Home Health Certification and Plan of Care

Order ID: 1163/691

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
13318652	12/26/2025	From: 12/26/2025 To: 02/23/2026	924	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

11. ICD	Principal Diagnosis	Date
M54.16	Radiculopathy lumbar region	12/26/25

13. ICD	Other Pertinent Diagnoses	Date
M48.061	Spinal stenosis lumbar region without neurogenic claud	12/26/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/26/25
I10.	Essential (primary) hypertension	12/26/25
E78.5	Hyperlipidemia unspecified	12/26/25
E11.9	Type 2 diabetes mellitus without complications	12/26/25
I25.2	Old myocardial infarction	12/26/25
Z95.5	Presence of coronary angioplasty implant and graft	12/26/25
Z79.52	Long term (current) use of systemic steroids	12/26/25

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

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.
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
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
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.
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
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
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
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
Rosuvastatin Calcium - Rosuvastatin Calcium 20 mg, Take 1 tablet (20 mg total) by mouth once a day Take 1 tablet (20 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: 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 physical therapy for ongoing management.
 Date of

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
David Leng
43480 Yukon Dr
Ashburn, VA 20147
PHONE: 571-252-6000 FAX: NPI: 1003074428

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 **01/16/2026**: 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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Order 12/26/2025 Orders Physician Face-to-Face Date: 12/23/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT evaluate and treat due to Radiculopathy Lumbar Region 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 - OT Notes: soc PT Eval Notes:
 Physician Leng, David

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

GOALS

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

Eating - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/26/2025

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Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
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