Home Health Certification and Plan of Care

Order ID: 1163/274

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
17191400	09/15/2025	From: 09/15/2025 To: 11/12/2025	429	497754

6. Patient's Name and Address

Paula Araujo
23256 Meadowvale Glen Court,
Sterling, VA 20166-
571-274-2070

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 01/16/1976 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	09/15/25

13. ICD	Other Pertinent Diagnoses	Date
M54.16	Radiculopathy lumbar region	09/15/25
I10.	Essential (primary) hypertension	09/15/25
E03.9	Hypothyroidism unspecified	09/15/25
I70.0	Atherosclerosis of aorta	09/15/25
K76.0	Fatty (change of) liver not elsewhere classified	09/15/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	09/15/25
M85.80	Oth disrd of bone density and structure unspecified site	09/15/25
F40.240	Claustrophobia	09/15/25
E78.5	Hyperlipidemia unspecified	09/15/25
N28.1	Cyst of kidney acquired	09/15/25
F41.9	Anxiety disorder unspecified	09/15/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/15/25
Z90.710	Acquired absence of both cervix and uterus	09/15/25
Z90.722	Acquired absence of ovaries bilateral	09/15/25
Z86.718	Personal history of other venous thrombosis and embolism	09/15/25
Z85.820	Personal history of malignant melanoma of skin	09/15/25
Z85.43	Personal history of malignant neoplasm of ovary	09/15/25

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

Tenormin - Atenolol 25 mg , Take 2 tablets by mouth in the evening Take 2 tablets (50 mg total) by mouth 1 (one) time each day in the evening
ergocalciferol (VITAMIN D-2) 1,250 mcg (50,000 unit) , Take 1 capsule by mouth once a week Take 1 capsule (50,000 Units total) by mouth every 7 (seven) days
Estrace - Estradiol 1 mg , Take 1 tablet by mouth in the evening Take 1 tablet (1 mg total) by mouth 1 (one) time each day in the evening
levothyroxine (SYNTHROID, LEVOTHROID) 150 mcg , Take 1 tablet by mouth at bedtime Take 1 tablet (150 mcg total) by mouth at bed time Monday and Thursday is half tablet, every other day full tablet
Crestor - Rosuvastatin Calcium 5 mg , Take 1 tablet by mouth at bedtime Take 1 tablet (5 mg total) by mouth at bedtime
Mobic - Meloxicam 7.5 mg , Take 1 tablet by mouth once a day Take 1 tablet (7.5 mg total) by mouth 1 (one) time each day
Hydrodiuril - Hydrochlorothiazide 25 mg , take Half tablet by mouth in the morning 25 mg tablet Half tablet in the morning
Hydromorphone Hydrochloride - Hydromorphone Hydrochloride 2 mg 1 tab by mouth every 4 hours if needed for pain
Neurontin - Gabapentin 100 mg , Take 1 capsule by mouth three times a day Take 1 capsule (100 mg total) by mouth at bedtime for 4 days, then take 1 capsule (100 mg total) by mouth twice daily in late morning and ar in the evening and at bedtime.
Acetaminophen - Acetaminophen 1 tab, 500mg by mouth every 6 hours take two 500mg tabs every 6 hours as needed
Protonix - Pantoprazole Sodium eq 40 mg base 40 mg , Take 1 tablet by mouth at bedtime Take 1 tablet (40 mg total) by mouth twice/day 30 min before breakfast and dinner; Do not crush, chew, or split.
Kaiser brand sinus relief for congestion 1 tab, 600mg by mouth once a day every 6 hours
oxybutynin XL (DITROPAN-XL) 10 mg , Take 1 tablet; extended release by mouth once a day Take 1 tablet (10 mg total) by mouth 1 (one) time each day in the evening
Fluoxetine - Fluoxetine Hydrochloride eq 10 mg base 1 tab by mouth once a day 1 tabs by mouth once/day for 1 week, 1 caps twice/day for 2 weeks
zinc take 50 mg tablet by mouth as necessary Take by mouth once/day

14. DME and Supplies:

sock aid, reacher, rolling walker,

15. Safety Measures:

no straining, no lifting, , no reaching, , no bending, restricted ROM, , , bathroom safety,

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

adhesive tape lisinopril losaran pcn

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated, Walker, 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: good

22. A Rehabilitation Potential:

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

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Encounter For Other Orthopedic Aftercare, 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 49-year-old female referred to home health services following L4-5 decompression and cyst excision with right L5-S1 laminotomy/microdiscectomy performed on 9/9/25. Her past medical history is significant for left Achilles tendonitis, anxiety, aortic atherosclerosis, GERD with prior delayed cough (resolved), history of broken neck, delayed emergence from general anesthesia, fatigue, fatty liver, GERD, bilateral salpingo-oophorectomy, obstructive sleep apnea, ovarian cancer, renal cyst, osteoarthritis, osteopenia, hernia repair, hysterectomy, knee arthroscopy with meniscectomy, and carpal tunnel release. She resides in a multi-level home with her husband and three children, requiring navigation of several full flights of stairs. The patient presents with decreased strength, endurance, and tolerance for sitting, standing, ambulation, and overall functional mobility. She ambulates independently without assistive devices, although she uses a rolling walker positioned in the powder room to assist with rising from the toilet. She requires occasional to intermittent assistance with grooming, dressing, and oral medication management. She is currently unable to drive and requires assistance with retrieving overhead items due to post-operative restrictions, which include no lifting greater than five pounds, no driving, no spinal bending or twisting, and avoidance of strain to the surgical area. She denies shortness of breath with ambulation, stair negotiation, or basic ADLs, which was also objectively confirmed during the therapist's assessment. A Timed Up and Go (TUG) test score of 10.58 seconds indicates a very low fall risk. Education was provided on safe home setup, functional mobility strategies, transfer training, and post-operative precautions. A home exercise program was initiated, focusing on seated and standing therapeutic exercises and balance training for the bilateral

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 09/15/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Suma Doppalapudi
2101 E Jefferson St
Rockville, MD 20852
PHONE: 7037264500 FAX: 17037264555 NPI: 1154493641

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 : 09/07/2025

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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lower extremities. Skilled physical therapy is recommended to improve strength, endurance, functional tolerance, mobility, safety, and independence in order to facilitate return to the patient's prior level of function.
 Date of Order 09/15/2025 Orders Physician Face-to-Face Date: 09/07/2025 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Encounter For Other Orthopedic Aftercare 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 Doppalapudi, Suma

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (09/15/25-09/20/25) ,WK2: 2 (09/21/25-09/27/25) ,WK3: 2 (09/28/25-10/04/25) ,WK4: 2 (10/05/25-10/11/25) ,WK5: 1 (10/12/25-10/18/25) ,WK6: 1 (10/19/25-10/25/25) ,WK7: 1 (10/26/25-11/01/25)

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 > 7

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

HOSPITALIZATION RISKS: 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: 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, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M2020 - Oral Med Management, M1400 - Dyspnea, limited endurance, muscle weakness, limited range of motion, muscle spasms, Pain Effect on Sleep, Pain Interference with ADLs, #1 - Observable Surgical Wound - Other - Lower Lumbar/Upper Sacral - Post op L4-5 decompression and cyst excision, R L5-S1 laminotomy/microdiscectomy

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver. , physician-ordered wound care: Keep incision area dry, no bandage at SOC and none required, monitor for openings and weeping/oozing, dissolvable stitches in place. MD appointment later today (9/15) to ensure things look good., home exercise program: Perform at/holding onto bar countertop, 2x10 ea leg, 1-2x/day: 1. Standing straight leg sideways raises 2. Sit to stands (perform like practicing squatting/lowering down onto toilet) 3. Standing heel raises 4. One leg half clock taps; this is the 12 o'clock to 3 o'clock and reverse / 12 o'clock to 9 o'clock and reverse taps with one foot while standing on the other and balancing. HOLD ON TO COUNTERTOP FOR SAFETY as stated above 5. Standing marches (flex knees up toward waist, if feel back tensing or hurting, don't flex knees up as high; if that still doesn't resolve the issue, discontinue the exercise until later down the line) 6. Walking around home; practice using cane and without; as many laps as can tol daily that don't trigger or onset back pain 7. Stair training (practice going up/down at least 1 flight of stairs with rail use one hand and cane in other hand) 8. Hooklying (laying on back, knees bent) abdominals bracing, suck in abs as if drawing your belly button down to spine, 3x10 with 5 second hold of the abdominals brace (aka the suck in), perform twice a day, everyday, standing tolerance exercises, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition

PT Goals

PATIENT-STATED GOAL: To be able to walk around home, up/down stairs, get in/out of and drive her car to/from appointments and errands, sit down/stand indep and without LBP/symptoms

GOALS
Toilet Transfer - 06. Independent

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* 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

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 06. Independent

Toileting Hygiene - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/15/2025

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including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent	Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 _ Step (curb) - 06. Independent 4 Steps - 06. Independent 12 Steps - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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