Home Health Certification and Plan of Care

Order ID: 1163/392

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
U4310136301	10/14/2025	From: 10/14/2025 To: 12/12/2025	515	497754

6. Patient's Name and Address
Hanaa Elnaggar-Lasheen
5242 Armour Ct,
HAYMARKET, VA 20169-
703-728-5255

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 09/01/1958 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S72.91XD	Unsp fracture of right femur subs for clos fx w routn heal	10/14/25

13. ICD	Other Pertinent Diagnoses	Date
F41.0	Panic disorder [episodic paroxysmal anxiety]	10/14/25
E78.5	Hyperlipidemia unspecified	10/14/25
S92.351D	Disp fx of 5th metatarsal bone r ft 7thD	10/14/25
N18.30	Chronic kidney disease stage 3 unspecified	10/14/25
D63.1	Anemia in chronic kidney disease	10/14/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/14/25
J44.89	Other specified chronic obstructive pulmonary disease	10/14/25
M79.7	Fibromyalgia	10/14/25
M19.90	Unspecified osteoarthritis unspecified site	10/14/25
I95.1	Orthostatic hypotension	10/14/25
F90.9	Attention-deficit hyperactivity disorder unspecified type	10/14/25
D68.61	Antiphospholipid syndrome	10/14/25
R61.	Generalized hyperhidrosis	10/14/25
F17.210	Nicotine dependence cigarettes uncomplicated	10/14/25
Z79.01	Long term (current) use of anticoagulants	10/14/25
Z79.51	Long term (current) use of inhaled steroids	10/14/25
Z86.718	Personal history of other venous thrombosis and embolism	10/14/25
Z86.711	Personal history of pulmonary embolism	10/14/25
Z91.81	History of falling	10/14/25

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

Albuterol Sulfate - Albuterol Sulfate 108 (90 Base) MCG, inhale inhalant every 6 hours 1 inhalation inhale orally every 6 hours as needed for Chronic bronchitis
Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 10 mg take 1 tablet by mouth three times a day Give 1 tablet by mouth three times a day for Fibromyalgia
Eliquis - Apixaban 5 mg take 1 tablet by mouth every 12 hours Give 1 tablet by mouth every 12 hours for Chronic anticoagulation
Gabapentin - Gabapentin 600 MG Give 1 tablet by mouth three times a day 1 tablet by mouth three times a day for Neuropathy
Lidocaine - Lidocaine 4% patch , Apply to right knee topical once a day Apply to right knee topically one time a day for Pain Management Apply for 12 Hours in a 24 Hour period. Max dose, 3 patches. External use only. and remove per schedule
Pantoprazole Sodium - Pantoprazole Sodium 40 mg take 1 tablet by mouth once a day Give 1 tablet by mouth one'time a day for GERD
Savella - Milnacipran Hydrochloride 100 mg take 1 tablet by mouth twice a day Give 1 tablet by mouth two times a day for Fibromyalgia
Fluticasone - Fluticasone Furoate 100-62.5-25 MCG, inhale 1 puff inhalant once a day 1 puff inhale orally one time a day for Ashthma Rinse moth out with water after use of this medication
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 mg take 1 tablet by mouth in the morning Give 1 tablet by mouth in the morning for Vitamin D deficiency
Alprazolam - Alprazolam 0.25 mg take 1 tablet by mouth every 8 hours Give 1 tablet by mouth every 8 hours as needed for Anxiety for 14 days
Ondansetron Hydrochloride - Ondansetron Hydrochloride 4 mg, Give 1 tablet by mouth once a day Give 1 tablet by mouth one time only for Nausea for 1 Day
Biofreeze - Biofreeze 4% gel, Apply to affected areas topical every 12 hours Apply to affected areas topically every 12 hours for Muscle aches for 10 Days

14. DME and Supplies:
wheelchair, rolling walker, bath bench, walker, grab bars, cane

15. Safety Measures:
walker precautions, medication safety, fall precautions, ambulates with device, hip precautions, ambulates with assistance, wheelchair precautions, standard precautions, cardiac precautions, bathroom safety, anticoagulant precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
acetaminiphen codeine oxycodone lyrica

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Wheelchair, Cane, Walker, 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 Unspecified fracture of right femur subsequent encounter for closed fracture with routine healing, 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:

<p class="MsoNoSpacing">The patient is a 67-year-old Egyptian woman residing with her husband in a single-family home. She is alert and oriented to person, place, time, and situation. She does not have a DPOA or advance directives but has expressed her desire to remain Full Code. Her medical history is significant for chronic pain, atherosclerotic heart disease, antiphospholipid syndrome, fibromyalgia, ADHD, COPD, asthma, sleep apnea, anemia, osteoarthritis, abnormal gait, stage 2 chronic kidney disease, anxiety, and a history of falls. Surgical history includes bilateral total knee arthroplasties, a right hip arthroplasty, and a right femur fracture with ORIF in August 2025. Skin is warm and dry, mucous membranes are pink, lungs are clear bilaterally, and bowel sounds are present in all quadrants. No lower extremity swelling noted. Surgical sites are healed. She smokes half a pack of cigarettes daily; her husband is encouraging cessation. Medications were reconciled, no known drug allergies (NKDA), and vital signs are stable. A physical therapy evaluation was completed. The patient reports dizziness leading to a fall that resulted in a right femur fracture. She now demonstrates decreased strength, endurance, standing tolerance, gait, balance, and functional mobility. She requires a two-handed assistive device (rolling walker) indoors and a wheelchair or walker outdoors. She is independent with transfers and ambulates with a walker. Basic ADLs (bathing, grooming, dressing, toileting) are performed with some physical assistance for setup. She independently manages medications and feeding but requires assistance with meal preparation. A home exercise program (HEP) was initiated, focusing on lower extremity strengthening and safe mobility. Education was provided on transfers, stair negotiation, and assistive device use. The patient demonstrated understanding and expressed willingness to participate. She reports pain at 6/10 in the right knee due to prolonged standing and uses Dilaudid and occasional ice for relief. She remains a fall risk due to unsteady gait;

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/14/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Stephanie Pylypko
21785 Filigree Ct Ste 100
Ashburn, VA 20147
PHONE: 7035541100 FAX: 15716656666 NPI: 1528357068

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 : 09/17/2025

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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safety strategies have been discussed. <o:p> </o:p> Date of Order<o:p></o:p> 10/14/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 09/17/2025
 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat. dx: Unspecified fracture of right femur subsequent encounter for closed fracture with routine healing
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - SN Notes:
 PT Eval Notes:
 OT Eval Notes:<o:p></o:p> Physician: Pylypko, Stephanie

SN Careplans

SN WK1: 1 (10/14/25-10/18/25), WK2: 1 (10/19/25-10/25/25), WK3: 1 (10/26/25-11/01/25), WK4: 1 (11/02/25-11/08/25), WK5: 1 (11/09/25-11/15/25), WK6: 1 (11/16/25-11/22/25), WK7: 1 (11/23/25-11/29/25), WK8:1 (11/20/25-12/06/25)

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M1033 - Exhaustion, M1400 - Dyspnea, heartburn/indigestion, muscle weakness, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, weak hand grips, daytime fatigue, difficulty sleeping, balance deficit

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to manage symptoms of nicotine withdrawal and nicotine cravings, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, 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, patient is adequately supervised, caregiver administers and/or packages medications appropriately

SN Goals

PATIENT-STATED GOAL: I would like to be able to walk without Walker or Cane

GOALS
patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* 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
* 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 manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage symptoms of nicotine withdrawal and nicotine cravings
* 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

patient is adequately supervised

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/14/2025

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caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (10/14/25-10/18/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170F1 - Toilet Transfer, #1 - Observable Surgical Wound - Anterior Right Thigh - Post surg wound

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver. , incentive spirometer, physician-ordered wound care: Wound is observable and not dressed dating back to Aug 2025; no orders at this time as she is clear to bathe/shower, get area wet. It is completely closed., home exercise program: Seated therex BLE, 1-2x10, 1-2x/daily, with theraband or ankle wts resist where applicable: sit to stands, SLR hip flex, LAQ, clams, hip add with pillow squeezes x3-5 sec holds; HR/TR; Standing therex BLE, 1-2x10, 1-2x/daily, with theraband or ankle wts resist where applicable: SLR hip abd, marches, HR, standing tolerance exercises, static standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises

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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: To feel stronger in RLE to be able to sit/stand with ease, to tol walk around home/between rooms, neg stairs inside of and leading into/out of garage as well as of the multi levels of her home, with improved strength, endurance and tolerance for standing and walking.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (10/14/25-10/18/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, 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

OT Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/14/2025