Home Health Certification and Plan of Care

Order ID: 1163/1079

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
781147976	05/27/2026	From: 05/27/2026 To: 07/25/2026	1100	497754

6. Patient's Name and Address
Ingrid Oneal
18609 Kerill Rd,
TRIANGLE, VA 22172-
703-221-7577

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 11/18/1957 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M19.011	Primary osteoarthritis right shoulder	05/27/26

13. ICD	Other Pertinent Diagnoses	Date
M54.50	Low back pain unspecified	05/27/26
G89.29	Other chronic pain	05/27/26
G25.0	Essential tremor	05/27/26
G43.909	Migraine unsp not intractable without status migrainosus	05/27/26
J30.9	Allergic rhinitis unspecified	05/27/26
I10.	Essential (primary) hypertension	05/27/26
E53.8	Deficiency of other specified B group vitamins	05/27/26
Z91.81	History of falling	05/27/26

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

Lidocaine (LIDODERM) 5 % Top PTMD Patch Apply on the painful area of the knee topical as necessary for 12 hours and off for 12 hours
Cymbalta - Duloxetine Hydrochloride 60 mg SR 60 mg / 1 Capsule by mouth twice a day
Drisdol - Ergocalciferol 1,250 mcg (50,000 unit) / 1 Capsule by mouth once a week every 7 days
Vit B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1,000 mcg / 1 Tablet by mouth once a day
Restasis - Cyclosporine 0.05 % Opht Dropperette / Instill 1 drop in affected eye(s) drops twice a day
Flonase Allergy Relief - Fluticasone Propionate 50 mcg/actuation Nasl SpSn / Use 1 Spray in each nostril Nasal twice a day
Mucinex - Guaifenesin 600 mg ER 600 mg / 1 Tablet by mouth every 12 hours as needed for cough
Multivitamin Minerals Oral Tab 1 Tablet by mouth once a day
Depakote - Divalproex Sodium Delayed Release 250 mg / 1 Tablet by mouth once a day at bedtime

14. DME and Supplies:
rolling walker, walker, , cane

15. Safety Measures:
ambulates with assistance, ambulates with device

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
NSAIDs cox-2 inhibitors imitrex keppra

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Walker, Cane, 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: 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

Homebound status: Due to diagnosis of Primary osteoarthritis right 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 68-year-old female referred to skilled home health physical therapy due to chronic right shoulder osteoarthritis and lumbar spondylosis with congenital fusion at L5-S1, with a significant past medical history of cerebrovascular accident resulting in residual left-sided hemiplegia/hemiparesis. The patient presents with multiple functional impairments including generalized weakness, impaired balance, chronic pain, decreased activity tolerance, and reduced functional mobility, all of which contribute to a high risk for falls and diminished safety and independence within the home environment. Current deficits are noted in strength, posture, gait mechanics, transfer ability, endurance, and overall functional mobility, resulting in increased difficulty with activities of daily living and increased caregiver burden. A skilled physical therapy evaluation was completed, during which the patient demonstrated limitations consistent with her chronic musculoskeletal and neurologic conditions. Vital signs were monitored and remained stable throughout the assessment. The patient's functional status is significantly impacted by pain and neuromuscular weakness, particularly on the left side, with observable gait deviations and impaired postural control affecting safe ambulation and transfers. Given the complexity of her medical history and current presentation, skilled intervention is medically necessary to address impairments and reduce risk of further decline, falls, and potential hospitalization. Interventions initiated during the evaluation included therapeutic exercise targeting strength and flexibility, functional mobility training, balance and gait training, transfer training, and patient education focused on pain management strategies and safety awareness. A home exercise program was established to support ongoing strengthening and functional improvement outside of therapy sessions. The patient was educated on safe mobility techniques, energy conservation strategies, and fall prevention measures, with emphasis on improving independence and reducing safety risks within the home. Continued skilled physical therapy services are indicated to address deficits, enhance functional capacity, and improve overall quality of life while promoting maximal independence and safety in the home setting.
 Date of Order 05/27/2026 Orders Physician Face-to-Face Date: 05/15/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to Primary osteoarthritis right shoulder 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
 Physician Tchouaffi-Nana, Florence

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 05/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Florence Tchouaffi-Nana
14139 Potomac Mills Rd
Woodbridge , MD 22192
PHONE: 7034908400 FAX: 17034907650 NPI: 1780889337

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 : 05/15/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Ingrid Oneal 18609 Kerill Rd, TRIANGLE, VA 22172- 703-221-7577	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

PT WK1: 1 (05/27/26-05/30/26) ,WK4: 2 (06/14/26-06/20/26) ,WK5: 2 (06/21/26-06/27/26) ,WK6: 1 (06/28/26-07/04/26) ,WK7: 1 (07/05/26-07/11/26) ,WK8: 1 (07/12/26-07/18/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months),7. Currently taking 5 or more medications

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

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Interference with ADLs, balance deficit, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: home exercise program: HEP: seated marches, LAQ, ankle pumps, heel raises, toe raises, standing hip abduction, standing hip extension, mini squats, sit to stands, tandem stance, single leg stance with support as needed, walking program daily, energy conservation techniques, fall prevention strategies, proper use of AD, posture correction exercises, deep breathing exercises, frequent position changes, caregiver supervision for safety as needed., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 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, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance

PATIENT-STATED GOAL: To improve static & dynamic balance

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

patient/caregiver recalls
* 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

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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 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

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

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

Lower Body Dressing - 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	05/27/2026