Home Health Certification and Plan of Care

Order ID: 1163/1191

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
611034259	07/29/2026	From: 07/29/2026 To: 09/26/2026	1797	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	Principal Diagnosis	Date
Z48.815	Encntr for surgical aftcr following surgery on the dgstv sys	07/29/26

13. ICD	Other Pertinent Diagnoses	Date
I48.0	Paroxysmal atrial fibrillation	07/29/26
E78.5	Hyperlipidemia unspecified	07/29/26
F41.1	Generalized anxiety disorder	07/29/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/29/26
Z90.410	Acquired total absence of pancreas	07/29/26
Z90.81	Acquired absence of spleen	07/29/26
Z87.891	Personal history of nicotine dependence	07/29/26

10. 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

14. DME and Supplies:
rolling walker,

15. Safety Measures:
activity supervision, ambulates with assistance

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
SULFA (SULFONAMIDE ANTIBIOTICS)

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
Walker

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: 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

Clinical Condition Requiring Homecare:

The patient is a 78-year-old female referred for home health physical and occupational therapy following hospitalization for a 10 cm pancreatic tail mass requiring robot-assisted laparoscopic surgery converted to an open distal pancreatectomy and splenectomy. Her postoperative course was complicated by acute hypoxic respiratory failure secondary to bibasilar atelectasis/pneumonia, new-onset atrial fibrillation with rapid ventricular response, anemia, hypotension, abdominal pain, dizziness, and generalized deconditioning. The patient is alert and oriented 4 with a history of cataracts, benign essential tremors, gastroesophageal reflux disease (GERD), and hyperlipidemia. Prior to hospitalization, she was independent with ambulation, transfers, stair negotiation, activities of daily living (ADLs), instrumental activities of daily living (IADLs), and driving. She currently resides alone in a multilevel home, with assistance from her sons for IADLs, and demonstrates bilateral lower extremity weakness, impaired balance, decreased endurance, abdominal pain, fatigue, and reduced safety with functional mobility. She requires a rollator and assistance for transfers and household ambulation, placing her at increased risk for falls and making ADLs and IADLs a taxing effort. The home has adaptive equipment including a bath bench, grab bar, and bedside commode, with recommendation for a handheld shower hose to improve bathing safety. Skilled home health physical and occupational therapy are medically necessary to address strength, balance, gait, transfers, endurance, stair negotiation, energy conservation, ADL retraining, therapeutic exercise, and safety while maintaining abdominal precautions to restore the patient to her prior level of function and reduce caregiver burden.
<o:p></o:p> Date of Order<o:p></o:p> 07/29/2026<o:p></o:p> Physician Face-to-Face Date: 07/24/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat dx: Encounter for surgical aftercare following surgery on the digestive system<span style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman';

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
Springfiedl, 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 : 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-kerning:1.0000pt;"><o:p></o:p> 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> OT Eval Notes:<o:p></o:p> Physician: Shaddad , Carole

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, Walk 150 Feet - 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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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

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

Signature of Physician:	Date
	PAGE 3 of 3
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