

Home Health Certification and Plan of Care				Order ID: 1163/665	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
13318652		12/26/2025		From: 12/26/2025 To: 02/23/2026	
				4. Medical Record No. 924	
				5. Provider No. 497754	
6. Patient's Name and Address Shehata Gadalla 204 East Charlotte Street, Sterling, VA 20164- 571-723-3022			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 10/06/1959 9.Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD M54.16	Principal Diagnosis Radiculopathy lumbar region	Date 12/26/25	Aeroseb-Dex - Dexamethasone 2 mg, Take 1 tablet (2 mg total) by mouth as necessary Take 1 tablet (2 mg total) by mouth in the morning and 1 tablet (2 mg total) in the evening. Take with meals. For 7 days.		
13. ICD M48.061 I25.10	Other Pertinent Diagnoses Spinal stenosis lumbar region without neurogenic claud AthscI heart disease of native coronary artery w/o ang pctrs	Date 12/26/25 12/26/25	Meloxicam - Meloxicam 7.5 mg 7.5 mg, Take 1 tablet (7.5 mg total) by mouth once a day Take 1 tablet (7.5 mg total) by mouth 1 (one) time each day for 14 days		
I10.	Essential (primary) hypertension	12/26/25	Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg, Take 1 tablet (5 mg total) by mouth every 6 hours Take 1 tablet (5 mg total) by mouth every 6 (six) hours if needed for moderate pain or severe pain		
E78.5	Hyperlipidemia unspecified	12/26/25	Pantoprazole - Pantoprazole Sodium 40 mg, Take 1 tablet (40 mg total) by mouth once a day Take 1 tablet (40 mg total) by mouth 1 (one) time each day before breakfast for 14 days Do not crush, chew, or split.		
E11.9	Type 2 diabetes mellitus without complications	12/26/25	Cyclobenzaprine - Cyclobenzaprine Hydrochloride 5 mg, Take 1 tablet (5 mg total) by mouth three times a day Take 1 tablet (5 mg total) by mouth 3 (three) times a day if needed for muscle spasms		
I25.2	Old myocardial infarction	12/26/25	Aspirin - Aspirin 81 mg, Take 1 tablet (81 mg total) by mouth once a day Take 1 tablet (81 mg total) by mouth 1 (one) time each day		
Z95.5	Presence of coronary angioplasty implant and graft	12/26/25	Lisinopril - Lisinopril 5 mg, Take 1 tablet (5 mg total) by mouth once a day Take 1 tablet (5 mg total) by mouth 1 (one) time each day		
Z79.52	Long term (current) use of systemic steroids	12/26/25	Metoprolol - Hydrochlorothiazide: Metoprolol Succinate 25 mg, Take 1 tablet (25 mg total) by mouth once a day Take 1 tablet (25 mg total) by mouth 1 (one) time each day		
14. DME and Supplies: None of the above			15. Safety Measures: no straining, no lifting		
16. Nutrition: regular			17. Allergies: no known allergies		
18.A. Functional Limitations None of the above			18.B. Activities Permitted Exercises Prescribed, 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 family/caregiver will be responsible for managing treatment		
Homebound status: Due to diagnosis of Radiculopathy Lumbar Region, 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: <div>The patient is a 66-year-old male admitted to the agency for a physical therapy evaluation related to acute lower back pain with radiculopathy, right-sided sciatic pain, L3-L4 disc herniation, and spinal stenosis. Past medical history is significant for hypertension, hyperlipidemia, and coronary artery disease. The patient is alert and oriented 4 and speaks Arabic only. Interpreter services were attempted; however, the patient contacted his son, who provided translation throughout the visit. The patient reports no vision or hearing impairment. The patient resides in a multilevel home with his wife, son, and other family members. He reports that prior to this episode of care and currently, he remains active, including driving and working. Functional <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed the patient is completely independent with ambulation, transfers, stair negotiation, bathing, and performance of all activities of daily living, as well as independent with oral medication management and meal preparation. No adaptive equipment or safety concerns were identified during the bathing task. The patient reports pain at a level of 5/10, noting that prescribed oxycodone provides partial relief; he reported that he did not take pain medication on the day of the visit. The patient and son report that the patient has already been provided with a home exercise program through Kaiser to address right lower extremity sciatic nerve pain and has been advised to participate in outpatient physical therapy services. Education was reinforced regarding continuation of the prescribed home exercise program and follow-through with outpatient physical therapy as recommended. Based on the evaluation findings, the patient demonstrates no current need for skilled home health physical therapy services. A physical therapy evaluation only was completed during this visit. The patient and his son verbalized understanding of the findings and agreement with the plan to pursue outpatient					
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 12/26/2025				25. Date HHA Received Signed POT	
24. Physician's Name and Address William Thistlethwaite 1701 N George Mason Dr Arlington, VA 22205 PHONE: 7035585000 FAX: NPI: 1568696458			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 : 12/23/2025		
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. PAGE 1 of 3		

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physical therapy for ongoing management.</div><div> </div><div> </div><div>Date of Order</div><div>12/26/2025</div><div><div>Orders</div><div>Physician Face-to-Face Date: 12/23/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: PT evaluate and treat due to Radiculopathy Lumbar Region</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div> </div><div>1 - SOC - OT Notes: soc</div><div>PT Eval Notes:</div><div> </div><div><div>Physician</div><div>Thistlethwaite, William</div>						
SN Careplans			SN Goals			
PT Careplans PT WK2: 2 (12/28/25-01/03/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, GG0170F1 - Toilet Transfer - 06. Independent, GG0170D1 - Sit to Stand - 06. Independent, GG0170E1 - Chair to Bed to Chair - 06. Independent, GG0170G1 - Car Transfer - 06. Independent, GG0170I1 - Walk 10 Feet - 06. Independent, GG0170J1 - Walk 50 ft with 2 Turns - 06. Independent, GG0170K1 - Walk 150 Feet - 06. Independent, GG0170L1 - Walk 10 ft on Uneven Surface - 06. Independent, GG0170M1 - 1 - Step (curb) - 06. Independent, GG0170N1 - 4 Steps - 06. Independent, GG0170O1 - 12 Steps - 06. Independent, GG0170P1 - Picking Up Object - 06. Independent			PT Goals PATIENT-STATED GOAL: NA, NOT ADMITTING Pt			
OT Careplans OT WK1: 1 (12/26/25-12/27/25) 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: 1. Non-agency caregiver(s) currently provide assistance 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 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: GG0130A1 - Eating - 06. Independent, GG0130B1 - Oral Hygiene - 06. Independent, GG0130F1 - Upper Body Dressing - 06. Independent, GG0130G1 - Lower Body Dressing - 06. Independent, GG0130H1 - Don/Doff Footwear - 06. Independent, GG0130E1 - Shower/Bathe Self - 06. Independent, GG0130C1 - Toileting Hygiene - 06. Independent, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, Home Safety, M1400 - Dyspnea, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, pain radiating to arms/legs, extremity burn/tingle/numb PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program, equipment training, work simplification/energy conservation, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange transportation services 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 medicatio, * 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 relaxatio, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent cons, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient's living environment is clean/uncluttered, 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: OT evaluation only GOALS 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 relaxatio patient/caregiver recalls * how to promote optimized mobility with strength * balance * dexterity * range-of-motion therapeutic exercises * promotion of peripheral circulation * fluid and diet intake to promote healing * prevent cons 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 medicatio patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient's transportation needs are met patient's living environment is clean/uncluttered Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent			
Signature of Physician:			Date PAGE 2 of 3			
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN			Date 12/26/2025			

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