Home Health Certification and Plan of Care

Order ID: 1163/1177

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
68214887	06/19/2026	From: 06/19/2026 To: 08/17/2026	1665	497754

6. Patient's Name and Address
Southam Khambay
5500 Gainesville Road,
Springfield, VA 22151-
703-795-9762

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 08/08/1952 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I31.39	Other pericardial effusion (noninflammatory)	06/19/26

13. ICD	Other Pertinent Diagnoses	Date
C90.00	Multiple myeloma not having achieved remission	06/19/26
G62.0	Drug-induced polyneuropathy	06/19/26
R91.8	Other nonspecific abnormal finding of lung field	06/19/26
E78.5	Hyperlipidemia unspecified	06/19/26
E03.9	Hypothyroidism unspecified	06/19/26
E05.80	Other thyrotoxicosis without thyrotoxic crisis or storm	06/19/26
Z91.81	History of falling	06/19/26
Z87.891	Personal history of nicotine dependence	06/19/26
J98.51	Mediastinitis	06/19/26
I48.91	Unspecified atrial fibrillation	06/19/26
G93.41	Metabolic encephalopathy	06/19/26
B34.8	Other viral infections of unspecified site	06/19/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/19/26
N28.1	Cyst of kidney acquired	06/19/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	06/19/26
R33.8	Other retention of urine	06/19/26
D50.0	Iron deficiency anemia secondary to blood loss (chronic)	06/19/26
B19.10	Unspecified viral hepatitis B without hepatic coma	06/19/26
E27.40	Unspecified adrenocortical insufficiency	06/19/26
I35.1	Nonrheumatic aortic (valve) insufficiency	06/19/26
E87.6	Hypokalemia	06/19/26
Z87.01	Personal history of pneumonia (recurrent)	06/19/26
Z86.15	Personal history of latent tuberculosis infection	06/19/26
D68.69	Other thrombophilia	06/19/26
I70.0	Atherosclerosis of aorta	06/19/26

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

ZOVIRAX 400 mg oral 2 times daily
LIPITOR 40 mg oral Daily
TESSALON 100 mg 3 times daily
CYMBALTA 60 mg Daily
BARACLUDE 1 mg Daily
FOLVITE 1 mg oral Daily
NEURONTIN 300 mg oral 3 times daily
SYNTHROID 25 mcg oral Daily
PROTONIX 40 mg Daily
KLOR-CON 20 mEq Daily
HYTRIN 1 mg Once
Proventil-Hfa - Albuterol Sulfate 90 mcg/actuation inhaler / 2 puffs inhalation four times a day
ALVESCO 1 puff inhalant twice a day
Vitamin B-12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 mcg oral Daily
iron-vitamin C (Vitron-C) 65 mg iron- 125 mg 1 Tablet by mouth Daily
BACTRIM 800-160 MG / 1 Tablet oral 3 times weekly

14. DME and Supplies:
wheelchair, hand held shower, grab bars, , bath bench, walker, cane

15. Safety Measures:
None of the above

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, None of the above

18.B. Activities Permitted
No Restrictions

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, 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

Homebound status: Due to diagnosis of Other pericardial effusion (noninflammatory), 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:

An occupational therapy evaluation was completed for a 74-year-old male following a recent hospitalization for pneumonia, chronic cough, and generalized weakness. His past medical history is significant for chronic cough and hypothyroidism, and he is currently undergoing chemotherapy treatments. The patient was alert and oriented to person, place, time, and situation throughout the evaluation. He resides in his own home with his wife, who serves as his primary caregiver, while his daughter assists with medication management, transportation to medical appointments, and other supportive care needs. Occupational therapy assessed the patient's performance with activities of daily living (ADLs) and functional transfers. The patient is independent with eating but reports a decreased appetite. He owns a front-wheeled walker for ambulation but reported that he does not routinely use it. He requires standby assistance to safely negotiate stairs and demonstrates decreased overall strength and endurance, limiting his tolerance for daily functional activities. The initial plan of care included skilled occupational therapy interventions focused on therapeutic exercises, endurance training, and improving functional independence and activity tolerance. Following the evaluation, the patient was designated as Not Taken Under Care (NTUC). The patient's daughter reported that he is currently not medically well enough to begin occupational therapy services and requested cancellation of services at this time. She also confirmed that she had contacted the agency to notify the office of the decision to cancel services. No further occupational therapy interventions were initiated, and services will not be provided at this time based on the family's request and the patient's current medical status.
 Date of Order 06/19/2026 Orders Physician Face-to-Face Date: 06/17/2026 <span style="font-size:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/19/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Hafsa Mir
13285 Minnieville Rd
Woodbridge, VA 22192
PHONE: 7039862400 FAX: NPI: 1639354517

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 : 06/17/2026

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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14px;">Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat OT-eval & treat due to Other pericardial effusion (noninflammatory) 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 - OT Notes: soc
 Physician Mir, Hafsa

SN Careplans

SN Goals

OT Careplans

OT WK1: 1 (06/19/26-06/20/26)

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: 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:Durable power of attorney for health care/Medical power of attorney

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, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, loss of appetite

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, 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 stronger and get back to feeling like myself

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Sit to Stand - 06. Independent

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 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/19/2026