HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 11631227

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
4NM5Y42AN78	08/18/2026	08/18/2026 - 10/16/2026	1867	497754

Patient's Name and Address	Gender	Date of Birth	Phone Number
Esfandiar Khazai 8370 Greensboro Drive Apt 924 MC LEAN, VA 22102	Male	01/09/1939	703-622-2100
	Email ekhazai@yahoo.com		Primary Language English

Clinical Profile

Provider's Name	Address	Phone Number
Grace Home Healthcare, LLC	9735 Main Street Suite 200 Fairfax, Fairfax, VA 22031	703-865-7370
NPI 1073904009		Fax Number 571-774-5551

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

Physician Statement on 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.

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

ICD-10 CM Principal Diagnosis: Z47.89. Encounter for other orthopedic aftercare

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
G95.9	Disease of spinal cord unspecified	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)
M47.14	Other spondylosis with myelopathy thoracic region	
S06.5X0D	Traum subdr hem w/o loss of consciousness subs	
I10.	Essential (primary) hypertension	
E78.5	Hyperlipidemia unspecified	
K21.9	Gastro-esophageal reflux disease without esophagitis	
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	
R35.1	Nocturia	
G62.9	Polyneuropathy unspecified	
E04.1	Nontoxic single thyroid nodule	
H35.30	Unspecified macular degeneration	
H90.3	Sensorineural hearing loss bilateral	
Z79.01	Long term (current) use of anticoagulants	

Prognosis
fair

Mental and Psychosocial 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

Functional Limitations
Ambulation, Endurance

Activities Permitted
Cane, Walker

DME & Supplies
walker, , cane

Safety Measures
activity supervision, ambulates with device

Nutrition
Z. NO PHYSICIAN-ORDERED DIET

Allergies
Ace Inhibitors

Cough

Vitamin K Analogues

"I got hot and almost dying"

Advance Directives	Caregiver Status
Yes	2. Non-agency caregiver(s) need training/supportive services to provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
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.	family/caregiver will be responsible for managing treatment
Orders for Discipline and Treatment:	
1 - SOC - PT	

PT CAREPLAN

PT frequency 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

PT NARRATIVE

Pt is an 87-year-old male admitted to home health PT following hospitalization for C4C6 cervical laminoplasty and T11T12 endoscopic posterior decompression performed on 8/12/2026 secondary to progressive cervical and thoracic myelopathy. Prior to surgery, Pt reported approximately six months of declining function, gait imbalance, cervical/thoracic pain, and dependence on a rolling walker, with standing and walking tolerance limited to approximately 200300 yards. Pt currently requires at least minimal assistance with functional mobility and demonstrates impaired balance, decreased activity tolerance, and elevated fall risk. Relevant PMHx includes HTN, arthritis/osteoarthritis, L TKR, chronic bilateral lower-extremity lymphedema, peripheral neuropathy, hearing loss, macular degeneration, GERD, BPH, HLD, and chronic right subdural hygroma. Skilled home PT is medically necessary to address gait and balance deficits, functional strengthening, transfer safety, endurance, assistive-device use, fall prevention, and caregiver education to improve independence and reduce risk of rehospitalization.

PT GOALS

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 and Date of Verbal SOC Where Applicable:
Electronically signed by: Charles Messick RN on 08/18/2026

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. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred (or will occur) within timeframe requirements and it is related to the primary reason the patient requires home health services. F2F date: 08/07/2026	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.
Certifying Physician or Allowed Practitioner Name and Address **Charlotte Gopinath** 4102 Wilson Blvd Arlington, VA 22203 NPI 1689319196	**Phone Number** 7034621777 **Fax Number** 15716522861
Physician's Signature and Date Signed **X** **Charlotte Gopinath, MD** 08/07/2026: Date of physician last face-to-face	