Home Health Certification and Plan of Care

Order ID: 1163/1001

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
36170762	02/17/2026	From: 02/17/2026 To: 04/17/2026	1167	497754

6. Patient's Name and Address
Saeeda Khan
13651 Greenwood Drive,
Woodbridge, VA 22193-
240-421-1350

7. Provider's Name, Address and Telephone Number
Grace Home Healthcare, LLC
9735 Main Street Suite 200 Fairfax,
Fairfax, VA 22031-3736
703-865-7370
1073904009

8. DOB 06/26/1945 | **9.Sex** Female

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

Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav
1000 1 table by mouth once a day Supplement
AMILODIPINE 5 mg 1 table Oral daily HTN

11. ICD	Principal Diagnosis	Date
Z48.3	Aftercare following surgery for neoplasm	02/17/26

13. ICD	Other Pertinent Diagnoses	Date
C66.1	Malignant neoplasm of right ureter	02/17/26
I10.	Essential (primary) hypertension	02/17/26
E11.9	Type 2 diabetes mellitus without complications	02/17/26
M19.90	Unspecified osteoarthritis unspecified site	02/17/26
Z90.5	Acquired absence of kidney	02/17/26

14. DME and Supplies:
grab bars, urinary/catheter supplies, bath bench, cane, catheter

15. Safety Measures:
medication safety, supervision at all times, medical alert/lifeline, standard precautions, transfer with assist, fall precautions, ambulates with assistance, bathroom safety, activity supervision

16. Nutrition:
regular

17. Allergies:
biaxin

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
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:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment
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: 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.
 Date of Order 02/17/2026 Orders Physician Face-to-Face Date: 02/10/2026 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat due to Right Nephroureterectomy With Intravesical Gemcitabine Instillation For Right Distal Ureteral Carcinoma Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - PT Notes: soc SN Eval Notes: Physician Javed, Zain

SN Careplans

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)

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

SN Goals

PATIENT-STATED GOAL: wants to be able to be active in the community and do things for herself

GOALS
patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Zain Javed
13285 Minnieville Rd
Woodbridge , VA 22192
PHONE: 703-986-2400 FAX: NPI: 1437592888

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

F2F date : 02/10/2026

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.

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Saeeda Khan 13651 Greenwood Drive, Woodbridge, VA 22193- 240-421-1350	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Observable Surgical Wound - Other - Wnd grnl - open to air clean dry and intact

PROCEDURES: pain: assess patiennts 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 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)

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

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

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

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:Durable power of attorney for health care/Medical power of attorney

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

PROCEDURES: catheter change, care & irrigation, home exercise program: Seated marches, LAQs, HR/TR, clams and hip add, gait training/stair training, transfers training

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

PT Goals

PATIENT-STATED GOAL: To return to her pain free PLOF during ADLs, funct activities and ambul

GOALS
patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls 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

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