

| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                       |                                                                                                                                                                                                                                                                                                                                                                | Order ID: 1163/885               |  |
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| 1. Patient s HI claim No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | 2. Start Of Care Date |                                                                                                                                                                                                                                                                                                                                                                | 3. Certification Period          |  |
| 36170762                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 | 02/17/2026            |                                                                                                                                                                                                                                                                                                                                                                | From: 02/17/2026 To: 04/17/2026  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 |                       |                                                                                                                                                                                                                                                                                                                                                                | 5. Provider No. 497754           |  |
| 6. Patient's Name and Address<br>Saeeda Khan<br>13651 Greenwood Drive,<br>Woodbridge, VA 22193-<br>240-421-1350                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 |                       | 7. Provider's Name, Address and Telephone Number<br>Grace Home Healthcare, LLC<br>9735 Main Street Suite 200 Fairfax,<br>Fairfax, VA 22031-3736<br>703-865-7370<br>1073904009                                                                                                                                                                                  |                                  |  |
| 8. DOB 06/26/1945   9.Sex Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |                       | 10. Medications: Dose/Frequency/Route (N)ew (C)hanged                                                                                                                                                                                                                                                                                                          |                                  |  |
| 11. ICD Z48.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Principal Diagnosis<br>Aftercare following surgery for neoplasm | Date<br>02/17/26      | Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 1000 1 table by mouth once a day Supplement<br>AMILODIPINE 5 mg 1 table Oral daily HTN                                                                                                                        |                                  |  |
| 13. ICD C66.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Other Pertinent Diagnoses<br>Malignant neoplasm of right ureter | Date<br>02/17/26      |                                                                                                                                                                                                                                                                                                                                                                |                                  |  |
| I10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Essential (primary) hypertension                                | Date<br>02/17/26      |                                                                                                                                                                                                                                                                                                                                                                |                                  |  |
| E11.9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Type 2 diabetes mellitus without complications                  | Date<br>02/17/26      |                                                                                                                                                                                                                                                                                                                                                                |                                  |  |
| M19.90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Unspecified osteoarthritis unspecified site                     | Date<br>02/17/26      |                                                                                                                                                                                                                                                                                                                                                                |                                  |  |
| Z90.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Acquired absence of kidney                                      | Date<br>02/17/26      |                                                                                                                                                                                                                                                                                                                                                                |                                  |  |
| 14. DME and Supplies:<br>grab bars, urinary/catheter supplies, bath bench, cane, catheter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 |                       | 15. Safety Measures:<br>, supervision at all times, medical alert/lifeline, , transfer with assist, , ambulates with assistance, bathroom safety, activity supervision                                                                                                                                                                                         |                                  |  |
| 16. Nutrition:<br>regular                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 |                       | 17. Allergies:<br>biaxin                                                                                                                                                                                                                                                                                                                                       |                                  |  |
| 18.A. Functional Limitations<br>Endurance, Ambulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                       | 18.B. Activities Permitted<br>Up As Tolerated, Exercises Prescribed                                                                                                                                                                                                                                                                                            |                                  |  |
| 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: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, HISTORY OF DEPRESSION: No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                       |                                                                                                                                                                                                                                                                                                                                                                |                                  |  |
| 20. Prognosis: fair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |                       |                                                                                                                                                                                                                                                                                                                                                                |                                  |  |
| 22. A Rehabilitation Potential:<br>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<br>family/caregiver will be responsible for managing treatment<br>family/caregiver will be responsible for managing treatment                                                                                                                                                                                                             |                                  |  |
| Homebound status: After undergoing Right Nephroureterectomy With Intravesical Gemcitabine Instillation For Right Distal Ureteral Carcinoma, 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 an 80-year-old Urdu-speaking female who was added to skilled nursing services following recent hospitalization and surgery. She is status post right nephroureterectomy with intravesical gemcitabine instillation for right distal ureteral carcinoma. Her past medical history is significant for hypertension, type II diabetes mellitus, osteoarthritis, chronic low back pain, neck pain, forgetfulness, and a history of urethral carcinoma. Upon nursing arrival, the patient was at home with family members; her daughter provided interpretation for the visit. The patient currently requires moderate assistance with overall care and is adjusting well postoperatively. The patient has an indwelling Foley catheter (18 French, 30 cc balloon) in place for urinary retention and has a scheduled follow-up appointment on Thursday to evaluate catheter status and determine the plan for removal or continuation. Abdominal and groin surgical incision sites were assessed as follows: right upper abdomen (0.2 cm x 1 cm), right lower abdomen (0.2 cm x 1 cm), mid-abdomen (0.2 cm x 1 cm), umbilical region (1 cm x 0.2 cm), right groin (0.2 cm x 5 cm), and mid-groin (0.2 cm x 1 cm). All sites were observed to be clean, dry, and intact without signs or symptoms of infection, including no erythema, drainage, warmth, or dehiscence. Continued monitoring for infection and proper wound care education are indicated. A physical therapy start of care evaluation was completed. Prior to hospitalization and surgery, the patient was independent with ambulation and activities of daily living, with occasional assistance from her daughter for supervision and minor support. Currently, she demonstrates fair minus to fair bilateral lower extremity strength and functional mobility. She does not use an assistive device at present; however, use of a rolling walker has been recommended for safety. This recommendation was discussed with the patient and family, and her daughter has contacted the physician via the Kaiser patient portal to request appropriate durable medical equipment. The patient presently requires complete assistance with grooming, dressing, bathing, toileting, medication management, and meal preparation. She also requires physical assistance with transfers and contact guard assistance on each side during ambulation due to decreased strength, endurance, and safety awareness. Education was provided to the patient and family regarding safe home setup, fall prevention strategies, and safe mobility within the home. A home exercise program focusing on seated and standing bilateral lower extremity therapeutic exercises was initiated to address strength and endurance deficits. Instruction was also provided regarding the importance of skilled nursing and occupational therapy services for additional education, catheter care management, and support with activities of daily living; the family was advised to follow up with the physician to request these services as appropriate. The patient remains homebound due to recent major abdominal surgery, presence of a Foley catheter, significant decline in functional status, need for caregiver assistance, and limited endurance, making leaving the home a considerable and taxing effort. Skilled nursing and physical therapy services are medically necessary to monitor postoperative recovery, manage urinary catheter care, prevent complications, improve strength and mobility, and promote a safe return toward prior level of function while reducing risk of rehospitalization.</div><div><br></div><div>Date of Order</div><div><div>02/17/2026</div><div>Orders</div><div>Physician Face-to-Face Date: 02/10/2026</div><div>Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat due to Right Nephroureterectomy With Intravesical Gemcitabine Instillation For Right Distal Ureteral Carcinoma</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><br></div><div><div>1 - SOC - PT Notes: soc</div><div>SN Eval Notes:</div><div>Physician</div><div>Akbar, Mohammad</div></div> |                                                                 |                       |                                                                                                                                                                                                                                                                                                                                                                |                                  |  |
| SN Careplans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 |                       | SN Goals                                                                                                                                                                                                                                                                                                                                                       |                                  |  |
| SN WK2: 1 (02/22/26-02/28/26) ,WK3: 1 (03/01/26-03/07/26) ,WK4: 1 (03/08/26-03/14/26) ,WK5: 1 (03/15/26-03/21/26) ,WK6: 1 (03/22/26-03/28/26)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                       | PATIENT-STATED GOAL: wants to be able to be active in the community and do things for herself                                                                                                                                                                                                                                                                  |                                  |  |
| PROBLEMS IDENTIFIED ON ASSESSMENT: urine retention, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, #1 - Observable Surgical Wound - Other - right upper abdomen - open to air, clean and dry, #2 - Observable Surgical Wound - Other - right lower abdomen - open to air clean dry and intact, #3 - Observable Surgical Wound - Other - mid abdomen - oen to air clean dry and intact, #4 - Observable Surgical Wound - Other - umbilical - open to air clean dry and intact, #5 - Observable Surgical Wound - Other - right groin - open to air clean dry and intact, #6 - Observable Surgical Wound - Other - mid groin - open to air clean dry and intact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                       | GOALS<br>patient/caregiver recalls<br>* 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<br>* teach relaxation skills and diversional activities<br>* recalls related medication(s) purpose, schedule |                                  |  |
| 23. Signature and Date of Verbal SOC Where Applicable:<br>Electronically Signed by Messick, Charles RN on 02/17/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                       |                                                                                                                                                                                                                                                                                                                                                                | 25. Date HHA Received Signed POT |  |
| 24. Physician's Name and Address<br>Mohammad Akbar<br>611 S Carlin Springs Rd<br>Arlington, VA 22204<br>PHONE: 7036717772 FAX: 17036712025 NPI: 1538261045                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                       | 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.<br>F2F date : 02/10/2026     |                                  |  |
| 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.<br><br>PAGE 1 of 2                                                                                                                                      |                                  |  |

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| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                       |                                                                                              | Order ID: 1163/885              |  |
| 1. Patient s HI claim No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 2. Start Of Care Date |                                                                                              | 3. Certification Period         |  |
| 36170762                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 02/17/2026            |                                                                                              | From: 02/17/2026 To: 04/17/2026 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |                                                                                              | 1167                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |                                                                                              | 5. Provider No.                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |                                                                                              | 497754                          |  |
| 6. Patient's Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                       | 7. Provider's Name, Address and Telephone Number                                             |                                 |  |
| Saeeda Khan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                       | Grace Home Healthcare, LLC                                                                   |                                 |  |
| 13651 Greenwood Drive,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                       | 9735 Main Street Suite 200 Fairfax,                                                          |                                 |  |
| Woodbridge, VA 22193-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       | Fairfax, VA 22031-3736                                                                       |                                 |  |
| 240-421-1350                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       | 703-865-7370                                                                                 |                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       | 1073904009                                                                                   |                                 |  |
| OBSERVABLE Surgical Wound - Other - mid graft - open to air clean dry and intact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                       |                                                                                              |                                 |  |
| PROCEDURES: pain: assess patientnts pain at each visit, Foley Catheter: 18 FR 30CC Foley catheterhas follow up appointment with urology on 2/26/26, Medications: Review medications at each visit report all changes and or missing medications, physician-ordered wound care: Assess wound at each visit for s/s of infection. All wounds open to air                                                                                                                                                                                                                                                                                                                                    |  |                       |                                                                                              |                                 |  |
| TEACH PATIENT/CAREGIVER: * 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                                                                                                                                                                                                                                                                                                                                                          |  |                       |                                                                                              |                                 |  |
| PT Careplans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       | PT Goals                                                                                     |                                 |  |
| PT WK1: 1 (02/17/26-02/21/26) ,WK4: 1 (03/08/26-03/14/26) ,WK5: 1 (03/15/26-03/21/26) ,WK6: 1 (03/22/26-03/28/26) ,WK7: 1 (03/29/26-04/04/26)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                       | PATIENT-STATED GOAL: To return to her pain free PLOF during ADLs, funct activities and ambul |                                 |  |
| PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100, heart rate < 60 > 100, respiratory rate < 10 > 24, blood pressure systolic < 100 > 150, blood pressure diastolic < 60 > 90, O2 saturation < 90 > 100, pain < 0 > 5                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                       | GOALS                                                                                        |                                 |  |
| CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                       | patient/caregiver recalls                                                                    |                                 |  |
| HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                       | * urinary catheter management including how to flush catheter                                |                                 |  |
| 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                            |  |                       | * change and wash drainage bags                                                              |                                 |  |
| Advance Directive:Durable power of attorney for health care/Medical power of attorney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       | * prevent infection including proper handwashing                                             |                                 |  |
| PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, 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, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, M1745 - Behavioral Issues, M2020 - Oral Med Management, M1400 - Dyspnea, M1610 - Urinary Catheter, limited endurance, limited strength                                                                                                                                                              |  |                       | * positioning of catheter                                                                    |                                 |  |
| PROCEDURES: catheter change, care & irrigation, home exercise program: Seated marches, LAQs, HR/TR, clams and hip add, gait training/stair training, transfers training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       | * recalls related medication(s) purpose, schedule                                            |                                 |  |
| TEACH PATIENT/CAREGIVER: * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, Sit to Stand - 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, 4 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance |  |                       | Sit to Stand - 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                                       |                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       | 4 Steps - 04. Supervision or touching assistance                                             |                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       | Picking Up Object - 04. Supervision or touching assistance                                   |                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       | Car Transfer - 05. Setup or clean-up assistance                                              |                                 |  |

|                                              |             |
|----------------------------------------------|-------------|
| Signature of Physician:                      | Date        |
|                                              | PAGE 2 of 2 |
| Optional Name/Signature of Nurse/Therapist:  | Date        |
| Electronically Signed by Messick, Charles RN | 02/17/2026  |