Home Health Certification and Plan of Care

Order ID: 1163/826

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
100008796	02/20/2026	From: 02/20/2026 To: 04/20/2026	1188	497754

6. Patient's Name and Address
Melany Schmidt
45425 Holiday Drive,
STERLING, VA 20166-
240-893-8986

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 04/04/1963 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
T84.84XD	Pain due to internal orthopedic prosth dev/grft subs	02/20/26

13. ICD	Other Pertinent Diagnoses	Date
G89.29	Other chronic pain	02/20/26
S22.41XD	Multiple fx of ribs right side subs for fx w routn heal	02/20/26
S42.301D	Unsp fx shaft of humer right arm subs for fx w routn heal	02/20/26
N39.0	Urinary tract infection site not specified	02/20/26
I10.	Essential (primary) hypertension	02/20/26
K70.30	Alcoholic cirrhosis of liver without ascites	02/20/26
F10.10	Alcohol abuse uncomplicated	02/20/26
K76.6	Portal hypertension	02/20/26
E78.5	Hyperlipidemia unspecified	02/20/26
E03.9	Hypothyroidism unspecified	02/20/26
G47.00	Insomnia unspecified	02/20/26
Z60.2	Problems related to living alone	02/20/26
Z96.641	Presence of right artificial hip joint	02/20/26
Z91.81	History of falling	02/20/26

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

Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100 mg 1 tab by mouth once a day Supplement
Carvedilol - Carvedilol 3.125 mg 1 Tablet by mouth once a day HTN
Gabapentin - Gabapentin 300 mg 1 Tablet by mouth at bedtime Moderate pain
Synthroid - Levothyroxine Sodium 0.1 mg **see current annual edition, 1.8 description of special situations, levothyroxine sodium 1 Tablet by mouth in the morning Hypothyroidism
Lidocaine Patch - Lidocaine 5% topical once a day Moderate pain
Magnesium Oxide - Simethicone 400 mg 1 table by mouth twice a day Supplement
Pantoprazole - Pantoprazole Sodium 40 mg 1 Tablet by mouth in the morning Gerd

14. DME and Supplies:
rolling walker, hand held shower

15. Safety Measures:
walker precautions, supervision at all times, , non-slip surface in tub, , hand rails, , bathroom safety, ambulates with device,

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Up As Tolerated

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
family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Due to diagnosis of Pain Due To Internal Orthopedic Prosthetic Devices, Implants, And Grafts, Subsequent Encounter, 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 62-year-old White female who was recently hospitalized following a fall at her home in Maryland, where she reportedly remained on the floor for approximately four days until discovered by her son, who contacted emergency medical services. After hospital evaluation and stabilization, her son transported her to Virginia for additional support. Upon arrival, the patient was unable to climb stairs due to generalized weakness, and her son secured temporary accommodations in a hotel to allow her to regain strength. At the time of nursing <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient was alone in the hotel room and was alert and oriented to person, place, time, and situation. Neurological <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed intact facial symmetry, equal and strong bilateral hand grasps, and pupils equal, round, and reactive to light. She denied visual impairment other than the need for reading glasses. Respiratory <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> demonstrated clear posterior lung fields to auscultation without use of accessory muscles. Cardiovascular <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> revealed no bilateral lower extremity edema. The abdomen was distended but soft and non-tender, with active bowel sounds in all four quadrants. The patient is continent of bowel and bladder. She reports right-sided rib pain secondary to the fall, which is effectively managed with prescribed analgesic medication prepared by her son. She is able to feed herself with setup assistance. Notably, she exhibits uncontrolled hand tremors, contributing to impaired coordination and requiring moderate assistance with certain activities of daily living. Her gait is unsteady, and she ambulates with a walker for safety. Despite physical limitations, her behavior is pleasant and cooperative. Occupational therapy <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> identified deficits in lower body dressing, and adaptive equipment including a sock aid and long-handled shoehorn was recommended to promote independence. Given her current functional limitations, lack of stable housing, and need for increased support, occupational therapy has requested a medical social work consult to assist with community resources and evaluation of assisted living facility placement options. The patient would benefit from continued skilled nursing and therapy services to address mobility deficits, improve strength and endurance, enhance safety with ambulation and self-care tasks, and support safe discharge planning with appropriate level of care.
 Date of Order 02/20/2026 Orders Physician Face-to-Face Date: 02/17/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN disease management, PT eval and treat, OT eval and treat HHA daily adl's due to Pain Due To Internal Orthopedic Prosthetic Devices, Implants, And Grafts, Subsequent Encounter 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 - SN Notes: soc OT Eval Notes:
 Physician Rajpara, Sumit

SN Careplans | SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 02/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Sumit Rajpara
888 Bestgate Rd Ste 111
Annapolis, MD 21401
PHONE: 4105717300 FAX: NPI: 1215511977

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 : 02/17/2026

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
Melany Schmidt 45425 Holiday Drive, STERLING, VA 20166- 240-893-8986	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

SN WK1: 1 (02/20/26-02/21/26) ,WK2: 1 (02/22/26-02/28/26)

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, M1600 - UTI, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit

PROCEDURES: cough/deep breathing exercises: Demonstrated understanding, home exercise program: Eval and treat by therapy, coordinate/arrange preparation of missing meals: Son managed

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 medicatio, * 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 relaxatio, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: I want to climb my steps

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 relaxatio

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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 medicatio

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

meal preparation is available to patient for all meals

OT Careplans

OT WK2: 1 (02/22/26-02/28/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, , GG0170G1 - Car Transfer, GG0130A1 - Eating, 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, GG0170E1 - Chair to Bed to Chair, 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, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet

PROCEDURES: equipment training, 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, * 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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: I want to get stronger and get better with putting on my socks and shoes

GOALS
Toilet Transfer - 06. Independent

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

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

Chair to Bed to Chair - 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	02/20/2026