

Home Health Certification and Plan of Care				Order ID: 1163/1191
1. Patient's HI claim No. 611034259		2. Start Of Care Date 07/29/2026		3. Certification Period From: 07/29/2026 To: 09/26/2026
		4. Medical Record No. 1797		5. Provider No. 497754
6. Patient's Name and Address Cheryl Umbel 309 Cabin Road SE, VIENNA, VA 22180 571-723-5004			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 10/12/1947			9. Sex Female	
11. ICD Z48.815	Principal Diagnosis Encntr for surgical afctr following surgery on the dgstv sys		Date 07/29/26	
13. ICD I48.0 E78.5 F41.1 K21.9 Z90.410 Z90.81 Z87.891	Other Pertinent Diagnoses Paroxysmal atrial fibrillation Hyperlipidemia unspecified Generalized anxiety disorder Gastro-esophageal reflux disease without esophagitis Acquired total absence of pancreas Acquired absence of spleen Personal history of nicotine dependence		Date 07/29/26 07/29/26 07/29/26 07/29/26 07/29/26 07/29/26 07/29/26	
14. DME and Supplies: rolling walker,			15. Medications: Dose/Frequency/Route (N)ew (C)hanged ACETAMINOPHEN 1,000 mg oral q8h ATORVASTATIN 40 mg oral Daily FAMOTIDINE 20 mg oral Daily MUPIROCIN 1 Application topical BID BUSPIRONE HCL 15 mg oral BID Docusate Sodium - Docusate Sodium 100 mg oral BID Metoprolol Tartrate - Metoprolol Tartrate 25 mg oral BID HYDROMORPHONE HYDROCHLORIDE 0.5 mg not available q4h PRN ONDANSETRON 4 mg not available q8h PRN OXYCODONE 5 mg not available q4h PRN heparin (Porcine) 2,000 Units not available as necessary heparin (Porcine) 4,000 Units not available as necessary	
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET			15. Safety Measures: activity supervision, ambulates with assistance	
18.A. Functional Limitations Endurance			17. Allergies: SULFA (SULFONAMIDE ANTIBIOTICS)	
18.B. Activities Permitted Walker				
19. Mental & Psychosocial 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: poor				
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 PT: family/caregiver will be responsible for managing treatment OT: patient will	

Homebound status:	Due to diagnosis of Encounter for surgical aftercare following surgery on the digestive system, 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
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Clinical Condition Requiring Homecare:		<p class="p">	
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 07/29/2026		25. Date HHA Received Signed POT	
24. Physician's Name and Address Carole Shaddad 6501 Loisdale Ct Springfield, VA 22150 PHONE: 7032876400 FAX: NPI: 1750611919		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 : 07/24/2026	
27. Attending Physician's Signature and Date Signed 08/05/2026 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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font-size:11.0000pt;mso-font- style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font- Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font- <span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font- Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font- style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font- Notes:<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font- style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font- style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font- Carole</p>						
SN Careplans				SN Goals		
PT Careplans				PT Goals		
PT WK1: 1 (07/29/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) 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: GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, GG0170F1 - Toilet Transfer, 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: ankle pumps, seated marches, LAQ, sit-to-stands, standing marches, heel raises, standing hip abduction, and mini squats, 3 sets of 10 repetitions, 3x/week as tolerated with supervision for safety., 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, 1 - Step				PATIENT-STATED GOAL: To return to household ambulation tolerance < modified RPE scale 3/10 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		
Signature of Physician:				Date		
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Optional Name/Signature of Nurse/Therapist:				Date		
Electronically Signed by Messick, Charles RN				07/29/2026		

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teaching assistance, from 200 feet - 04. Supervision or touching assistance, 2 Steps (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					
OT Careplans OT WK1: 1 (07/29/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-09/05/26) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating PROCEDURES: incentive spirometer, equipment training, work simplification/energy conservation 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent			OT Goals PATIENT-STATED GOAL: I want to get back to taking a shower Independently 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 Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent		

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