Home Health Certification and Plan of Care

Order ID: 1163/834

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
121001636	02/23/2026	From: 02/23/2026 To: 04/23/2026	1112	497754

6. Patient's Name and Address
Taris Mullins
6846 Sigfield Ct,
MANASSAS, VA 20112-
703-791-3969

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 03/09/1957 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
S76.111D	Strain of right quadriceps muscle fascia and tendon subs	02/23/26

13. ICD	Other Pertinent Diagnoses	Date
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	02/23/26
E11.9	Type 2 diabetes mellitus without complications	02/23/26
N18.9	Chronic kidney disease u	02/23/26
E78.5	Hyperlipidemia unspecified	02/23/26
I70.0	Atherosclerosis of aorta	02/23/26
E03.9	Hypothyroidism unspecified	02/23/26
J45.909	Unspecified asthma uncomplicated	02/23/26
Z79.82	Long term (current) use of aspirin	02/23/26
Z79.4	Long term (current) use of insulin	02/23/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	02/23/26
Z91.81	History of falling	02/23/26

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

Cozaar - Losartan Potassium 50 mg 1 Tablet by mouth twice a day HTN
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 0 1,000 units/tablet by mouth once a day
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 5 mg by mouth every 4 hours Severe pain
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 0 0.4 mg-300 mcg- 250 mcg 1 tablet by mouth once a day Supplement
Melatonin - Melatonin 10 mg Oral at bedtime as needed insomnia
Tylenol - Acetaminophen 500 mg / 2 tablets by mouth every 6 hours Take 2 tablets (1,000 mg total) by mouth every 6 (six) hours if needed for mild pain or moderate pain for up to 10 days
Aspirin 81Mg - Aspirin 0 81mg EC / 1 Tablet by mouth twice a day Chew 1 tablet (81 mg total) in the morning and 1 tablet (81 mg total) before bedtime. Do all this for 28 days.
Lasix - Furosemide 0 40 mg / 1 tablet by mouth every other day Take 1 tablet (40 mg total) by mouth every other day
Ventolin Hfa - Albuterol Sulfate 90 mcg/actuation inhalation HFAA inhalant every 4 hours 2 puffs inhalation every 4 hours as needed
Lipitor - Atorvastatin Calcium 40 mg / 1 tablet by mouth once a day Take 1 tablet (40 mg total) by mouth 1 (one) time each day
Catapres - Clonidine Hydrochloride 0.3 mg / 1 tablet by mouth twice a day Take 1 tablet (0.3 mg total) by mouth in the morning and 1 tablet (0.3 mg total) before bedtime.
Novolin N - Insulin Susp Isophane Semisynthetic Purified Human 100 units/ml subcutaneous twice a day Inject 30 Units under the skin in the morning and 30 Units before bedtime.
Levothyroid - Levothyroxine Sodium 175 mcg / 1 tablet by mouth in the morning every morning before a meal
Zyloprim - Allopurinol 100 mg / 1 tablet by mouth once a day daily for gout
Protonix - Pantoprazole Sodium 40 mg / 1 tablet by mouth once a day daily
Flomax - Tamsulosin Hydrochloride 0.4 mg 0.4 mg 1 Tablet by mouth at bedtime BPH

14. DME and Supplies:
wheelchair, walker, , bath bench

15. Safety Measures:
wheelchair precautions, walker precautions, supervision at all times, , , ambulates with device

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Wheelchair, 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
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Strain Of Right Quadriceps Muscle, Fascia And Tendon, Subsequent Encounter, 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 68-year-old African American male who presented to the hospital following a fall with associated injury and subsequently underwent surgical intervention. He resides in a single-story home with his wife and family; his wife is the primary caregiver and was present during the nursing visit. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alert and oriented to person, place, and time (also documented as oriented x4) with intact neurological findings including facial symmetry, equal and strong bilateral hand grasps, and pupils reactive to light. Respiratory <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed posterior lung fields clear to auscultation with no use of accessory muscles. The abdomen was noted to be distended yet soft and non-tender with active bowel sounds in all four quadrants. The patient is continent of bowel and bladder. The patient is status post fall-related surgery and is currently wearing a right lower extremity brace. During the visit, he refused to bear weight on the right leg; mobility status is primarily wheelchair-dependent, with use of a walker for pivot transfers. He requires moderate assistance with mobility and self-care and was noted to be suspicious/guarded regarding the visit. Bilateral lower extremity pitting edema was present; education was provided to elevate the legs as tolerated to assist with swelling management.

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Olakunle Abisuga
14139 Potomac Mills Road
Woodbridge, VA 22192
PHONE: 7034908400 FAX: 17034907635 NPI: 1841358835

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 : 02/17/2026

27. Attending Physician's Signature and Date Signed **03/03/2026**: 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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The patient denied pain at the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. Safety and adaptive equipment recommendations were reviewed. It was recommended that grab bars be installed to improve safety during shower transfers. A sock aid and reacher were also recommended to promote increased independence with lower-body dressing. The wife will continue assisting with lower-body dressing due to the patient's weight-bearing-as-tolerated (WBAT) status and limited active range of motion of the right lower extremity. The plan of care includes continued monitoring of post-surgical recovery, brace compliance and skin integrity, mobility and transfer safety, edema management, and ongoing patient/caregiver education with reinforcement of fall prevention strategies and safe use of recommended durable medical equipment/adaptive devices.
 Date of Order 02/23/2026 Orders Physician Face-to-Face Date: 02/17/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat due to Strain Of Right Quadriceps Muscle, Fascia And Tendon, Subsequent Encounter 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 PT Eval Notes: OT Eval Notes:
 Physician Abisuga, Olakunle

SN Careplans

SN WK1: 1 (02/23/26-02/28/26) ,WK2: 1 (03/01/26-03/07/26) ,WK3: 1 (03/08/26-03/14/26) ,WK4: 1 (03/15/26-03/21/26) ,WK5: 1 (03/22/26-03/28/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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: M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, swelling in legs/around eyes, muscle weakness, swelling of affected area, limited endurance, limited range of motion, limited strength

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, apply anti-embolitic stockings, physician-ordered wound care: No wound care order at this time, glucose testing via monitor: Monitor Blood sugar, coordinate/arrange preparation of missing meals: Wife managed

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, * strategies to increase caloric intake, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: I want to get back on my feet

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
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

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

meal preparation is available to patient for all meals

OT Careplans

OT WK1: 1 (02/23/26-02/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, , GG0130A1 - Eating, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, 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

PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: OT evaluation only

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

Shower/Bathe Self - 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

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/23/2026

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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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date

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