for 5 days, THEN 1 tablet (200 mg total) 1 (one) time each day.
LASIX 40 MG / 1 Tablet by mouth once a day
ROBAXIN 500 MG / 1 Tablet by mouth as necessary every 6 (six) hours for muscle spasms
Klor Con - Potassium Chloride SR 10 mEq / 1 Tablet by mouth once a day Take with Lasix. Do not crush, chew, or split.
LOPRESSOR 25 mg/tablet / Take one half tablet (12.5mg) by mouth in the morning and one-half tablet (12.5 mg) before bedtime. Hold if SBP (top BP number) is <110 or
HR <60.
ROXICODONE 5 MG / 1 Tablet by mouth as necessary every 6 (six) hours for moderate pain or severe pain
Nitrostat - Nitroglycerin 0.4 mg SL Subl Tab by mouth as necessary Dissolve 1 tablet under the tongue one time as needed for chest pain for CHEST PAIN. May repeat every 5 minutes for 3 doses. CALL 911
LIPITOR 40 MG / 1 Tablet by mouth daily for cholesterol and heart protection
GLUCOPHAGE 1,000 MG / 1 Tablet by mouth 2 times a day with meals

14. DME and Supplies:

None of the above

15. Safety Measures:

diabetic precautions, no reaching, no lifting, standard precautions, transfer with assist, fall precautions, bleeding precautions, cardiac precautions, aspiration precautions, avoid temperature extremes, ambulates with assistance, activity supervision

16. Nutrition:

diabetic, regular

17. Allergies:

no known allergies

18.A. Functional Limitations

None of the above!Endurance!Dyspnea With Minimal Exertion!Ambulation

18.B. Activities Permitted

Up As Tolerated, Supervision due to dizziness

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, 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

SN and PT: family/caregiver will be responsible for managing treatment OT: pat

Homebound status:

Due to diagnosis of Encounter for surgical aftercare following surgery on the circulatory system, 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:

Medication reconciliation was completed. The patient is a 42-year-old Vietnamese-speaking male, alert and oriented 4, status post CABG 3, with a past medical history of hypertension, hyperlipidemia, type 2 diabetes mellitus, and coronary artery disease. He is currently taking amiodarone, furosemide, metoprolol, and Tylenol for pain relief. Education was provided regarding the purpose of each medication, potential side effects, the importance of adherence, and the need to monitor for dizziness, hypotension, bradycardia, increased edema, and weight gain; the patient demonstrated understanding using the teach-back method. Prior to hospitalization, he was modified independent with mobility and ADLs, occasionally using a single-point cane. Following surgery, he presents with generalized weakness, impaired balance, decreased endurance and functional mobility, gait deficits, postoperative sternal pain, and shortness of breath with minimal exertion, including oxygen desaturation to 89% during activity requiring supplemental oxygen, rest breaks, pacing, and breathing techniques. He currently requires minimal assistance for bed mobility and contact guard assistance for transfers and short-distance ambulation without an assistive device. Occupational therapy evaluation revealed decreased independence with upper-body dressing and instrumental ADLs, while he remains independent with eating and has no fine motor deficits. He is able to verbalize and follow modified sternal precautions, and a shower chair was recommended to improve bathing safety. Skilled physical and occupational therapy services are medically necessary to improve strength, endurance, balance, gait, transfers, ADL performance, energy conservation, and overall functional independence while reducing fall risk, caregiver burden, and facilitating a safe return to his prior level of function. Good rehabilitation potential is noted.<o:p></o:p>   Date of Order<o:p></o:p> 07<span

23. Signature and Date of Verbal SOC Where Applicable:

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

25. Date HHA Received Signed POT

24. Physician's Name and Address

Farah Saeed
6501 Loisdale Ct
Springfiedl, VA 22150
PHONE: 571-622-2000 FAX: NPI: 1134395817

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 : 06/23/2026

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;">Physician Face-to-Face Date: 06/23/2026<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
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 dx: Encounter for surgical aftercare following surgery on the circulatory system<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
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<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"><o:p></o:p> <span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;"> 1 - SOC - <span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;">SN<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';
font-size:11.0000pt;mso-font-kerning:1.0000pt;"> Notes:<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;">PT Eval Notes:<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;">OT Eval Notes:<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;">Physician:<span
style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;"> Saeed, Farah

SN Careplans

SN WK1: 1 (07/07/26-07/11/26) ,WK2: 1 (07/12/26-07/18/26) ,WK3: 1 (07/19/26-07/25/26) ,WK4: 1 (07/26/26-08/01/26) ,WK5: 1 (08/02/26-08/08/26) ,WK6: 1 (08/09/26-08/15/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months

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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, Financial, Financial, M1400 - Dyspnea, lightheadedness, abnormal BS < 70/140 > mg/dL, muscle weakness, Pain Interference with ADLs, #1 - Observable Surgical Wound - Other - Chest midline - Surgical chest incision completely healed

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Chest midline - Surgical chest incision completely healed: Leave open to air monitor for s/s of infection, cough/deep breathing exercises, incentive spirometer, physician-ordered wound care, wound vacuum, glucose testing via monitor, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange patient access to necessary medical care considering patient inability to pay, coordinate/arrange access to medicine/medical supplies considering patient inability to pay

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient has access to necessary medical care considering inability to pay, patient has access to medicine/medical supplies considering inability to pay, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: Patient states he wants to return to living independently

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

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

patient has access to necessary medical care considering inability to pay

patient has access to medicine/medical supplies considering inability to pay

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

07/07/2026

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PT WK1: 1 (07/07/26-07/11/26) ,WK2: 1 (07/12/26-07/18/26) ,WK3: 1 (07/19/26-07/25/26) ,WK4: 1 (07/26/26-08/01/26) ,WK5: 1 (08/02/26-08/08/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: home exercise program: Standing marches, heel raises, toe raises, mini squats, standing hip abduction, standing hip extension, standing hamstring curls, side stepping, weight shifting, tandem stance, single-leg stance as tolerated, sit-to-stands with modified sternal precautions, diaphragmatic breathing, pursed-lip breathing, walking program, and energy conservation techniques., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PATIENT-STATED GOAL: To ambulate household distance with RPE modified scale <3/10

GOALS
Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (07/07/26-07/11/26) ,WK2: 1 (07/12/26-07/18/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: equipment training, work simplification/energy conservation

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to be Ind again with UB dressing

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

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