Home Health Certification and Plan of Care

Order ID: 1163/1068

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
13169129	05/13/2026	From: 05/13/2026 To: 07/11/2026	1568	497754

6. Patient's Name and Address

Munawar Younas
7117 Kerr Drive,
Springfield, VA 22150-
571-315-6569

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 07/04/1965 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M19.012	Primary osteoarthritis left shoulder	05/13/26

13. ICD	Other Pertinent Diagnoses	Date
E11.9	Type 2 diabetes mellitus without complications	05/13/26
K59.00	Constipation unspecified	05/13/26
N39.3	Stress incontinence (female) (male)	05/13/26
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	05/13/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	05/13/26
Z79.4	Long term (current) use of insulin	05/13/26
Z89.511	Acquired absence of right leg below knee	05/13/26

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

SINGULAIR 10 mg / 1 Tablet by mouth every evening
ROXICODONE 5 mg 5 mg / 1 Tablet by mouth 2 times a day as needed for severe pain
PEPCID 20 mg 20 mg / 1 Tablet by mouth 2 times a day
Humulin 70/30 Insulin - Insulin Recombinant Human 100 unit/mL (70-30) / Inject 30 Units subcutaneous 2 times a day 30 minutes before meals
NARCAN 4 mg/actuation Nasl Spray / Spray in 1 nostril Nasal as necessary if not breathing/responding. Call 911. If still not breathing/responding, use new spray in 2 to 3 minutes in other nostril. For suspected opioid overdose use only (Patient not taking. Reported on 5/7/2026)
COLACE 100 mg/capsule / Take 2 capsules by mouth 2 times a day as needed. (Patient not taking: Reported on 5/7/2026)
Humalog Insulin - Insulin Lispro Recombinant 100 unit/mL / Inject 15 Units subcutaneous 2 times a day before breakfast and dinner.
CYMBALTA 30 mg Delayed Release 30 mg / 1 Capsule by mouth daily for chronic pain, per Dr.H.Ahmed. Need to see your doctor every January and every July.
TRULICITY 3 mg/0.5 mL / Inject 0.5 mL subcutaneous every 7 days
LOPRESSOR 100 mg 100 mg / 1 Tablet by mouth 2 times a day for blood pressure and to help protect heart. Need to see your doctor every January and every July
NIZORAL 2 % Top Shampoo / Apply to affected area(s) topical two times per week Use as shampoo
NEURONTIN 300 mg 300 mg / 1 Capsule by mouth 3 times a day
Esidrix - Hydrochlorothiazide 25 mg 25 mg/tablet / Take half tablet by mouth every morning
LIPITOR 80 mg / 1 Tablet by mouth every morning for cholesterol and to help lower risk of heart attack or stroke. NOTED 3/6/25 Need
to see your doctor every January and every July.
ECOTRIN Delayed Release 81 mg / 1 Tablet by mouth every morning with a meal to help prevent another heart attack. Need to see your doctor every January and every July.
COZAAR 25 mg 25 mg / 1 Tablet by mouth daily
ALVESCO 80 mcg/actuation Inhl HFAA / Inhale 1 Puff by mouth 2 times a day to help maintain control of asthma. Gargle with water and spit after using. Use for at least 14 days in a row.
JARDIANCE 25 mg/tablet / Take half tablet by mouth daily
Systane Eye Drops - Normal Saline 0.4-0.3 % / Instill 1 drop both eyes three times a day
Polyethylene Glycol 3350 (HEALTHYLAX) 17 gram Oral Pwd Pkt / Mix 17 grams in water by mouth once a day for 3 days
Cetirizine (ALL DAY ALLERGY) 10 mg / 1 Tablet by mouth once a day as needed
Psyllium Seed, Sugar, (NATURAL FIBER LAXATIVE, SUGAR,) Take 2 packets by mouth in the morning and 2 packets before bedtime. (Patient not taking: Reported on 5/7/2026)
White Petrolatum-Mineral Oil (REFRESH P.M.) 57.3 42.5 % Opht Oint / Apply 0.25 inch both eyes once a day at bedtime
Bacitracin Zinc (ANTIBIOTIC, BACITRACIN ZINC,) 500 unit/gram Top Oint / Apply to wound daily with gauze topical once a day (Patient not taking: Reported on 5/6/2026)
Jardiance - Empagliflozin 1-2 by mouth as necessary

14. DME and Supplies:
walker

15. Safety Measures:
activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
beef derived products chiken derived products gelatin metformin pork derviced

18.A. Functional Limitations
Ambulation, Endurance, Amputation

18.B. Activities Permitted
Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/13/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Uzma Hasan
6551 Loisdale Ct
Springfield, VA 22150
PHONE: 5716222000 FAX: NPI: 1770527814

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 : 03/30/2026

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.

Home Health Certification and Plan of Care

Order ID: 1163/1068

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
13169129	05/13/2026	From: 05/13/2026 To: 07/11/2026	1568	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Munawar Younas 7117 Kerr Drive, Springfield, VA 22150- 571-315-6569	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

Homebound status: Due to diagnosis of Primary osteoarthritis left shoulder, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device

Clinical Condition Requiring Homecare:

The patient is a 60-year-old female referred for home health physical therapy following a right below-knee amputation and recent prosthetic fitting on 04/13/2026. She presents with impaired functional mobility, decreased balance, gait instability, reduced bilateral lower extremity strength, and difficulty safely using her prosthesis within the home environment. The patient is considered homebound due to the considerable effort required to leave the home safely and effectively with the use of her artificial limb. Functional limitations are noted in transfers, ambulation, standing tolerance, and overall household mobility, placing her at increased risk for falls. Skilled physical therapy is medically necessary to provide gait training, prosthetic management education, balance and strengthening exercises, transfer training, and development of an individualized home exercise program to maximize independence, improve safety and functional mobility, reduce caregiver burden, and minimize the risk of rehospitalization.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 05/13/2026
 Order<o:p></o:p> Physician Face-to-Face Date: 03/30/2026
 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat dx: Primary osteoarthritis left shoulder
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - PT Notes: <o:p></o:p> Physician: Hasan, Uzma

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (05/13/26-05/16/26) ,WK2: 1 (05/17/26-05/23/26) ,WK3: 1 (05/24/26-05/30/26) ,WK4: 1 (05/31/26-06/06/26) ,WK5: 1 (06/07/26-06/13/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170S1 - Wheel 150 feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, GG0170R1 - Wheel 50 ft w 2 Turns, GG0130H1 - Don/Doff Footwear, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, M1610 - Urinary Incontinence, muscle weakness, limited endurance, limited range of motion, limited strength, balance deficit, lethargy

PROCEDURES: home exercise program: HEP includes seated and standing weight-shifting activities with prosthesis, sit-to-stands from stable chair, standing marches with UE support, mini squats at countertop, hip abduction, hip extension, heel raises on intact LE, quad sets, glute sets, SLR, residual limb desensitization techniques, prosthetic donning/doffing practice, static standing balance activities, gait training with AD as tolerated, and daily skin inspection of residual limb and prosthetic fit with emphasis on safety, fall prevention, energy conservation, and proper prosthetic utilization., work simplification/energy conservation, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Sit to Stand - 02. Substantial/maximal assistance, Car Transfer - 02. Substantial/maximal assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate

PT Goals

PATIENT-STATED GOAL: Perform STS independently

GOALS
patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Toilet Transfer - 05. Setup or clean-up assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

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

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

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

Shower/Bathe Self - 02. Substantial/maximal assistance

Sit to Stand - 02. Substantial/maximal assistance

Eating - 06. Independent

Chair to Bed to Chair - 02. Substantial/maximal assistance

Car Transfer - 02. Substantial/maximal assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

05/13/2026

Home Health Certification and Plan of Care

Order ID: 1163/1068

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
13169129	05/13/2026	From: 05/13/2026 To: 07/11/2026	1568	497754

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Munawar Younas 7117 Kerr Drive, Springfield, VA 22150- 571-315-6569	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Toilet Transfer - 05. Setup or clean-up assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	05/13/2026