Home Health Certification and Plan of Care

Order ID: 1163/719

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
42330433	01/20/2026	From: 01/20/2026 To: 03/20/2026	1015	497754

6. Patient's Name and Address

Swarajya Kaul
13480 Stanton Place,
HERNDON, VA 20171-
703-622-0238

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 08/20/1946 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G89.29	Other chronic pain	01/20/26

13. ICD	Other Pertinent Diagnoses	Date
M54.50	Low back pain unspecified	01/20/26
C61.	Malignant neoplasm of prostate	01/20/26
C77.8	Sec and unsp malig neoplasm of nodes of multiple regions	01/20/26
C67.9	Malignant neoplasm of bladder unspecified	01/20/26
C90.30	Solitary plasmacytoma not having achieved remission	01/20/26
C41.9	Malignant neoplasm of bone and articular cartilage unsp	01/20/26
C90.00	Multiple myeloma not having achieved remission	01/20/26
J43.9	Emphysema unspecified	01/20/26
K31.A19	Gastric intestinal metaplasia without dysplasia unsp site	01/20/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	01/20/26
E78.5	Hyperlipidemia unspecified	01/20/26
M81.0	Age-related osteoporosis w/o current pathological fracture	01/20/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	01/20/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	01/20/26
Z86.0101	Personal history of adeno	01/20/26
Z87.440	Personal history of urinary (tract) infections	01/20/26

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

Budesonide-Glycopyrrolate-Formoterol (BREZTRI AEROSPHERE) 160-9-4.8 mcg/actuation Inhl HFAA 2 puffs Inhalation 2 times a day (Controller inhaler)
turmeric Oral by mouth
Tylenol - Acetaminophen 500 mg / 1 Tablet by mouth every 6 hours as needed
Robaxin - Methocarbamol 500 mg 1 Tablet by mouth three times a day as needed for
muscle
spasms
LIDOCAINE PAIN RELIEF 4 % Top PTMD Patch 4 % Top PTMD Patch - as necessary Apply 1 Patch
to skin daily
as needed ,
may remain in
place for up to
12 hours in a
24-hour
period
Zovirax - Acyclovir Sodium 400 mg 1 Tablet by mouth twice a day to prevent
shingles while
on bortezomib
chemotherapy
Calcium Carbonate-Vit D3 (CALCIUM 600 + D) 600 mg-10 mcg (400 unit) / 1 Tablet by mouth twice a day with meals
Phenazopyridine (AZO URINARY PAIN RELIEF) 95 mg Oral Tab by mouth three times a day Take 2 tablets
by mouth 3
times a day
after meals as
needed For 2
days
VITAMIN B COMPLEX ORAL - by mouth -
ascorbic acid (VITAMIN C ORAL) 250 mg / 1 Tablet by mouth once a day
cyanocobalamin, vitamin B-12, (VITAMIN B12 ORAL) - by mouth every other day
psyllium seed, with sugar, (FIBER SUPPLEMENT ORAL) - by mouth -
Plavix - Clopidogrel Bisulfate eq 75 mg base 1 Tablet by mouth once a day
Miralax - Polyethylene Glycol 3350 17 gram Oral Pwd Pkt by mouth once a day Take 1 Packet
by mouth
daily
Decadron - Dexamethasone 4 mg 4 mg/ 1 Tablet by mouth Take 5 tablets by mouth on
days 1, 8, 15,
22.
Revlimid - Lenalidomide 10 mg 1 caps by mouth once a day take 1 caps daily x 21 days, then for 7 days
Darolutamide (NUBEQA) 300 mg Oral Tab 2tablets by mouth twice a day takes 1/2 as of 1/8/26
Bystolic - Nebivolol Hydrochloride eq 2.5 mg base eq 2.5 mg base1 Tablet by mouth once a day
Lipitor - Atorvastatin Calcium eq 10 mg base eq 10 mg base1 Tablet by mouth once a day

14. DME and Supplies:

bath bench, grab bars, cane

15. Safety Measures:

non-slip surface in tub, bathroom safety, , , , restricted ROM, ambulates with device

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Up As Tolerated, 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

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 01/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Umair Ahmad
1890 Metro Center Dr
Reston, VA 20190
PHONE: 7037091500 FAX: NPI: 1396033254

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 : 01/17/2026

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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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.

Homebound status: Due to diagnosis of Other Chronic Pain , 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:

Physical therapy start of care was completed for this 79-year-old male patient who was referred to home health services with a diagnosis of a pinched lumbar/sacral nerve of unknown mechanism of injury, with preexisting L4-S1 disc bulge and bilateral foraminal stenosis. The patient's past medical history is extensive and significant for multiple malignancies, including malignant neoplasm of the prostate with metastatic involvement of bone status post bilateral orchiectomy, malignant neoplasm of the bladder, secondary and unspecified malignant neoplasm of lymph nodes of multiple regions, malignant neoplasm of bone and articular cartilage, solitary plasmacytoma not having achieved remission, and IgG kappa-restricted multiple myeloma not having achieved remission. His oncologic treatment history includes RVD-lite therapy for multiple myeloma, Enzalutamide from December 2022 through August 28, 2025, subsequently transitioned to Darolutamide to prevent drug interaction with myeloma medications, and Gemcitabine/Docetaxel chemotherapy for bladder cancer under the care of Dr. Jezior. Additional comorbidities include interstitial lung disease/chronic obstructive pulmonary disease (previously requiring 8-10 liters of oxygen with ambulation, now on room air for the past two months), emphysema, extended-spectrum beta-lactamase urinary tract infection, gastroesophageal reflux disease, hyperlipidemia, long-term use of antithrombotic/antiplatelet therapy, history of transient ischemic attack, and cognitive impairment without residual deficits. The patient resides with his son and other family members in a multi-level home; however, he is currently temporarily residing on the first floor of another son's multi-level home in a ground-level bedroom adjacent to a bathroom to improve safety and functional access. This temporary arrangement is due to the patient's inability to tolerate stair negotiation without exacerbation of low back pain related to the recent pinched nerve diagnosis. His primary residence has the bedroom and bathroom located on the second floor. Functionally, the patient is independent with all basic activities of daily living, including grooming, dressing, bathing, toileting, meal preparation, and oral medication management, though he reports performing tasks more slowly and cautiously secondary to pain. He remains independent with all transfers and is independent with indoor and outdoor ambulation using a single-axis cane for safety and balance. The patient and family report that despite his extensive cancer history, his current pain and functional mobility limitations are attributed solely to the recent onset of low back pain and nerve compression. During the visit, education was provided to the patient and family regarding safe home setup and mobility strategies. Recommendations included the purchase of an attachable bed rail to assist with independent and pain-free transfers from supine or sidelying to sitting at the edge of the bed. The plan of care was reviewed and discussed in the context of the patient's complex medical history and upcoming medical appointments and procedures. One caregiver son reported that the patient is scheduled for bladder surgery on Friday, January 23, and that the procedure may need to be postponed if low back pain does not sufficiently improve to allow appropriate positioning on the operating table. If the surgery proceeds, a urinary catheter is expected to be in place for four to five days, during which initiation of physical therapy services may need to be held until catheter removal and postoperative recovery. A home exercise program was initiated during this visit, consisting of seated and supine therapeutic exercises targeting core musculature and bilateral lower extremity strengthening. The patient and daughter demonstrated and verbalized understanding of the exercises and expressed agreement with the plan of care. Based on the <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient presents with pain-limited tolerance for sitting, standing, and ambulation, placing him below his prior level of function. The patient would benefit from skilled physical therapy services to improve strength, functional mobility, activity tolerance, and safety, with the goal of increasing independence and returning to his prior level of function.
 Date of Order 01/20/2026 Orders Physician Face-to-Face Date: 01/17/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT eval and treat due to Other Chronic Pain 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 Ahmad, Umair

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (01/20/26-01/24/26) ,WK2: 1 (01/25/26-01/31/26) ,WK3: 1 (02/01/26-02/07/26) ,WK4: 1 (02/08/26-02/14/26)

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 > 5

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:No Advance Directive

PT Goals

PATIENT-STATED GOAL: To no longer have LBP during transfers, performance of ADLs, and walking between rooms and levels of home, as well as out in community with SAC for errands and appointments with better stability and balance

GOALS
Chair to Bed to Chair - 06. Independent

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

Sit to Stand - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

01/20/2026

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PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, 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, GG0170F1 - Toilet Transfer, M2020 - Oral Med Management, M1400 - Dyspnea, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, extremity burn/tingle/numb, pain radiating to arms/legs, balance deficit

PROCEDURES: home exercise program: seated HS/gastroc stretching, supine or seated piriformis, fig 4 stretches, seated or supine sciatic nn glides, seated tb clams, HR/TR, iso glute sets, therapeutic exercises, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: patient self-administers medications as prescribed, related medication(s) purpose, schedule, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	01/20/2026