Home Health Certification and Plan of Care

Order ID: 1163/282

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
13318585	09/12/2025	From: 09/12/2025 To: 11/10/2025	427	497754

6. Patient's Name and Address
Francisco Vigil Flores
11180 Lady Jane Loop Apt 303,
MANASSAS, VA 20109-
571-546-9240

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 02/04/1980 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	09/12/25

13. ICD	Other Pertinent Diagnoses	Date
M51.27	Other intervertebral disc displacement lumbosacral region	09/12/25
M51.16	Intervertebral disc disorders w radiculopathy lumbar region	09/12/25
E78.5	Hyperlipidemia unspecified	09/12/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/12/25
R73.03	Prediabetes	09/12/25
F17.210	Nicotine dependence cigarettes uncomplicated	09/12/25
E66.01	Morbid (severe) obesity due to excess calories	09/12/25
Z68.41	Body mass index [BMI] 40.0-44.9 adult	09/12/25
Z86.0100	Personal history of colonic polyps	09/12/25
Z86.16	Personal history of COVID-19	09/12/25

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

Flexeril - Cyclobenzaprine Hydrochloride 10 mg , Take 1 tablet by mouth every 8 hours Take 1 tablet (10 mg total) by mouth every 8 (eight) hours if needed for muscle spasms
Lidocaine Patch - Lidocaine 4 % , Place 1 patch on the skin topical once a day Place 1 patch on the skin 1 (one) time each day
Percocet - Acetaminophen: Oxycodone Hydrochloride 10-325 mg , Take 1 tablet by mouth every 8 hours Take 1 tablet by mouth every 8 (eight) hours if needed
Lyrica - Pregabalin 50 mg , Take 1 capsule by mouth twice a day Take 1 capsule (50 mg total) by mouth in the morning and 1 capsule (50 mg total) before bedtime.

14. DME and Supplies:
reacher, sock aid, walker, , , cane

15. Safety Measures:
restricted ROM, no reaching, bathroom safety, , medication safety, no bending, no straining, no lifting, ambulates with device, standard precautions, fall precautions, ,

16. Nutrition:
low cholesterol

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Up As Tolerated, Cane, 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: After undergoing L5-S1 Laminotomy With Microdiscectomy, 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 45-year-old male admitted to home health services following a minimally invasive L5-S1 laminotomy with microdiscectomy performed on 9/9/25. His past medical history is significant for low back pain, difficult IV access, prior cyst removal surgery, and hemorrhoidectomy. He resides in a third-floor walk-up style apartment with two full flights of stairs, where he lives with his two brothers. On assessment, the patient demonstrated decreased strength, endurance, and tolerance for sitting, standing, ambulation, and overall functional mobility. Although he is currently ambulating independently, he uses a right upper extremity single-arm cane as a precautionary measure. He reports localized soreness at the left L5-S1 surgical region, consistent with being three days post-operative. He requires intermittent physical assistance for basic grooming, dressing, and oral medication management, and is currently unable to drive. Due to post-operative restrictions, he requires assistance reaching overhead items and has been instructed to avoid lifting more than 5 pounds, driving, bending, or twisting at the spine, as well as raising his upper extremities overhead. The patient reports mild shortness of breath with minimal exertion, such as walking more than 20 feet indoors or negotiating the two staircases to his apartment. He was unable to recall the duration of his driving and overhead activity restrictions; therefore, he was advised to compile a list of questions to clarify with his surgeon. He verbalized understanding and compliance with this recommendation. The Timed Up and Go (TUG) test was completed with a score of 11.46 seconds, indicating a low fall risk. Education was provided on safe home setup, energy conservation, and functional mobility strategies, including bed mobility, sit-to-stand and stand-to-sit transfers, and safe stair negotiation. A home exercise program was initiated, incorporating seated and standing lower extremity strengthening, balance training, lung expansion exercises, and respiratory capacity training using an incentive spirometer. Instruction in proper incentive spirometer use was also completed, with patient demonstration of understanding. The patient has upcoming follow-up appointments with his primary care provider on 9/16/25 and his surgeon on 9/23/25. He will continue to benefit from skilled physical therapy services to improve strength, endurance, mobility tolerance, safety, and independence, with the ultimate goal of returning to his prior level of function.
 Date of Order 09/12/2025 Orders Physician Face-to-Face Date: 09/10/2025 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat due to L5-S1 laminotomy with microdiscectomy 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 Chae, Seung

SN Careplans | SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 09/12/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Seung Chae
10701 Rosemary Dr
Manassas, VA 20109
PHONE: 7032573000 FAX: NPI: 1780744193

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 : 09/10/2025

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.

Home Health Certification and Plan of Care

Order ID: 1163/282

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
13318585	09/12/2025	From: 09/12/2025 To: 11/10/2025	427	497754

6. Patient's Name and Address
Francisco Vigil Flores
11180 Lady Jane Loop Apt 303,
MANASSAS, VA 20109-
571-546-9240

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

PT Careplans

PT WK1: 1 (09/12/25-09/13/25) ,WK3: 2 (09/21/25-09/27/25) ,WK4: 2 (09/28/25-10/04/25) ,WK5: 2 (10/05/25-10/11/25)

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 > 8

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

HOSPITALIZATION RISKS: 10. None of the above

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: 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, GG0170E1 - Chair to Bed to Chair, 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, M2020 - Oral Med Management, M1400 - Dyspnea, muscle spasms, limited endurance, muscle weakness, limited range of motion, Pain Interference with ADLs

PROCEDURES: Medication Review: Medications reviewed with patient/caregiver., cough/deep breathing exercises, incentive spirometer, 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., 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 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, 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, Chair to Bed to Chair - 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

PT Goals

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

GOALS
Chair to Bed to Chair - 06. Independent

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
* 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

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 06. Independent

Toileting Hygiene - 06. Independent

Sit to Stand - 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
09/12/2025