

Order Number:

1416463

HOME HEALTH CERTIFICATION AND PLAN OF CARE



Patient's Medicare No. 0000	SOC Date 12/9/2025	Certification Period 12/9/2025 to 2/6/2026	Medical Record No. LIT00013192201	Provider No. 67-7109
Patient's Name and Address: LEONARD LAND 1713 WILSON ST LEVELLAND, TX 79336-		Provider's Name, Address and Telephone Number: CALVERT HOME HEALTH CARE-LITTLEFIELD 913 PHELPS AVENUE LITTLEFIELD, TX 79339- F: (806) 385-5905 P: (806) 385-1904		
Physician's Name & Address: ERIKA L. MALICK, NP 4420 114TH ST LUBBOCK, TX 79424-		P: (806)761-0420 F: (806)783-0301	Patient's Date of Birth: 9/29/1934 Patient's Gender: MALE Order Date: 12/9/2025 11:25 AM Verbal Order: Y Verbal Date: 12/5/2025 Verbal Time: 4:20 PM	

Nurse's Signature and Date of Verbal SOC Where Applicable: (deemed as electronic signature) MARY PATRICE ELMORE, RN	Date HHA Received Signed POC
12/9/2025	

Patient's Expressed Goals:
BE ABLE TO REMAIN AT HOME

ICD-10

Diagnoses:

Order	Code	Description	Onset or Exacerbation	O/E Date
1	E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	EXACERBATION	12/05/2025
2	H54.3	UNQUALIFIED VISUAL LOSS, BOTH EYES	EXACERBATION	05/20/2019
3	E11.3293	TYPE 2 DIAB WITH MILD NONP RTNOP WITHOUT MACULAR EDEMA, BI	ONSET	05/20/2019
4	I10	ESSENTIAL (PRIMARY) HYPERTENSION	EXACERBATION	12/09/2025
5	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	ONSET	09/25/2018
6	M51.16	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	ONSET	02/15/2021
7	I71.40	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE, UNSPECIFIED	ONSET	06/05/2020
8	K63.5	POLYP OF COLON	ONSET	12/09/2019
9	Z95.0	PRESENCE OF CARDIAC PACEMAKER	ONSET	06/12/2017
10	Z79.4	LONG TERM (CURRENT) USE OF INSULIN	ONSET	12/26/2016
11	Z79.84	LONG TERM (CURRENT) USE OF ORAL HYPOGLYCEMIC DRUGS	EXACERBATION	12/09/2025
12	Z91.81	HISTORY OF FALLING	ONSET	10/07/2025

Frequency/Duration of Visits:
SN 1WK9

Orders of Discipline and Treatments:

SN OBSERVATION AND ASSESSMENT OF VS AND ALL BODY SYSTEMS, KNOWLEDGE OF DISEASE PROCESS, ITS ASSOCIATED CARE & TREATMENT, MED REGIMEN KNOWLEDGE AND S/S COMPLICATIONS REQUIRING MEDICAL ATTENTION. SN TO ASSESS/EVALUATE CO-MORBID CONDITIONS AND OTHER CONDITIONS THAT PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO IDENTIFY CHANGES, REPORT THEM TO PHYSICIAN AND INTERVENE TO MINIMIZE COMPLICATIONS.

SKILLED NURSE FOR OBSERVATION AND ASSESSMENT OF PAIN, EFFECTIVENESS OF PAIN MANAGEMENT REGIMEN AND SKILLED TEACHING RELATED TO PAIN MANAGEMENT. PATIENT STATES TOLERABLE PAIN LEVEL IS A 5 ON 0-10 SCALE. SKILLED NURSE TO REPORT PAIN GREATER THAN TOLERABLE LEVEL TO PHYSICIAN.

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 PROVIDE SKILLED ASSESSMENT AND TEACHING/REINFORCEMENT TO PROPERLY MANAGE DIABETIC FOOT CARE, DEPRESSION, PAIN, FALLS AND PRESSURE ULCER PREVENTION. SKILLED NURSE MAY PERFORM FINGER STICK BLOOD SUGAR AS NEEDED FOR SIGNS AND SYMPTOMS OF HYPER/HYPOGLYCEMIA.

SKILLED NURSE FOR INSTRUCTIONS / REINFORCEMENT OF DIABETIC CARE TO INCLUDE DIET, SKIN CARE, ADMINISTRATION OF INSULIN, BLOOD GLUCOSE TESTING AND DIABETIC FOOT CARE. SN TO PERFORM EVERY VISIT USING ASEPTIC TECHNIQUE AND REPORT FASTING BS <60 MG/DL OR > 350 MG/DL, OR RANDOM BS < 60 MG/DL OR > 350 MG/DL TO PCP.

SKILLED NURSE TO OBSERVE, ASSESS AND TEACH RELATED TO CARDIOVASCULAR SYSTEM TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. MAY PERFORM O2 SATURATION LEVELS PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS. SKILLED NURSE TO REPORT SPO2 < 90% TO PCP.

SKILLED NURSE TO PROVIDE SKILLED TEACHING/REINFORCEMENT OF MANAGEMENT OF HYPERTENSION.

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.

Attending Physician's Signature and Date Signed
Electronically Signed by Dr. John Smith on 01-07-2026

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.

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Patient's Name
LEONARD LAND

Provider's Name
CALVERT HOME HEALTH CARE-LITTLEFIELD

Orders of Discipline and Treatments:

SKILLED NURSE TO PROVIDE INSTRUCTION AND REINFORCEMENT RELATED TO MEASURES TO PREVENT INJURY SECONDARY TO ALTERED MENTAL STATUS AS WELL AS MEASURES TO ENHANCE MENTAL STATUS.

SKILLED NURSE TO OBSERVE, ASSESS AND TEACH RELATED TO INTEGUMENTARY STATUS TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. SN TO REPORT SIGNIFICANT CHANGES IN STATUS TO PHYSICIAN.

SN TO REVIEW PATIENT MEDICATIONS AND RECONCILE AS NEEDED. SN MAY INSTRUCT/REINFORCE TEACHING RELATED TO USE OF ORDERED MEDICATIONS AND ASSESS ADHERENCE.

SKILLED NURSE TO PROVIDE INSTRUCTIONS RELATED TO DISCHARGE PLANNING.

PATIENT HIGH RISK FOR HOSPITALIZATION. CLINICIAN TO PROVIDE ASSESSMENT, TEACHING, TRAINING, AND TELECOMMUNICATION AS WARRANTED. INDICATE INTERVENTIONS PROVIDED: TAUGHT ON DISEASE PROCESSES, MEDICATIONS, PROCEDURES AND EXPECTED OUTCOMES. CONFIRMED PATIENT LEVEL OF UNDERSTANDING BY ASKING PATIENTS TO REPEAT THE INSTRUCTIONS BACK USING THEIR OWN WORDS. TAUGHT ON ABNORMAL SIGNS AND SYMPTOMS AND WHO/ WHEN TO CALL FOR HELP. REVIEWED THE EMERGENCY CARE PLAN WITH PATIENT. REPORTED ABNORMALITIES TO THE PHYSICIAN SAME DAY THEY ARE OBSERVED. REVIEWED PATIENT/CAREGIVER AGREEMENT FORM AND EMERGENCY CARE PLAN.

PERMISSION TO ASSESS AND EVALUATE PATIENT, ADMIT, AND PROVIDE HOME HEALTH SERVICES WITH THE FOLLOWING DISCIPLINES IF NEEDED AND IF CRITERIA MET: SKILLED NURSE FOR ASSESSMENT, OBSERVATION, AND TEACHING ON DISEASE MANAGEMENT/PHYSICAL THERAPY FOR GAIT TRAINING AND STRENGTHENING AND TO ESTABLISH HOME EXERCISE PROGRAM

AS THE NPP OVER THE PLAN OF CARE FOR THIS PATIENT, I HAVE A RELATIONSHIP WITH A PHYSICIAN TO DELIVER HEALTH CARE SERVICES AND COLLABORATE WITH THIS PHYSICIAN FOR ISSUES THAT ARE OUTSIDE MY SCOPE OF PRACTICE.

THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS IN BLOCK 23 ATTESTS THAT THE PHYSICIAN'S ORDERS WERE RECEIVED ON 12/9/2025.

LICENSED PROFESSIONAL TO REPORT VITAL SIGNS FALLING OUTSIDE THE FOLLOWING ESTABLISHED PARAMETERS. TEMP<95>101 PULSE<55>120 RESP<12>30 SYSTOLICBP<80>180 DIASTOLICBP<50>90 FBS<60>350 RBS<60>350 PAIN>5 O2SAT<90

Goals/Rehabilitation Potential/Discharge Plans:

SN EVALUATION COMPLETED AND A POC DEVELOPED TO MEET ALL NURSING NEEDS.

STG 1/6/26

PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF PHARMACOLOGIC AND NON-PHARMACOLOGIC PAIN CONTROL MEASURES.

STG 1/6/26

PATIENT WILL DEMONSTRATE/VERBALIZE KNOWLEDGE OF INTERVENTIONS TO PREVENT FALLS AND SAFETY HAZARDS. PATIENT WILL REMAIN SAFE WITHIN HOME ENVIRONMENT AS EVIDENCED BY NO INJURY OR FALLS.

STG 1/6/26

CHANGES IN PATIENT CO-MORBID STATUS WILL BE PROMPTLY IDENTIFIED AND REPORTED TO THE PHYSICIAN. PATIENT/CAREGIVER VERBALIZE/DEMONSTRATE ABILITY TO PROPERLY MANAGE DIABETIC FOOT CARE, DEPRESSION, PAIN, FALLS AND PRESSURE ULCER PREVENTION.

LTG 2/6/26

PATIENT / CAREGIVER WILL VERBALIZE / DEMONSTRATE ADEQUATE KNOWLEDGE OF ENDOCRINE STATUS.

LTG 2/6/26

PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE AN ABILITY TO CARE FOR ALTERED CARDIOVASCULAR STATUS BY END OF EPISODE. ABNORMAL O2 SATURATION LEVELS WILL BE REPORTED TO PHYSICIAN.

LTG 2/6/26

PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE ABILITY TO CARE FOR HYPERTENSION.

LTG 2/6/26

PATIENT / CAREGIVER VERBALIZE 3 MEASURES TO DECREASE INJURY RELATED TO ALTERED MENTAL STATUS.

LTG 2/6/26

PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE ADEQUATE KNOWLEDGE OF INTEGUMENTARY STATUS AND APPROPRIATE MEASURES TO PROMOTE SKIN INTEGRITY AND PREVENT INJURY.

LTG 2/6/26

PATIENT WILL RECEIVE MEDICATIONS AS ORDERED AND VERBALIZE/DEMONSTRATE AN UNDERSTANDING OF BENEFITS OF MEDICATION ADHERENCE BY

LTG 2/6/26

PATIENT'S DISCHARGE INSTRUCTION NEEDS WILL BE MET

LTG 2/6/26

PATIENT/CAREGIVER WILL DEMONSTRATE KNOWLEDGE OF PREVENTION OF HOSPITALIZATION AS EVIDENCED BY NO HOSPITALIZATIONS THIS EPISODE OF CARE.

LTG 2/6/26

Signature of Physician

Date

Optional Name/Signature Of
MARY PATRICE ELMORE, RN

Date
12/9/2025

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Patient's Name LEONARD LAND	Provider's Name CALVERT HOME HEALTH CARE-LITTLEFIELD
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Rehab Potential:

FAIR TO ACHIEVE GOALS AS STATED BY 2/6/26

DC Plans:

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

DME and Supplies:

DME-CANE; DME-GLUCOMETER; DME-VITAL SIGNS EQUIPMENT; DME-WALKER

Prognosis:

FAIR

Functional Limitations:

HEARING; ENDURANCE; AMBULATION; FREQUENT FALLS; BLADDER INCONTINENCE; CANE; WALKER; GLUCOMETER; SUPERVISION; PACEMAKER; STAND BY ASSIST

Safety Measures:

ADEQUATE LIGHTING, DIABETIC PRECAUTIONS, CARDIAC PRECAUTIONS, DISPOSAL OF MEDICAL WASTE, EMERGENCY PLAN, FALL PRECAUTIONS, PACEMAKER PRECAUTIONS, SHARPS PRECAUTIONS, UNIVERSAL PRECAUTIONS

Activities Permitted:

CANE; WALKER; ASSISTED AMBULATION; SUPERVISION; STAND BY ASSISTANCE; ASSIST TO LEAVE HOME; ASSIST OF ANOTHER PERSON; PACEMAKER; GLUCOMETER; LIVES ALONE

Nutritional Requirements:

1800 ADA, HEALTHY HEART

Advance Directives:

LIVING WILL

Mental Statuses:

FORGETFUL; ALERT; ORIENTED TO PERSON AND PLACE; INTERMITTENT CONFUSION

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.

2 - REQUIRES ASSISTANCE AND SOME DIRECTION IN SPECIFIC SITUATIONS (FOR EXAMPLE, ON ALL TASKS INVOLVING SHIFTING OF ATTENTION), OR CONSISTENTLY REQUIRES LOW STIMULUS ENVIRONMENT DUE TO DISTRACTIBILITY.

Supporting Documentation for Psychosocial Status:

EVALUATE PSYCHOSOCIAL STATUS FOR PLAN OF CARE

NO PSYCHIATRIC PROBLEMS; FAMILY AND/OR COMMUNITY HIGHLY INVOLVED IN PATIENT CARE NEEDS.

Supporting Documentation for Risk of Hospital Readmission:

PATIENT IS AT HIGH RISK FOR HOSPITALIZATION. ADD HIGH RISK HOSPITALIZATION PATHWAY TO THE PLAN OF CARE.

INDICATE INTERVENTIONS:

TEACH ON DISEASE PROCESSES, MEDICATIONS, PROCEDURES AND EXPECTED OUTCOMES. CONFIRMED PATIENT LEVEL OF UNDERSTANDING BY ASKING PATIENTS TO REPEAT THE INSTRUCTIONS BACK USING THEIR OWN WORDS.

TEACH ON ABNORMAL SIGNS AND SYMPTOMS AND WHO/ WHEN TO CALL FOR HELP.

REVIEW THE EMERGENCY CARE PLAN WITH PATIENT.

REPORT ABNORMALITIES TO THE PHYSICIAN SAME DAY THEY ARE OBSERVED.

REVIEW PATIENT/CAREGIVER AGREEMENT FORM AND EMERGENCY CARE PLAN.

Allergies:

NKDA

Signature of Physician 	Date
Optional Name/Signature Of MARY PATRICE ELMORE, RN	Date 12/9/2025

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Patient's Name LEONARD LAND		Provider's Name CALVERT HOME HEALTH CARE-LITTLEFIELD		
Medications:				
Medication/ Dose	Frequency	Route	Start Date/ End Date	New/ Changed
AMMONIUM LACTATE 12 % LOTION <i>Per instructions</i>	<i>EVERY AM</i>	TOPICAL		
Reason: DRY SKIN Instructions: APPLY SMALL AMOUNT TO AFFECTED AREA OF BOTH FEET DAILY FOR DRY SKIN, AVOID USING BETWEEN TOES				
CARVEDILOL 12.5 MG TABLET <i>1 tablet</i>	<i>2 TIMES DAILY</i>	ORAL		
Reason: HEART Instructions: TAKE ONE TABLET BY MOUTH TWICE DAILY WITH BREAKFAST AND DINNER				
CHOLECALCIFEROL (VITAMIN D3) 25 MCG (1,000 UNIT) CAPSULE <i>1 capsule</i>	<i>2 TIMES DAILY</i>	ORAL		
Reason: VIT D DEFICIENCY Instructions: TAKE 1 TABLET BY MOUTH TWICE DAILY				
COREG 12.5 MG TABLET <i>1 tablet</i>	<i>EVERY AM</i>	ORAL		New
Reason: BP, PULSE Instructions: TAKE 1 TABLET BY MOUTH DAILY				
FOLIC ACID 1 MG TABLET <i>1 tablet</i>	<i>EVERY AM</i>	ORAL		
Reason: SUPPLEMENT Instructions: TAKE ONE TABLET BY MOUTH DAILY				
FUROSEMIDE 40 MG TABLET <i>1 tablet</i>	<i>2 TIMES DAILY</i>	ORAL		
Reason: HEART AND FLUID Instructions: TAKE ONE TABLET BY MOUTH TWICE DAILY				
INSULIN GLARGINE (U-100) 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <i>94 unit</i>	<i>EVERY AM</i>	SUBCUTANEOUS		
Reason: DIABETES Instructions: INJECT 94 UNITS SUBCUTANEOUSLY EVERY DAY				
LEVOTHYROXINE 75 MCG TABLET <i>1 tablet</i>	<i>EVERY AM</i>	ORAL		
Reason: THYROID Instructions: TAKE ONE TABLET BY MOUTH DAILY				
METFORMIN 500 MG TABLET <i>1 mg</i>	<i>2 TIMES DAILY</i>	ORAL		
Reason: BLOOD SUGAR Instructions: TAKE ONE TABLET BY MOUTH TWICE DAILY				
MULTIVITAMIN WITH MINERALS TABLET <i>1 tablet</i>	<i>EVERY AM</i>	ORAL		
Reason: SUPPLEMENT Instructions: TAKE ONE TABLET BY MOUTH DAILY				
PROTONIX 40 MG TABLET,DELAYED RELEASE <i>1 tablet</i>	<i>EVERY AM</i>	ORAL		
Reason: EROSIVE ESOPHAGITIS Instructions: TAKE ONE TABLET BY MOUTH EVERY MORNING 30 MINUTES BEFORE BREAKFAST ON AN EMPTY STOMACH				
SACUBITRIL 49 MG-VALSARTAN 51 MG TABLET <i>1 tablet</i>	<i>2 TIMES DAILY</i>	ORAL		
Reason: HEART AND BP Instructions: TAKE ONE TABLET BY MOUTH TWICE DAILY				
TRUE METRIX GLUCOSE TEST STRIP <i>Per instructions</i>	<i>4 TIMES DAILY</i>	MISCELLANEOUS		
Reason: BLOOD SUGAR TESTING Instructions: USE STRIP FOR TESTING BEFORE MEALS AND AT BEDTIME TO TEST BLOOD SUGAR				

Signature of Physician 	Date
Optional Name/Signature Of MARY PATRICE ELMORE, RN	Date 12/9/2025



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Patient's Name
LEONARD LAND

Provider's Name
CALVERT HOME HEALTH CARE-LITTLEFIELD

Supporting Documentation for Home Health Eligibility:

IDENTIFY THE MEDICAL CONDITION/CHANGES AND DIAGNOSIS THAT QUALIFY THE PATIENT FOR INTERMITTENT SKILLED SERVICES:
 MR LAND IS A VERY PLEASANT 91 Y/O MALE WHO IDENTIFIES AS WHITE. BEING SEEN TODAY FOR SOC SECONDARY TO HAVING BEEN DISCHARGED BECAUSE VA AUTH EXPIRED. COMPREHENSIVE HEAD TO TOE EXAM COMPLETED AND CHARTED WITHIN CHART. HE IS WELL KNOWN TO CALVERT. ALERT AND ORIENTED TO PERSON AND PLACE. HE DEMONSTRATES SIGNIFICANT MENTAL DECLINE, FORGETFULNESS AND CONFUSION. HIS FAMILY IS VERY INVOLVED WITH PATIENT CARE AND HAS A PROVIDER FOR MORNINGS TO ASSIST WITH ADLS AND IADLS. ALL MEDICATIONS VERIFIED AND ALL RXS REFILLED AT THIS TIME. HE REPEATS HIMSELF OFTEN AND REVERTS TO BEING IN THE NAVY. HIS BLOOD GLUCOSE ARE NOT STABLE AND VARY FROM HOUR TO HOUR. HE IS HOMEBOUND DUE TO TAXING EFFORT TO LEAVE HOME AND REQUIRES ASSISTANCE BY ANOTHER PERSON. SKILLED NURSING NEEDED FOR DISEASE MANAGEMENT, MEDICATION OVERSIGHT AND FOR CLOSE MONITORING TO IDENTIFY EARLY S/S OF EXACERBATION OF DISEASE PROCESSES ALLOWING EARLY AND QUICK INTERVENTION TO DECREASE RISK OF HOSPITALIZATION. HE HAS 2-3 FALLS OVER PREVIOUS SIXTY DAYS, ONE FALL CAUSED BY HYPOGLYCEMIA THAT REQUIRED EMS INTERVENTION AND TRIP TO THE ER. I WOULD LIKE TO RECOMMEND A CONTINUOUS GLUCOSE MONITORING DEVICE AND WILL DISCUSS WITH DAUGHTER AT NEXT VISIT OR BY TELEPHONE. HE HAS NO SKIN BREAKDOWN TODAY. IF PT IS FOUND TO BE NEEDED WE WILL ADD IF WE HAVE AUTH.

PATIENT IS HOMEBOUND AND HAS A NORMAL INABILITY TO LEAVE THE HOME DUE TO THE FOLLOWING CONDITIONS:
 AMBULATION DIFFICULTIES, DIFFICULTY TRANSFERRING, HOMEBOUND NOT REQUIRED BY PAYER SOURCE, MENTAL FUNCTIONS, POOR ENDURANCE, WEAKNESS

IMPAIRED BODY FUNCTIONS THAT EITHER REQUIRE HOME HEALTH INTERVENTION OR WILL IMPACT THE PLAN OF CARE:
 CARDIOVASCULAR FUNCTIONS, ENDOCRINE FUNCTIONS, GENITOURINARY FUNCTIONS, MENTAL FUNCTIONS (TO INCLUDE COGNITIVE AND BEHAVIORAL FUNCTIONS), PAIN, RESPIRATORY FUNCTIONS

THE PATIENT REQUIRES SKILLED SERVICES FOR:
 DEVELOPMENT OF HOME EXERCISE PROGRAM, NURSING REHABILITATION, OBSERVATION AND ASSESSMENT OF PATIENTS CONDITION DUE TO POTENTIAL FOR COMPLICATION OF DISEASE PROCESS, TEACHING AND TRAINING OF DISEASE PROCESS AND MEDICATION DUE TO KNOWLEDGE DEFICIT.

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

THE PATIENT IS CONSIDERED HOMEBOUND BASED ON THE FOLLOWING CRITERIA:
 BECAUSE OF ILLNESS, AND INJURY, NEEDS THE AIDE OF SUPPORTIVE DEVICE(S);, NORMAL INABILITY TO LEAVE HOME SUCH THAT LEAVING HOME REQUIRES CONSIDERABLE AND TAXING EFFORT., THE ASSISTANCE OF ANOTHER PERSON

IDENTIFY SUPPORTIVE DEVICES NEEDED:
 CANE, ROLLING WALKER

DOES THE PATIENT HAVE A PAYOR SOURCE THAT REQUIRES THEM TO BE HOMEBOUND?
 NO

Signature of Physician 	Date
Optional Name/Signature Of MARY PATRICE ELMORE, RN	Date 12/9/2025