

**BANNER HOMECARE GILBERT**  
**275 E GERMANN ROAD**  
**GILBERT, AZ 85297-2916**  
**Phone: (480) 657-1000**  
**Fax: (480) 657-1784**

# Fax

To: NADIR, EHREEMA J

From: ZDUNEK, ELIZABETH

Fax: (480)306-4648

Pages: 6

Phone: (480)306-5151

Date: 01/12/2023

MR No. GIL00008282301

Re: ORDER ID 341472

Comments:

☐

Urgent

☒

Please Sign, Date and Return

☐

For Review

**IMPORTANT - PLEASE NOTE:**

Order Number:

341472

## HOME HEALTH CERTIFICATION AND PLAN OF CARE

<b>Patient's Medicare No.</b> 5AR1WM4HK29	<b>SOC Date</b> 1/2/2023	<b>Certification Period</b> 1/2/2023 to 3/2/2023	<b>Medical Record No.</b> GIL00008282301	<b>Provider No.</b> 037015
<b>Patient's Name and Address:</b> TORIAN L ANGELONE ADCOCK (480) 519-5996 108 N. GREENFIELD RD APT 1043 MESA, AZ 85205-		<b>Provider's Name, Address and Telephone Number:</b> BANNER HOME CARE PHOENIX 275 E GERMANN ROAD GILBERT, AZ 85297- F: (480) 657-1784 P: (480) 657-1000		
<b>Physician's Name &amp; Address:</b> P: (480)306-5151 F: (480)306-4648  EHREEMA J. NADIR, MD 1915 E CHANDLER BLVD, STE 1 CHANDLER, AZ 85225-			<b>Patient's Date of Birth:</b> 11/21/1957 <b>Patient's Gender:</b> FEMALE <b>Order Date:</b> 1/2/2023 7:24 PM <b>Verbal Order:</b> N	
<b>Nurse's Signature and Date of Verbal SOC Where Applicable: (deemed as electronic signature)</b> CHARVELLA VARIN, RN / ELIZABETH ZDUNEK RN 1/2/2023				<b>Date HHA Received Signed POC</b>

**Patient's Expressed Goals:**

HEAL WOUND

**ICD-10****Diagnoses:**

Order	Code	Description	Onset or Exacerbation	O/E Date
1	Z48.00	ENCOUNTER FOR CHANGE OR REMOVAL OF NONSURG WOUND DRESSING	EXACERBATION	12/06/2022
2	E11.51	TYPE 2 DIABETES W DIABETIC PERIPHERAL ANGIOPATH W/O GANGRENE	EXACERBATION	12/06/2022
3	I70.234	ATHSCL NATIVE ART OF RIGHT LEG W ULCER OF HEEL AND MIDFOOT	EXACERBATION	08/18/2022
4	L97.518	NON-PRS CHRONIC ULCER OTH PRT RIGHT FOOT WITH OTH SEVERITY	EXACERBATION	08/18/2022
5	I70.202	UNSP ATHSCL NATIVE ARTERIES OF EXTREMITIES, LEFT LEG	EXACERBATION	12/06/2022
6	S81.812D	LACERATION WITHOUT FOREIGN BODY, LEFT LOWER LEG, SUBS ENCNTR	EXACERBATION	12/06/2022
7	T81.31XD	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NEC, SUBS	ONSET	11/30/2022
8	Z95.820	PERIPHERAL VASCULAR ANGIOPLASTY STATUS W IMPLANTS AND GRAFTS	ONSET	11/07/2022
9	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	EXACERBATION	12/06/2022
10	N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	EXACERBATION	12/06/2022
11	G89.29	OTHER CHRONIC PAIN	EXACERBATION	12/06/2022
12	I10	ESSENTIAL (PRIMARY) HYPERTENSION	EXACERBATION	08/25/2022
13	I25.10	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	EXACERBATION	08/25/2022
14	E11.42	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	EXACERBATION	08/25/2022
15	F41.9	ANXIETY DISORDER, UNSPECIFIED	EXACERBATION	08/25/2022
16	E66.01	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	EXACERBATION	12/06/2022
17	Z68.41	BODY MASS INDEX [BMI]40.0-44.9, ADULT	EXACERBATION	12/06/2022
18	F17.210	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	EXACERBATION	08/25/2022
19	Z79.84	LONG TERM (CURRENT) USE OF ORAL HYPOGLYCEMIC DRUGS	EXACERBATION	08/25/2022
20	Z79.01	LONG TERM (CURRENT) USE OF ANTICOAGULANTS	EXACERBATION	08/25/2022
21	Z79.02	LONG TERM (CURRENT) USE OF ANTITHROMBOTICS/ANTIPLATELETS	EXACERBATION	08/25/2022
22	Z79.891	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	ONSET	08/26/2022
23	Z60.2	PROBLEMS RELATED TO LIVING ALONE	EXACERBATION	08/25/2022
24	Z86.718	PERSONAL HISTORY OF OTHER VENOUS THROMBOSIS AND EMBOLISM	EXACERBATION	08/25/2022
25	Z86.711	PERSONAL HISTORY OF PULMONARY EMBOLISM	EXACERBATION	08/25/2022
26	Z95.5	PRESENCE OF CORONARY ANGIOPLASTY IMPLANT AND GRAFT	EXACERBATION	08/25/2022

**Frequency/Duration of Visits:**

SN 2WK2,3WK3,2WK1,3WK1,1WK1,2PRN FOR DISEASE RELATED COMPLICATIONS  
MSW 1WK1

**Orders of Discipline and Treatments:**

SKILLED NURSE TO ADMIT PATIENT TO HOME HEALTH SERVICES ON 011023 SKILLED NURSE TO EVALUATE AND DEVELOP PLAN OF CARE TO BE COUNTERSIGNED BY PHYSICIAN. SKILLED NURSE TO ASSESS/EVALUATE CO-MORBID CONDITIONS INCLUDING CARDIOVASCULAR, PULMONARY, MUSCULOSKELETAL, SKIN INTEGRITY, ENDOCRINE, AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. SN TO UTILIZE REMOTE PATIENT MONITORING AND TELECOMMUNICATIONS AS NEEDED TO ENSURE THAT PATIENT NEEDS ARE MET, EDUCATION IS PROVIDED AND UNDERSTOOD, AND PATIENT SKILLED NEEDS ARE ADDRESSED. REMOTE PATIENT MONITORING AND TELECOMMUNICATIONS MAY BE USED TO ENHANCE CARE AND ENSURE GOALS ARE ACHIEVED BUT NOT AS A SUBSTITUTION FOR HOME VISITS. SKILLED NURSE TO VISIT AND RESUME CARE IF PATIENT IS TRANSFERRED TO AN INPATIENT FACILITY DURING THIS EPISODE OF CARE. SKILLED NURSE TO DISCHARGE PATIENT IF ALL GOALS ARE MET PRIOR TO ESTABLISHED FREQUENCY.

I certify 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 will periodically review the plan. I further certify that this patient had a Face-to-Face Encounter performed by a physician or allowed non-physician practitioner that was related to the primary reason the patient requires Home Health services on 01/05/2023.

Attending Physician's Signature and Date Signed

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.

<b>Patient's Medicare No.</b> 5AR1WM4HK29	<b>SOC Date</b> 1/2/2023	<b>Certification Period</b> 1/2/2023 to 3/2/2023	<b>Medical Record No.</b> GIL00008282301	<b>Provider No.</b> 037015
<b>Patient's Name</b> TORIAN L ANGELONE ADCOCK		<b>Provider's Name</b> BANNER HOME CARE PHOENIX		

**Orders of Discipline and Treatments:**

SKILLED NURSE TO EDUCATE PATIENT/CAREGIVER ON SAFETY RECOMMENDATIONS FOR THE HOME ENVIRONMENT TO AVOID TRANSMISSION OF COVID-19

SKILLED NURSE TO OBSERVE AND ASSESS CARDIOVASCULAR SYSTEM TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED CARDIOVASCULAR STATUS INCLUDING PATHOPHYSIOLOGY, NUTRITION, MEDICATION REGIMEN, AND PERMITTED ACTIVITIES. MAY PERFORM O2 SATURATION LEVELS PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS.

SKILLED NURSE TO OBSERVE AND ASSESS RESPIRATORY SYSTEM TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED RESPIRATORY STATUS INCLUDING PATHOPHYSIOLOGY, NUTRITION, MEDICATION REGIMEN, AND PERMITTED ACTIVITIES. MAY PERFORM O2 SATURATION LEVEL PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS.

SKILLED NURSE TO OBSERVE AND ASSESS INTEGUMENTARY STATUS TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED SKIN INTEGRITY INCLUDING PATHOPHYSIOLOGY, NUTRITION, MEDICATION REGIMEN, AND SKILLED NURSE TO REPORT SIGNIFICANT CHANGES IN STATUS TO PHYSICIAN FOR EARLY INTERVENTION.

SKILLED NURSE TO PERFORM/TEACH PRESSURE ULCER CARE TO R ACHILLES ARTERIAL ULCER. CLEANSE WITH WOUND CLEANSER APPLY MEDIHONEY ON CALCIUM ALGINATE TO WOUND BED. COVER WITH HORSESHOE MOLESKIN, HEEL CUP ABD, CONFORM WRAP, SECURE WITH PAPER TAPE. USING CLEAN/ASEPTIC TECHNIQUE. CHANGE DRESSING 3 X WEEKLY AND PRN. COVER WITH TUBIGRIP, SOCK SKILLED NURSE TO PERFORM/TEACH PRESSURE ULCER CARE TO LEFT UNSTAGED DECUB. CLEANSE WITH WOUND CLEANSER APPLY MEDIHONEY ON CALCIUM ALGINATE TO WOUND BED. COVER WITH HORSESHOE MOLESKIN, HEEL CUP ABD, CONFORM WRAP, SECURE WITH PAPER TAPE. USING CLEAN/ASEPTIC TECHNIQUE. CHANGE DRESSING 3 X WEEKLY AND PRN. COVER WITH TUBIGRIP, SOCK SKILLED NURSE TO PERFORM/TEACH LEFT ANTERIOR PRETIBIAL SURGICAL DEHISCENCE. CLEANSE WITH WOUND CLEANSER APPLY MEDIHONEY ON CALCIUM ALGINATE TO WOUND BED. COVER WITH DRY DRESSING, SECURE WITH MEDFIX TAPE. USING CLEAN/ASEPTIC TECHNIQUE. CHANGE DRESSING 3 X WEEKLY AND PRN. SKILLED NURSE TO PERFORM/TEACH LEFT MID CALF, POSTERIOR FULL TRAUMA. CLEANSE WITH WOUND CLEANSER APPLY MEDIHONEY ON CALCIUM ALGINATE TO WOUND BED. COVER WITH DRY DRESSING, SECURE WITH MEDFIX TAPE. USING CLEAN/ASEPTIC TECHNIQUE. CHANGE DRESSING 3 X WEEKLY AND PRN. SKILLED NURSE TO PERFORM/TEACH LEFT GR TOE, SUPERFICIAL TRAUMA. CLEANSE WITH WOUND CLEANSER APPLY BETADINE SWAB TO WOUND BED. COVER WITH TUBIGRIP, SOCK WOUND CARE 3 X WEEKLY AND PRN. SKILLED NURSE TO PERFORM/TEACH LEFT 5TH TOE, SUPERFICIAL TRAUMA. CLEANSE WITH WOUND CLEANSER APPLY BETADINE SWAB TO WOUND BED. COVER WITH TUBIGRIP, SOCK WOUND CARE 3 X WEEKLY AND PRN. LEFT INGUINAL SITE HEALED

SKILLED NURSE TO PERFORM MULTIFACTOR FALL RISK ASSESSMENT AND IMPLEMENT INTERVENTIONS TO DECREASE RISK OF FALLS. SKILLED NURSE TO INSTRUCT ON HOME SAFETY, IMPACT OF POLYPHARMACY, ENVIRONMENTAL SAFETY, AND FALL PREVENTION.

SKILLED NURSE TO PERFORM/TEACH LEFT GR TOE SUPERFICIAL TRAUMA. CLEANSE WITH WOUND CLEANSER APPLY BETADINE SWAB TO WOUND BED. COVER WITH TUBIGRIP, SOCK WOUND CARE 3 X WEEKLY AND PRN.

SKILLED NURSE FOR INSTRUCTIONS/REINFORCEMENT OF DIABETIC CARE TO INCLUDE DIET, SKIN CARE, ADMINISTRATION OF INSULIN, BLOOD GLUCOSE TESTING AND DIABETIC FOOT CARE.

SKILLED NURSE FOR OBSERVATION/ASSESSMENT OF PAIN, EFFECTIVENESS OF PAIN MANAGEMENT REGIMEN AND SKILLED TEACHING RELATED TO PAIN MANAGEMENT. NURSE TO INTERVENE TO MINIMIZE COMPLICATIONS IF PAIN LEVEL INCREASES.

SKILLED NURSE TO REVIEW MEDICATION PROFILE AND RECONCILE MEDICATIONS AS NEEDED. SKILLED NURSE MAY INSTRUCT AND REINFORCE MEDICATION TEACHING RELATED TO USE OF MEDICATIONS TO TREAT DISEASE PROCESSES. SKILLED NURSE MAY FILL MEDI-PLANNER PER CURRENT MEDICATION ORDERS/PROFILE

SKILLED NURSE FOR MONITORING EFFECTIVENESS OF ANTICOAGULATION THERAPY REGIMEN AND SKILLED INSTRUCTION RELATED TO ANTICOAGULATION MANAGEMENT.

THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS ON THIS POC ATTESTS THAT THE PHYSICIAN'S ORDERS WERE RECEIVED ON 1/10/2023.

LICENSED PROFESSIONAL TO REPORT VITAL SIGNS FALLING OUTSIDE THE FOLLOWING ESTABLISHED PARAMETERS. TEMP<95>101 PULSE<50>100 RESP<12>29 SYSTOLICBP<85>180 DIASTOLICBP<50>90

**Goals/Rehabilitation Potential/Discharge Plans:**

A PLAN OF CARE WILL BE ESTABLISHED THAT MEETS THE PATIENT'S NURSING NEEDS AND COUNTERSIGNED BY PHYSICIAN. PATIENT/CAREGIVER TO DEMONSTRATE INCREASED KNOWLEDGE OF INFECTION CONTROL PROCEDURES AND HOW TO AVOID TRANSMISSION OF COVID-19 BY RECERT

Signature of Physician	Date
Optional Name/Signature Of CHARVELLA VARIN, RN / ELIZABETH ZDUNEK RN	Date 1/2/2023

<b>Patient's Medicare No.</b> 5AR1WM4HK29	<b>SOC Date</b> 1/2/2023	<b>Certification Period</b> 1/2/2023 to 3/2/2023	<b>Medical Record No.</b> GIL00008282301	<b>Provider No.</b> 037015
<b>Patient's Name</b> TORIAN L ANGELONE ADCOCK		<b>Provider's Name</b> BANNER HOME CARE PHOENIX		

**Goals/Rehabilitation Potential/Discharge Plans:**

CARDIOVASCULAR EXACERBATIONS WILL BE IDENTIFIED PROMPTLY AND INTERVENTIONS INITIATED TO MINIMIZE RISKS. PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE AN ABILITY TO MANAGE CARDIOVASCULAR DISEASE AS EVIDENCED BY NO UNPLANNED HOSPITALIZATIONS BY RECERT ABNORMAL O2 SATURATION LEVELS WILL BE REPORTED TO PHYSICIAN. RESPIRATORY EXACERBATIONS WILL BE IDENTIFIED PROMPTLY AND INTERVENTIONS INITIATED TO MINIMIZE ASSOCIATED RISKS. PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE AN ABILITY TO MANAGE RESPIRATORY DISEASE AS EVIDENCED BY IMPROVED ENDURANCE, DECREASED SHORTNESS OF BREATH, NORMAL O2 SATURATION LEVELS AND NO UNPLANNED HOSPITALIZATIONS, BY RECERT ABNORMAL O2 SATURATION LEVELS WILL BE REPORTED TO PHYSICIAN. CHANGES IN SKIN INTEGRITY WILL BE IDENTIFIED AND REPORTED TO THE PHYSICIAN FOR PROMPT INTERVENTION. PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE APPROPRIATE MEASURES TO PROMOTE SKIN INTEGRITY AND PREVENT INJURY AS EVIDENCED BY NO SKIN BREAKDOWN BY RECERT

PATIENT / CAREGIVER WILL VERBALIZE / DEMONSTRATE ABILITY TO PERFORM WOUND CARE. WOUND STATUS WILL IMPROVE AS EVIDENCED BY A DECREASE IN SIZE, DRAINAGE, ABSENCE OF INFECTION, AND DECREASED PAIN BY RECERT

PATIENT WILL DEMONSTRATE/VERBALIZE KNOWLEDGE OF INTERVENTIONS TO PREVENT FALLS AND SAFETY HAZARDS AS EVIDENCED BY NO FALLS BY RECERT

PATIENT / CAREGIVER WILL VERBALIZE / DEMONSTRATE ABILITY TO PERFORM WOUND CARE. WOUND STATUS WILL IMPROVE AS EVIDENCED BY A DECREASE IN SIZE, DRAINAGE, ABSENCE OF INFECTION, AND DECREASED PAIN BY RECERT

PATIENT / CAREGIVER WILL VERBALIZE/DEMONSTRATE ABILITY TO PERFORM WOUND CARE. WOUND STATUS WILL IMPROVE AS EVIDENCED BY A DECREASE IN SIZE, DRAINAGE, ABSENCE OF INFECTION, AND DECREASED PAIN BY RECERT

PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE KNOWLEDGE OF MANAGEMENT OF DIABETES AS EVIDENCED BY DECREASED SYMPTOMS, STABILIZATION OF BLOOD GLUCOSE WITHIN PARAMETERS SET BY PHYSICIAN APPROVED PARAMETERS AND NO UNPLANNED HOSPITALIZATIONS BY RECERT

INCREASED PAIN OR INEFFECTIVE PAIN CONTROL MEASURES WILL BE IDENTIFIED AND PROMPTLY REPORTED TO THE PHYSICIAN. PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF PHARMACOLOGIC AND NON-PHARMACOLOGIC PAIN CONTROL MEASURES AS EVIDENCED BY PAIN LEVEL BELOW 4(PARAMETER ACCEPTABLE TO PATIENT) BY RECERT

PATIENT WILL DEMONSTRATE COMPLIANCE WITH MEDICATIONS AS PRESCRIBED. PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE UNDERSTANDING OF MEDICATION SCHEDULE, PURPOSE, SIDE EFFECTS AND AND ANY SPECIAL PRECAUTIONS RELATED TO MEDICATION REGIMEN BY RECERT

INEFFECTIVE ANTICOAGULATION THERAPY, AS EVIDENCED BY PT/INR OUTSIDE THERAPEUTIC PARAMETERS SET BY PHYSICIAN OR SIGNS/SYMPTOMS OF EXCESSIVE BLEEDING, WILL BE IDENTIFIED AND PROMPTLY REPORTED TO THE PHYSICIAN. PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE UNDERSTANDING OF MEASURES TO MAINTAIN EFFECTIVE ANTICOAGULATION THERAPY BY RECERT

**Rehab Potential:**

FAIR TO MEET GOALS BY RECERT

**DC Plans:**

DC TO CARE OF FAMILY UNDER SUPERVISION OF MD WHEN GOALS ARE MET

**DME and Supplies:**

PERSONAL CARE; SKIN CARE; WOUND CARE

**Prognosis:**

FAIR

**Functional Limitations:**

BOWEL/BLADDER (INCONTINENCE); HEARING; ENDURANCE; AMBULATION

**Safety Measures:**

ADEQUATE LIGHTING, ANTICOAGULATION PRECAUTIONS, CLEAN TECHNIQUE, CLEAR PATHWAYS, DISPOSAL OF MEDICAL WASTE, EMERGENCY PLAN, MED PRECAUTIONS, UNIVERSAL PRECAUTIONS, REMOVE CLUTTER

**Activities Permitted:**

UP AS TOLERATED; EXERCISES PRESCRIBED; WALKER

**Nutritional Requirements:**

CARDIAC DIET, 1800 ADA

**Advance Directives:**

FULL CODE; NONE

**Mental Statuses:**

ORIENTED; FORGETFUL; DEPRESSED; ANXIETY

Signature of Physician	Date
Optional Name/Signature Of CHARVELLA VARIN, RN / ELIZABETH ZDUNEK RN	Date 1/2/2023

Patient's Medicare No. 5AR1WM4HK29	SOC Date 1/2/2023	Certification Period 1/2/2023 to 3/2/2023	Medical Record No. GIL00008282301	Provider No. 037015
---------------------------------------	----------------------	--	--------------------------------------	------------------------

Patient's Name TORIAN L ANGELONE ADCOCK	Provider's Name BANNER HOME CARE PHOENIX
--	---

**Supporting Documentation for Cognitive Status:**

(C1) (QM) (PRA) (M1700) COGNITIVE FUNCTIONING: PATIENT'S CURRENT (DAY OF ASSESSMENT) LEVEL OF ALERTNESS, ORIENTATION, COMPREHENSION, CONCENTRATION, AND IMMEDIATE MEMORY FOR SIMPLE COMMANDS.

1 - REQUIRES PROMPTING (CUING, REPETITION, REMINDERS) ONLY UNDER STRESSFUL OR UNFAMILIAR CONDITIONS.

(QM) (M1710) WHEN CONFUSED (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS:

1 - IN NEW OR COMPLEX SITUATIONS ONLY

(QM) (M1720) WHEN ANXIOUS (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS:

2 - DAILY, BUT NOT CONSTANTLY

(C1) (QM) (PRA) (M1740) COGNITIVE, BEHAVIORAL, AND PSYCHIATRIC SYMPTOMS THAT ARE DEMONSTRATED AT LEAST ONCE A WEEK (REPORTED OR OBSERVED): (MARK ALL THAT APPLY.)

2 - IMPAIRED DECISION-MAKING: FAILURE TO PERFORM USUAL ADLS OR IADLS, INABILITY TO APPROPRIATELY STOP ACTIVITIES, JEOPARDIZES SAFETY THROUGH ACTIONS

**Supporting Documentation for Psychosocial Status:**

(QM) (M1100A) PATIENT LIVES ALONE: WHICH OF THE FOLLOWING BEST DESCRIBES THE PATIENT'S AVAILABILITY OF ASSISTANCE AT THEIR RESIDENCE?

04 - OCCASIONAL / SHORT-TERM ASSISTANCE

PSYCHOSOCIAL ISSUES WHICH COULD POTENTIALLY IMPACT PLAN OF CARE; (MARK ALL THAT APPLY)

INADEQUATE SOCIAL/FAMILY SUPPORT

**Supporting Documentation for Risk of Hospital Readmission:**

(PRA) (M1033) RISK FOR HOSPITALIZATION: WHICH OF THE FOLLOWING SIGNS OR SYMPTOMS CHARACTERIZE THIS PATIENT AS AT RISK FOR HOSPITALIZATION? (MARK ALL THAT APPLY.)

1 - HISTORY OF FALLS (2 OR MORE FALLS - OR ANY FALL WITH AN INJURY - IN THE PAST 12 MONTHS) || 3 - MULTIPLE HOSPITALIZATIONS (2 OR MORE) IN THE PAST 6 MONTHS || 4 - MULTIPLE EMERGENCY DEPARTMENT VISITS (2 OR MORE) IN THE PAST 6 MONTHS || 5 - DECLINE IN MENTAL, EMOTIONAL, OR BEHAVIORAL STATUS IN THE PAST 3 MONTHS || 6 - REPORTED OR OBSERVED HISTORY OF DIFFICULTY COMPLYING WITH ANY MEDICAL INSTRUCTIONS (FOR EXAMPLE, MEDICATIONS, DIET, EXERCISE) IN THE PAST 3 MONTHS || 7 - CURRENTLY TAKING 5 OR MORE MEDICATIONS || 8 - CURRENTLY REPORTS EXHAUSTION || 9 - OTHER RISK(S) NOT LISTED IN 1 - 8

**Allergies:**

NKA

**Medications:**

Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
ACETAMINOPHEN EXTRA STRENGTH 1 tablet	500 MG TABLET AS NEEDED/PRN	ORAL			

**Instructions:**

ATENOLOL 100 MG TABLET 1 tablet	DAILY	ORAL			
------------------------------------	-------	------	--	--	--

**Instructions:**

BENADRYL 25 MG CAPSULE 1 capsule	AS NEEDED/PRN	ORAL			
-------------------------------------	---------------	------	--	--	--

**Instructions:**

CAFFEINE 200 MG TABLET 1 tablet	AS NEEDED/PRN	ORAL			
------------------------------------	---------------	------	--	--	--

**Instructions:**

CLOPIDOGREL 75 MG TABLET 1 tablet	DAILY	ORAL			
--------------------------------------	-------	------	--	--	--

**Instructions:**

FUROSEMIDE 20 MG TABLET 1 tablet	DAILY	ORAL			New
-------------------------------------	-------	------	--	--	-----

**Instructions:**

Signature of Physician	Date
Optional Name/Signature Of CHARVELLA VARIN, RN / ELIZABETH ZDUNEK RN	Date 1/2/2023

Patient's Medicare No. 5AR1WM4HK29		SOC Date 1/2/2023	Certification Period 1/2/2023 to 3/2/2023	Medical Record No. GIL00008282301	Provider No. 037015
Patient's Name TORIAN L ANGELONE ADCOCK			Provider's Name BANNER HOME CARE PHOENIX		
Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
GABAPENTIN 600 MG TABLET 1 tablet	2 TIMES DAILY	ORAL			
Instructions:					
GLIPIZIDE ER 2.5 MG TABLET, EXTENDED RELEASE 24 HR 1 tablet	2 TIMES DAILY	ORAL			
Instructions:					
METOPROLOL SUCCINATE ER 50 MG TABLET, EXTENDED RELEASE 24 HR 1 tablet	2 TIMES DAILY	ORAL			New
Instructions:					
MORPHINE ER 30 MG CAPSULE, EXTENDED RELEASE 24 HR MULTIPHASE 1 capsule	2 TIMES DAILY	ORAL			
Instructions:					
ONDANSETRON 4 MG DISINTEGRATING TABLET 1 tablet	2 TIMES DAILY	ORAL			
Instructions:					
OXYCODONE 15 MG TABLET 1 tablet	AS NEEDED/PRN	ORAL			
Instructions:					
TRAZODONE 150 MG TABLET 1 tablet	DAILY	ORAL			
Instructions:					
XARELTO 20 MG TABLET 1 tablet	DAILY	ORAL			
Instructions:					

**Supporting Documentation for Home Health Eligibility:**

IMPAIRED BODY FUNCTIONS THAT EITHER REQUIRE HOME HEALTH INTERVENTION OR WILL IMPACT THE PLAN OF CARE:  
 CARDIOVASCULAR FUNCTIONS, DIGESTIVE FUNCTIONS, ENDOCRINE FUNCTIONS, GENITOURINARY FUNCTIONS, HAEMATOLOGICAL FUNCTIONS, MENTAL FUNCTIONS, NEUROMUSCULOSKELETAL AND MOVEMENT RELATED FUNCTIONS, PAIN, REPAIR AND HEALING OF SKIN, RESPIRATORY FUNCTIONS, SENSORY FUNCTIONS, VOICE AND SPEECH FUNCTIONS

SKILLED SERVICES, LISTED IN FIELD 22 OF THIS ORDER, ARE NEEDED TO ADDRESS STRUCTURAL IMPAIRMENTS, FUNCTIONAL IMPAIRMENTS, AND ACTIVITY LIMITATIONS IN THE FOLLOWING MANNER:  
 SW, SN

ACTIVITY LIMITATIONS AND PARTICIPATION RESTRICTIONS:  
 COMMUNICATION, DOMESTIC LIFE/IADLS, LEARNING AND APPLYING KNOWLEDGE, MEDICATION MANAGEMENT, MOBILITY, SELF CARE/ADLS, SELF MANAGEMENT OF HEALTH CONDITIONS, WELLNESS AND EXERCISE

THE FOLLOWING DISCIPLINES ARE REASONABLE AND NECESSARY AT THIS TIME:  
 SKILLED NURSING

DUE TO ILLNESS OR INJURY, THE PATIENT IS RESTRICTED FROM LEAVING HOME EXCEPT WITH:  
 THE AID OF SUPPORTIVE DEVICES SUCH AS CRUTCHES, WHEELCHAIRS, OR WALKERS, THE ASSISTANCE OF ANOTHER PERSON  
 DOES THE PATIENT HAVE A NORMAL INABILITY TO LEAVE HOME SUCH THAT LEAVING HOME REQUIRES CONSIDERABLE AND TAXING EFFORT?  
 YES

Signature of Physician	Date
Optional Name/Signature Of CHARVELLA VARIN, RN / ELIZABETH ZDUNEK RN	Date 1/2/2023