Home Health Certification and Plan of Care

Order ID: 1163/1227

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4NM5Y42AN78	08/18/2026	From: 08/18/2026 To: 10/16/2026	1867	497754

6. Patient's Name and Address

Esfandiar Khazai
8370 Greensboro Drive Apt 924,
MC LEAN, VA 22102-
703-622-2100

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 01/09/1939 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	08/18/26

13. ICD	Other Pertinent Diagnoses	Date
G95.9	Disease of spinal cord unspecified	08/18/26
M47.14	Other spondylosis with myelopathy thoracic region	08/18/26
S06.5X0D	Traum subdr hem w/o loss of consciousness subs	08/18/26
I10.	Essential (primary) hypertension	08/18/26
E78.5	Hyperlipidemia unspecified	08/18/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/18/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	08/18/26
R35.1	Nocturia	08/18/26
G62.9	Polyneuropathy unspecified	08/18/26
E04.1	Nontoxic single thyroid nodule	08/18/26
H35.30	Unspecified macular degeneration	08/18/26
H90.3	Sensorineural hearing loss bilateral	08/18/26
Z79.01	Long term (current) use of anticoagulants	08/18/26

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

TYLENOL 650 mg/tablet / Take 2 tablets by mouth every 8 hours as needed for Pain
COREG 12.5 MG / 1 Tablet by mouth TWICE DAILY WITH MEALS
COZAAR 50 MG / 1 Tablet by mouth TWICE DAILY
PRILOSEC DR 20 MG / 1 Capsule by mouth daily
MIRALAX Packet / Take 17 g by mouth daily as needed
ALDACTONE 50 MG / 1 Tablet by mouth daily
FLOMAX 0.4 MG / 1 Capsule by mouth DAILY
ARISTOCORT 0.1 % Topical Ointment / Apply topically topical 2 (two) times daily as needed
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 125 MCG (5,000 unit) / 1 Capsule by mouth daily
Naltrexone Hydrochloride - Naltrexone Hydrochloride 1 MG / 1 Capsule by mouth daily For 7 days, and assess for side effects. Then as tolerated increase to 2 capsules (2 mg) daily. Do not take with Hydrocodone. (Patient taking differently: Take 1 capsule (1 mg total) by mouth 2 (two) times daily. Do not take with Hydrocodone.)
PRESERVISION AREDS-2 Take 1 capsule by mouth twice a day
LOVAZA 1 gram capsule by mouth once a day (Patient not taking: Reported on 8/7/2026)

14. DME and Supplies:

walker, , cane

15. Safety Measures:

activity supervision, ambulates with device

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

Ace Inhibitors Cough Vitamin K Analogues "I got hot and almost dying"

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Cane, 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: fair

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: After undergoing C4-c6 cervical laminoplasty and t11-t12 endoscopic posterior decompression, 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 an 87-year-old male admitted to home health physical therapy following hospitalization for C4-C6 cervical laminoplasty and T11-T12 endoscopic posterior decompression performed on 08/12/2026 secondary to progressive cervical and thoracic myelopathy. Prior to surgical intervention, the patient experienced approximately six months of progressive functional decline characterized by gait imbalance, cervical and thoracic pain, decreased mobility, and increasing reliance on a rolling walker. His standing and walking tolerance was limited to approximately 200-300 yards. Following surgery, the patient continues to require at least minimal assistance with functional mobility and demonstrates impaired balance, decreased activity tolerance, reduced functional strength, and increased risk for falls. Relevant past medical history includes hypertension, arthritis/osteoarthritis, left total knee replacement, chronic bilateral lower-extremity lymphedema, peripheral neuropathy, hearing loss, macular degeneration, gastroesophageal reflux disease, benign prostatic hyperplasia, hyperlipidemia, and chronic right subdural hygroma. No specific vital signs or medication list were provided in the assessment. Skilled home health physical therapy is medically necessary to address the patient's postoperative functional limitations through therapeutic strengthening, gait and balance training, transfer training, endurance and activity-tolerance interventions, safe use of the rolling walker and other assistive devices as indicated, and fall-prevention strategies. Patient and caregiver education will be provided regarding safe mobility techniques, appropriate assistive-device use, activity modification, home safety, and fall-risk reduction. The plan of care is directed toward improving functional mobility, safety, endurance, and independence with daily activities while reducing fall risk and the potential for further functional decline or rehospitalization.
 Date of Order 08/18/2026 Orders Physician Face-to-Face Date: 08/07/2026 Clinical Condition Requiring Home Care per Certifying Physician: PT-eval & treat due to C4-c6 cervical laminoplasty and t11-t12 endoscopic posterior decompression 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 Gopinath, Charlotte

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/18/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Charlotte Gopinath
4102 Wilson Blvd
Arlington, VA 22203
PHONE: 7034621777 FAX: 15716522861 NPI: 1689319196

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 : 08/07/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Esfandiar Khazai 8370 Greensboro Drive Apt 924, MC LEAN, VA 22102- 703-622-2100	Grace Home Healthcare, LLC 9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031-3736 703-865-7370 1073904009

PT Careplans	PT Goals
PT WK1: 1 (08/18/26-08/22/26) ,WK2: 2 (08/23/26-08/29/26) ,WK3: 2 (08/30/26-09/05/26) ,WK4: 2 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) 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:Yes 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, 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, GG0170E1 - Chair to Bed to Chair, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, 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 heel/toe raises, theraband loop marches, LAQ, seated hip abduction, pillow hip adduction, seated hamstring curls, glute sets, scapular retractions, shoulder flexion, shoulder abduction, arm circles, sit-to-stands, supported standing heel raises,, 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 (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, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent	PATIENT-STATED GOAL: To improve posture and household ambulation tolerance GOALS Shower/Bathe Self - 05. Setup or clean-up assistance 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 Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 05. Setup or clean-up assistance Upper Body Dressing - 05. Setup or clean-up assistance Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance Eating - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/18/2026