

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Patient's Medicare No. 3U25V68PU66	SOC Date 12/24/2025	Certification Period 12/24/2025 to 2/21/2026	Medical Record No. PUR00102977201	Provider No. 377502
<b>Patient's Name and Address:</b> DAVID ODANIEL (580) 319-1575 113 EAST RICH ST NORMAN, OK 73069-		<b>Provider's Name, Address and Telephone Number:</b> ELARA CARING - PURCELL - SHH 208 W MAIN PURCELL, OK 73080- F: (405) 292-4609 P: (405) 527-0480		
<b>Physician's Name &amp; Address:</b>  JUSTIN FIELDS, MD 950 N PORTER AVE., STE 200 NORMAN, OK 73071-			<b>Patient's Date of Birth:</b> 1/2/1966	
			<b>Patient's Gender:</b> MALE	
			<b>Order Date:</b> 12/24/2025 2:49 PM	
			<b>Verbal Order:</b> Y	
			<b>Verbal Date:</b> 12/24/2025	
			<b>Verbal Time:</b> 8:00 AM	

Nurse's Signature and Date of Verbal SOC Where Applicable: (deemed as electronic signature)  
STORMY TOW, RN / MARJORIE DEARMON RN, CLINICAL TEAM 12/24/2025 Date HHA Received Signed POC

**Patient's Expressed Goals:**

STRENGTHENING, LESSEN ANXIETY

**ICD-10**

**Diagnoses:**

Order	Code	Description	Onset or Exacerbation	O/E Date
1	I13.2	HYP HRT & CHR KDNY DIS W HRT FAIL AND W STG 5 CHR KDNY/ESRD	EXACERBATION	01/01/2025
2	I50.42	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HRT FAIL	ONSET	01/01/2025
3	E11.22	TYPE 2 DIABETES MELLITUS W DIABETIC CHRONIC KIDNEY DISEASE	ONSET	01/01/2025
4	N18.6	END STAGE RENAL DISEASE	ONSET	01/01/2025
5	Z99.2	DEPENDENCE ON RENAL DIALYSIS	ONSET	01/01/2025
6	E11.51	TYPE 2 DIABETES W DIABETIC PERIPHERAL ANGIOPATH W/O GANGRENE	ONSET	01/01/2025
7	E11.40	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSP	ONSET	01/01/2025
8	I48.0	PAROXYSMAL ATRIAL FIBRILLATION	ONSET	01/01/2025
9	I25.10	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	ONSET	01/01/2025
10	D63.1	ANEMIA IN CHRONIC KIDNEY DISEASE	ONSET	01/01/2025
11	F41.9	ANXIETY DISORDER, UNSPECIFIED	ONSET	01/01/2025
12	F32.A	DEPRESSION, UNSPECIFIED	ONSET	01/01/2025
13	K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	ONSET	01/01/2025
14	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	ONSET	01/01/2025
15	F17.200	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	ONSET	01/01/2025
16	Z79.82	LONG TERM (CURRENT) USE OF ASPIRIN	ONSET	01/01/2025
17	Z79.02	LONG TERM (CURRENT) USE OF ANTITHROMBOTICS/ANTIPLATELETS	ONSET	01/01/2025
18	Z55.6	Problems related to health literacy	ONSET	01/01/2025
19	Z60.4	SOCIAL EXCLUSION AND REJECTION	ONSET	01/01/2025

**Frequency/Duration of Visits:**

SN 1WK9

**Orders of Discipline and Treatments:**

SKILLED NURSE TO EVALUATE PATIENT, IDENTIFY PRIMARY AND CO-MORBID CONDITIONS CODED PER CODING GUIDELINES, AND DEVELOP PATIENT SPECIFIC PLAN OF CARE THAT INCLUDES PATIENT GOAL FOR HOME HEALTH. PLAN OF CARE TO INCLUDE 3 PRN VISIT (S) FOR OASIS DATA COLLECTION/COMPREHENSIVE ASSESSMENT AT TIMEPOINTS PER FEDERAL REGULATIONS. THIS INCLUDES VISITS FOR ROC, RECERT, SCIC, AND/OR DC.

HOME HEALTH AGENCY MAY ACCEPT ORDERS FROM THE FOLLOWING PHYSICIANS: ALL PHYSICIANS PERTINENT TO CARE

SKILLED NURSE TO PROVIDE TEACHING/REINFORCEMENT RELATED TO URINARY INCONTINENCE.

SKILLED NURSE TO ASSESS ANXIETY AND PROVIDE ASSISTANCE TO PATIENT FOR UNDERSTANDING AND MANAGEMENT OF FEELINGS.

SKILLED NURSE MAY COLLECT URINE SAMPLE FOR URINE REAGENT STRIP TESTING AND/OR URINALYSIS WITH C&S 1-3 PRN IF INDICATED FOR SIGNS AND SYMPTOMS OF UTI. IF REAGENT STRIP TEST IS POSITIVE FOR UTI, SKILLED NURSE TO TAKE URINE SAMPLE TO LAB FOR URINE C&S AND REPORT RESULTS TO PHYSICIAN.

SKILLED NURSE FOR INSTRUCTION/ REINFORCEMENT OF NEEDS RELATED TO NUTRITION/HYDRATION.

SKILLED NURSE FOR O/A, TEACHING, AND MANAGEMENT OF CAD AND HLD

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 12/22/2025.

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.



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Patient's Name DAVID ODANIEL		Provider's Name ELARA CARING - PURCELL - SHH		

**Orders of Discipline and Treatments:**

SKILLED NURSE FOR O/A, TEACHING AND MANAGEMENT OF CKD AND ESRD FOR EARLY IDENTIFICATION OF EXACERBATION OF DISEASE PROCESS

SKILLED NURSE FOR O/A AND SKILLED TEACHING RELATED TO SIGNS AND SYMPTOMS OF INFECTION AND INFECTION CONTROL MEASURES.

NEED FOR SKILLED TEACHING AND INTERVENTION RELATED TO LEFT GREAT TOE AMPUTATION. WOUND CARE WILL BE PERFORMED BY TRAINED CAREGIVER ON DAYS WHEN SKILLED NURSE IS NOT SCHEDULED FOR A VISIT. DISCONTINUE WOUND CARE/SUPPLIES ONCE WOUND IS HEALED.

SKILLED NURSE TO OBTAIN BLOOD SUGAR PRN FOR SIGNS AND SYMPTOMS OF HYPO/HYPERGLYCEMIA. IF OBTAINED BY PATIENT/CAREGIVER PRIOR TO VISIT AND PATIENT IS NOT SYMPTOMATIC, SKILLED NURSE TO RECORD READING FROM PATIENT LOG.

SKILLED NURSE TO INSTRUCT PATIENT/CAREGIVER ON SIGNS AND SYMPTOMS, RISK FACTORS, COMPLICATIONS, AND MANAGEMENT OF ATRIAL FIBRILLATION.

SKILLED NURSE TO PROVIDE TEACHING ON SIGNS AND SYMPTOMS AND MANAGEMENT OF HYPERTENSION.

SKILLED NURSE FOR O/A, TEACHING AND SELF-MANAGEMENT RELATED TO HEART FAILURE. INSTRUCT PATIENT/CAREGIVER ON SIGNS AND SYMPTOMS OF EXACERBATION TO REPORT AND IMPORTANCE OF OBTAINING AND RECORDING DAILY WEIGHT AND/OR MEASUREMENTS. SN OR TRAINED PATIENT/CAREGIVER TO OBTAIN WEIGHT DAILY AND WEIGHT GAIN OF 2 LBS OVERNIGHT OR 5 LBS IN 1 WEEK TO BE REPORTED TO PHYSICIAN/PROVIDER. IF UNABLE TO WEIGH PATIENT, SN OR TRAINED PATIENT/CAREGIVER TO OBTAIN MEASUREMENT OF ANKLES IN CM DAILY AND REPORT AN INCREASE OF 2 CM TO PHYSICIAN/PROVIDER.

SKILLED NURSE FOR O/A AND SKILLED TEACHING RELATED TO SIGNS AND SYMPTOMS AND MANAGEMENT OF ANEMIA.

SKILLED NURSE FOR O/A AND TEACHING OF DIABETIC MANAGEMENT INCLUDING BLOOD SUGAR MONITORING/USE OF GLUCOMETER, DIABETIC DIET, LOWER EXTREMITY SKIN INSPECTION, PROPER SKIN/FOOT CARE, AND SIGNS AND SYMPTOMS HYPO/HYPERGLYCEMIA TO REPORT.

SKILLED NURSE FOR O/A AND SKILLED TEACHING RELATED TO SIGNS AND SYMPTOMS AND MANAGEMENT OF GENERALIZED WEAKNESS

SKILLED NURSE FOR O/A AND SKILLED TEACHING OF METHODS TO MANAGE FEELINGS OF WORRY, STRESS, AND/OR FEAR INCLUDING PARTICIPATION IN ELARA CARING MINDFUL CARE SPECIALTY PROGRAM.

SKILLED NURSE FOR O/A AND SKILLED TEACHING OF METHODS TO MANAGE FEELINGS OF SADNESS, LOSS, AND/OR WORRY INCLUDING PARTICIPATION IN ELARA CARING EMBRACE SPECIALTY PROGRAM.

PATIENT HAS A RISK OF HOSPITALIZATION AND ED USE. SKILLED NURSE TO ESTABLISH SUPPORT MEASURES TO MINIMIZE RISK OF HOSPITALIZATION AND ED USE, AND INSTRUCT PATIENT/CAREGIVER ON METHODS TO REDUCE AVOIDABLE HOSPITALIZATION AND ED USE.

SKILLED NURSE TO PROVIDE INSTRUCTION TO PATIENT/CAREGIVER RELATED TO DISCHARGE PLANNING.

SKILLED NURSE TO PERFORM ENVIRONMENTAL SAFETY RISK ASSESSMENT AND FALL RISK ASSESSMENT AND PROVIDE INSTRUCTION TO IMPLEMENT ENVIRONMENTAL SAFETY AND FALL PREVENTION STRATEGIES THROUGHOUT THE CERTIFICATION PERIOD. SKILLED NURSE WILL MAINTAIN SITUATIONAL AWARENESS AND WILL NOTIFY CLINICAL MANAGER AND PHYSICIAN/PROVIDER WITH ANY CHANGE IN CONDITION.

SKILLED NURSE FOR OBSERVATION AND ASSESSMENT OF PATIENT'S PAIN LEVEL AND EFFECTIVENESS OF PAIN MANAGEMENT REGIMEN. SKILLED NURSE TO INSTRUCT PATIENT/CAREGIVER REGARDING PHARMACOLOGIC AND NON-PHARMACOLOGIC PAIN CONTROL MEASURES. SKILLED NURSE TO REPORT TO PHYSICIAN IF PAIN LEVEL IS OUTSIDE OF ESTABLISHED PARAMETERS.

SKILLED NURSE TO ASSESS PATIENT'S SKIN INTEGRITY AND INSTRUCT PATIENT/CAREGIVER ON MEASURES TO PREVENT PRESSURE ULCERS.

SKILLED NURSE TO PROVIDE ASSESSMENT AND TEACHING/REINFORCEMENT OF MANAGEMENT OF DEPRESSION INCLUDING DISEASE PROCESS, MEDICATION MANAGEMENT, COPING SKILLS AND IDENTIFY CHANGES ASSOCIATED WITH DEPRESSIVE DISORDERS FOR EARLY INTERVENTION.

SN TO INSTRUCT PATIENT/CAREGIVER ON DIABETES MANAGEMENT UTILIZING THE BLOOM SPECIALTY PROGRAM.

Signature of Physician	Date
Optional Name/Signature Of STORMY TOW, RN / MARJORIE DEARMON RN, CLINICAL TEAM SPECIALIST	Date 12/24/2025



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**Orders of Discipline and Treatments:**

SN TO INSTRUCT PATIENT/CAREGIVER ON HEART FAILURE MANAGEMENT UTILIZING THE MATTERS OF THE HEART SPECIALTY PROGRAM.

SN TO INSTRUCT PATIENT/CAREGIVER ON METHODS TO MANAGE WOUNDS AND MAINTAIN HEALTHY SKIN UTILIZING THE CLEAR SPECIALTY PROGRAM.

SKILLED NURSE TO INSTRUCT PATIENT/CAREGIVER ON S/S OF NEUROPATHY AND METHODS TO MANAGE.

SKILLED NURSE TO REVIEW PATIENT MEDICATIONS (PRESCRIPTION/OTC). INSTRUCT PATIENT/CAREGIVER ON ALL MEDICATIONS INCLUDING PURPOSE, WHEN TO TAKE, IMPORTANCE OF MEDICATION ADHERENCE, MONITORING OF EFFECTIVENESS, ADVERSE DRUG REACTIONS, POSSIBLE SIDE EFFECTS, AND WHEN TO NOTIFY AGENCY OR PHYSICIAN/PROVIDER OF ANY CONCERNs.

3 PRN VISIT(S) FOR OASIS DATA COLLECTION/COMPREHENSIVE ASSESSMENT AT TIMEPOINTS PER FEDERAL REGULATIONS. THIS INCLUDES VISITS FOR SOC, ROC, RECERT, SCIC, AND/OR DC. THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS ON POC ATTESTS THAT THE VERBAL ORDER WAS RECEIVED ON 12/23/2025.

LICENSED PROFESSIONAL TO REPORT VITAL SIGNS FALLING OUTSIDE THE FOLLOWING ESTABLISHED PARAMETERS. TEMP<96.5>100.5 PULSE<60>110 RESP<12>24 SYSTOLICBP<80>180 DIASTOLICBP<50>100 WEIGHT<175>185 FBS<70>265 RBS<70>265 PAIN<0>2 O2SAT<90>100 ANKLECIRC<21>24

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

A PLAN OF CARE WILL BE ESTABLISHED THAT MEETS PATIENT'S SKILLED NURSING NEEDS AND INCLUDES PATIENT GOAL FOR HOME HEALTH.

ADDITIONAL ORDERS WILL BE RECEIVED FROM ALTERNATE PHYSICIAN IN A TIMELY MANNER THROUGHOUT THE CERTIFICATION PERIOD. PATIENT / CAREGIVER WILL VERBALIZE UNDERSTANDING OF EFFECTS OF URINARY INCONTINENCE BY THE END OF THE CERTIFICATION PERIOD.

SYMPTOMS OF ANXIETY ARE IDENTIFIED AND INTERVENTIONS INITIATED TO ENABLE PATIENT TO UNDERSTAND AND MANAGE FEELINGS THROUGHOUT EPISODE.

URINE SPECIMEN WILL BE OBTAINED PRN FOR SIGNS AND SYMPTOMS OF UTI AND RESULTS WILL BE REPORTED TO PHYSICIAN THROUGHOUT THE CERTIFICATION PERIOD.

PATIENT/CAREGIVER WILL DEMONSTRATE ABILITY TO SELF MANAGE NEEDS RELATED TO NUTRITION/HYDRATION THROUGHOUT THE EPISODE.

PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE MANAGEMENT OF CARDIAC DISEASE PROCESS AND EXACERBATIONS WILL BE IDENTIFIED AND PROMPTLY REPORTED THROUGHOUT THE CERTIFICATION PERIOD.

PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF GENITOURINARY DISEASE PROCESS, AND EXACERBATIONS OF GENITOURINARY DISEASE WILL BE PROMPTLY IDENTIFIED FOR EARLY INTERVENTION THROUGHOUT THE CERTIFICATION PERIOD.

PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE UNDERSTANDING OF S/S OF INFECTION AND INFECTION CONTROL MEASURES. SIGNS AND SYMPTOMS OF INFECTION WILL BE IDENTIFIED AND PHYSICIAN NOTIFIED FOR PROMPT INTERVENTION THROUGHOUT THE CERTIFICATION PERIOD.

WOUND CARE WILL BE COMPLETED AND PATIENT WILL HAVE IMPROVED WOUND STATUS AS EVIDENCED BY NO SIGNS AND SYMPTOMS OF INFECTION, DECREASED WOUND SIZE, AND/OR NO COMPLICATIONS BY THE END OF THE CERTIFICATION PERIOD.

BLOOD SUGAR READING WILL BE OBTAINED AS ORDERED THROUGHOUT CERTIFICATION PERIOD.

PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF SIGNS AND SYMPTOMS, COMPLICATIONS, AND MANAGEMENT OF ATRIAL FIBRILLATION THROUGHOUT THE CERTIFICATION PERIOD.

PATIENT/CAREGIVER WILL VERBALIZE SIGNS AND SYMPTOMS OF HYPERTENSION AND WILL BE ABLE TO DEMONSTRATE ABILITY TO MANAGE EXACERBATION BY END OF THE EPISODE.

PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE KNOWLEDGE AND MANAGEMENT OF HEART FAILURE DISEASE PROCESS BY END OF EPISODE.

PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF ANEMIA INCLUDING SIGNS AND SYMPTOMS, MANAGEMENT OF COMPLICATIONS, AND PRESCRIBED TREATMENT REGIMEN BY END OF EPISODE.

PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE KNOWLEDGE OF DIABETIC MANAGEMENT. CHANGES IN DIABETIC STATUS WILL BE IDENTIFIED AND REPORTED TO PHYSICIAN FOR PROMPT INTERVENTION THROUGHOUT THE CERTIFICATION PERIOD.

PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF MUSCULOSKELETAL DISEASE INCLUDING SIGNS AND SYMPTOMS, MANAGEMENT, AND PRESCRIBED TREATMENT REGIMEN BY END OF EPISODE.

PATIENT WILL HAVE OPTIMAL IMPROVEMENT WITH EMOTIONAL BARRIERS TO HEALING CAUSED BY WORRY, STRESS, AND/OR FEAR.

PATIENT WILL HAVE OPTIMAL IMPROVEMENT WITH EMOTIONAL BARRIERS TO HEALING CAUSED BY SADNESS, LOSS, AND/OR WORRY.

PATIENT WILL HAVE SUPPORT MEASURES ESTABLISHED TO PREVENT HOSPITALIZATION AND ED USE AND PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE METHODS TO REDUCE AVOIDABLE HOSPITALIZATION AND ED USE BY END OF EPISODE.

PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF DISCHARGE PLANNING INSTRUCTIONS BY DATE OF DISCHARGE.

PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE EFFECTIVE ENVIRONMENTAL SAFETY AND FALL PREVENTION STRATEGIES, WILL REMAIN SAFE IN THE COMMUNITY, AND WILL BE FREE OF DANGER TO SELF AND OTHERS THROUGHOUT THE CERTIFICATION PERIOD.

PATIENT/CAREGIVER WILL DEMONSTRATE UNDERSTANDING OF PHARMACOLOGIC AND NONPHARMACOLOGIC PAIN CONTROL MEASURES AND PATIENT WILL HAVE IMPROVEMENT IN PAIN INTERFERING WITH ACTIVITY AS EVIDENCED BY PAIN AT A LEVEL THAT IS ACCEPTABLE TO THE PATIENT AND PAIN LEVEL WITHIN ESTABLISHED PARAMETERS BY END OF CERTIFICATION PERIOD.

PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF PRESSURE ULCER PREVENTION BY END OF THE EPISODE.

Signature of Physician	Date
Optional Name/Signature Of STORMY TOW, RN / MARJORIE DEARMON RN, CLINICAL TEAM SPECIALIST	Date 12/24/2025



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Patient's Name DAVID ODANIEL	Provider's Name ELARA CARING - PURCELL - SHH
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**Goals/Rehabilitation Potential/Discharge Plans:**

PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE UNDERSTANDING OF THE MANAGEMENT OF DEPRESSION THROUGHOUT THE CERTIFICATION PERIOD AND SYMPTOMS ARE IDENTIFIED AND MANAGED TO MAINTAIN PATIENT SAFETY IN THE HOME.  
PATIENT/CAREGIVER WILL DEMONSTRATE MANAGEMENT OF DIABETES AS A RESULT OF PARTICIPATION IN BLOOM SPECIALTY PROGRAM.  
PATIENT/CAREGIVER WILL DEMONSTRATE MANAGEMENT OF HEART FAILURE AS A RESULT OF PARTICIPATION IN MATTERS OF THE HEART SPECIALTY PROGRAM.  
PATIENT/CAREGIVER WILL DEMONSTRATE METHODS TO MANAGE WOUNDS AND MAINTAIN HEALTHY SKIN AS A RESULT OF PARTICIPATION IN CLEAR SPECIALTY PROGRAM.  
PATIENT/CAREGIVER WILL VERBALIZE S/S OF NEUROPATHY AND METHODS TO MANAGE BY END OF CERTIFICATION PERIOD.  
PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF EDUCATION PROVIDED ON MEDICATIONS BY THE END OF THE CERTIFICATION PERIOD.

**Rehab Potential:**

POOR

**DC Plans:**

DC TO CARE OF FAMILY UNDER SUPERVISION OF PHYSICIAN/NPP WHEN GOALS ARE MET, MAXIMUM FUNCTION IS MET, SKILLED CARE NO LONGER REASONABLE/MEDICALLY NECESSARY, PATIENT NO LONGER HOMEBOUND, &/OR UPON REQUEST BY THE PHYSICIAN OR PATIENT/CAREGIVER.

**DME and Supplies:**

DME - CONTINUOUS GLUCOSE MONITOR; DME - GLUCOMETER; DME - RAMP; DME - WALKING BOOT; DME - WHEELCHAIR ; LAB; PERSONAL PROTECTIVE EQUIPMENT (PPE)/SAFETY; PREP/MAINTENANCE/PROTECTION/HYGIENE; WOUND CARE

**Prognosis:**

POOR

**Functional Limitations:**

AMPUTATION; BOWEL/BLADDER (INCONTINENCE); AMBULATION; FALL RISK; PAIN; WEAKNESS; WOUND; DYSPNEA

**Safety Measures:**

24 HOUR SUPERVISION, AMBULATION, AMPUTATION, ANTICOAGULANTS PRECAUTIONS, ANXIETY, DIALYSIS PRECAUTIONS, DIABETIC PRECAUTIONS, DEPRESSION PRECAUTIONS, EMERGENCY NUMBERS AVAILABLE, EMERGENCY PRECAUTIONS, FALL PRECAUTIONS, FEAR OF FALLING, HOME SAFETY, HOSPITALIZATION PREVENTION, HYPO/HYPERGLYCEMIA PRECAUTIONS, INCISION PRECAUTIONS, INFECTION CONTROL PRECAUTIONS, INCONTINENCE, MEDICATION LOCK BOX, MEDICATION SAFETY,, PAIN, PRESSURE ULCER PREVENTION, PROPER AND SAFE USE OF MEDICATIONS, STANDARD PRECAUTIONS, UNIVERSAL PRECAUTIONS, UTI PREVENTION, WOUND PRECAUTIONS

**Activities Permitted:**

WHEELCHAIR

**Nutritional Requirements:**

RENAL DIET

**Advance Directives:**

NONE

**Mental Statuses:**

ORIENTED; FORGETFUL; ANXIETY; CONFUSED AT TIMES; DEPRESSION

**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

(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

(QM) (M1745) FREQUENCY OF DISRUPTIVE BEHAVIOR SYMPTOMS (REPORTED OR OBSERVED) ANY PHYSICAL, VERBAL, OR OTHER DISRUPTIVE/DANGEROUS SYMPTOMS THAT ARE INJURIOUS TO SELF OR OTHERS OR JEOPARDIZE PERSONAL SAFETY

0 - NEVER

Signature of Physician	Date
Optional Name/Signature Of STORMY TOW, RN / MARJORIE DEARMON RN, CLINICAL TEAM SPECIALIST	Date 12/24/2025



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**Supporting Documentation for Psychosocial Status:**

(PRA) (M2102F) TYPES AND SOURCES OF ASSISTANCE: DETERMINE THE LEVEL OF CAREGIVER ABILITY AND WILLINGNESS TO PROVIDE ASSISTANCE FOR SUPERVISION AND SAFETY (FOR EXAMPLE, DUE TO COGNITIVE IMPAIRMENT), IF ASSISTANCE IS NEEDED.

1 - NON-AGENCY CAREGIVER(S) CURRENTLY PROVIDE ASSISTANCE

(QM) (M2020) MANAGEMENT OF ORAL MEDICATIONS: PATIENT'S CURRENT ABILITY TO PREPARE AND TAKE ALL ORAL MEDICATIONS RELIABLY AND SAFELY, INCLUDING ADMINISTRATION OF THE CORRECT DOSAGE AT THE APPROPRIATE TIMES/INTERVALS. EXCLUDES INJECTABLE AND IV MEDICATIONS. (NOTE: THIS REFERS TO ABILITY, NOT COMPLIANCE OR WILLINGNESS.)

2 - ABLE TO TAKE MEDICATION(S) AT THE CORRECT TIMES IF GIVEN REMINDERS BY ANOTHER PERSON AT THE APPROPRIATE TIMES

(QM) (M1100) PATIENT LIVING SITUATION: WHICH OF THE FOLLOWING BEST DESCRIBES THE PATIENT'S RESIDENTIAL CIRCUMSTANCE AND AVAILABILITY OF ASSISTANCE? (CHECK ONE BOX ONLY).

B - PATIENT LIVES WITH OTHER PERSON(S) IN THE HOME

(QM) (M1100B) PATIENT LIVES WITH OTHER PERSON(S) IN THE HOME: WHICH OF THE FOLLOWING BEST DESCRIBES THE PATIENT'S AVAILABILITY OF ASSISTANCE AT THEIR RESIDENCE?

06 - AROUND THE CLOCK

COMMUNITY SERVICES/ASSISTANCE RECEIVED FROM PERSONS/ENTITIES OTHER THAN HOME HEALTH STAFF (MARK ALL THAT APPLY):

N/A - NO COMMUNITY RESOURCES RECEIVED

(B1300) HEALTH LITERACY (FROM CREATIVE COMMONS (C)): HOW OFTEN DO YOU NEED TO HAVE SOMEONE HELP YOU WHEN YOU READ INSTRUCTIONS, PAMPHLETS, OR OTHER WRITTEN MATERIAL FROM YOUR DOCTOR OR PHARMACY?

3. OFTEN

(A1250) TRANSPORTATION (NAHC (C)): HAS LACK OF TRANSPORTATION KEPT YOU FROM MEDICAL APPOINTMENTS, MEETINGS, WORK, OR FROM GETTING THINGS NEEDED FOR DAILY LIVING?

C. NO

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

NUTRITION - USUAL FOOD INTAKE PATTERN

2. PROBABLY INADEQUATE - RARELY EATS A COMPLETE MEAL AND GENERALLY EATS ONLY ABOUT 1/2 OF ANY FOOD OFFERED. PROTEIN INTAKE INCLUDES ONLY 3 SERVINGS OF MEAT OR DAIRY PRODUCTS PER DAY. OCCASIONALLY WILL TAKE A DIETARY SUPPLEMENT, OR RECEIVES LESS THAN OPTIMUM AMOUNT OF LIQUID DIET OR TUBE FEEDING

WAS THE PATIENT DISCHARGED FROM AN INPATIENT FACILITY WITHIN THE LAST 14 DAYS?

YES

(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) || 2 - UNINTENTIONAL WEIGHT LOSS OF A TOTAL OF 10 POUNDS OR MORE 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

IS THE PATIENT AT RISK FOR ED USE?

YES

**Allergies:**

NKA

Signature of Physician	Date
Optional Name/Signature Of STORMY TOW, RN / MARJORIE DEARMON RN, CLINICAL TEAM SPECIALIST	Date 12/24/2025



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<b>Medications:</b>					
Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
ASPIRIN CHILDRENS 81 MG CHEWABLE TABLET 1 tablet	DAILY	ORAL	12/24/2025		
<b>Instructions:</b> ATORVASTATIN 80 MG TABLET 1 tablet					
ORAL 12/24/2025 BEDTIME					
<b>Instructions:</b> CARVEDILOL 6.25 MG TABLET 1 tablet					
ORAL 12/24/2025 DAILY					
<b>Instructions:</b> CLOPIDOGREL 75 MG TABLET 1 tablet					
ORAL 12/24/2025 DAILY					
<b>Instructions:</b> HYDRALAZINE 50 MG TABLET 1 tablet					
ORAL 12/24/2025 DAILY					
<b>Instructions:</b> ISOSORBIDE MONONITRATE ER 30 MG TABLET, EXTENDED RELEASE 24 HR 1 tablet					
ORAL 12/24/2025 DAILY					
<b>Instructions:</b> OXYCODONE-ACETAMINOPHEN 5 MG-325 MG TABLET 1 tablet					
ORAL 12/24/2025 EVERY 4 HOURS/PRN					
<b>Instructions:</b> TAKE 1 TABLET EVERY 4 HOURS AS NEEDED FOR PAIN SEVELAMER HCL 800 MG TABLET 1 tablet					
ORAL 12/24/2025 DAILY					
<b>Instructions:</b>					

#### Supporting Documentation for Home Health Eligibility:

CRITERIA 1 - THE PATIENT IS HOMEBOUND BECAUSE AN ILLNESS OR INJURY RENDERS HIM/HER CONFINED TO THE HOME EXCEPT: WITH THE ASSISTANCE OF A SUPPORTIVE DEVICE, WITH THE ASSISTANCE OF ANOTHER INDIVIDUAL

CRITERIA 2 - PATIENT HAS A NORMAL INABILITY TO LEAVE HOME AND LEAVING HOME REQUIRES A CONSIDERABLE AND TAXING EFFORT. FURTHERMORE, THE PATIENT MEETS THE MEDICARE DEFINITION OF HOMEBOUND BECAUSE OF THE FOLLOWING STRUCTURAL AND/OR FUNCTIONAL IMPAIRMENT(S) AND/OR ACTIVITY LIMITATIONS:

ACTIVITY RESTRICTED DUE TO PAIN RELATED TO MEDICAL CONDITION, ACTIVITY RESTRICTED DUE TO PAIN RELATED TO SURGICAL PROCEDURE, ACTIVITY RESTRICTIONS DUE TO DIMINISHED SENSATION/CIRCULATION IN LOWER EXTREMITY/EXTREMITIES. PATIENT VULNERABLE TO BLISTERS OR OTHER BREAKDOWN ON FEET WHEN AMBULATING >100 FEET., COGNITIVE DEFICITS IMPACT JUDGEMENT, IMPAIR ABILITY TO SAFELY NAVIGATE AND PREVENT SOUND DECISION MAKING FOR SAFETY, DECREASED ABILITY/INABILITY TO TRANSFER FROM BED TO CHAIR, HIGH FALL RISK DUE TO GAIT INSTABILITY AND MUSCLE WEAKNESS, PAIN, PATIENT IS CHAIRBOUND AND UNABLE TO WHEEL SELF, POOR ACTIVITY TOLERANCE/POOR ENDURANCE, REQUIRES ASSISTANCE OR ASSISTIVE DEVICE DUE TO NEUROPATHY/PARASTHESIA IN LOWER EXTREMITY/EXTREMITIES

Signature of Physician	Date
Optional Name/Signature Of STORMY TOW, RN / MARJORIE DEARMON RN, CLINICAL TEAM SPECIALIST	Date 12/24/2025