

Order Number:
296359

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Patient's Medicare No. 7WE4FA0EA82	SOC Date 1/18/2023	Certification Period 1/2/2026 to 3/2/2026	Medical Record No. HHW00001808501	Provider No. 67-7101
Patient's Name and Address: FRANCES STRAHAN (940) 733-1620 4808 1/2 MAPLEWOOD AVE WICHITA FALLS, TX 76308-		Provider's Name, Address and Telephone Number: HEALING HANDS HEALTHCARE, LLC 901 INDIANA AVE. STE. 665 WICHITA FALLS, TX 76301- F: (940) 432-0275 P: (940) 432-0588		
Physician's Name & Address: OLAWUNMI LAWAL, MD 4327 BARNETT ROAD WICHITA FALLS, TX 76310 P: (940)764-5350 F: (940)764-5365			Patient's Date of Birth: 1/15/1950 Patient's Gender: FEMALE Order Date: 12/30/2025 7:53 AM Verbal Order: Y Verbal Date: 12/30/2025 Verbal Time: 8:48 AM	

Nurse's Signature and Date of Verbal SOC Where Applicable: (deemed as electronic signature) LETOYA HALL, RN / BIANCA BOWLING RN	12/30/2025	Date HHA Received Signed POC
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Patient's Expressed Goals:

BE INDEPENDENT. NO HOSPITAL STAYS
MANAGE BLOOD SUGAR

ICD-10

Diagnoses:

Order	Code	Description	Onset or Exacerbation	O/E Date
1	J44.89	OTHER SPECIFIED CHRONIC OBSTRUCTIVE PULMONARY DISEASE	ONSET	05/08/2024
2	J84.89	OTHER SPECIFIED INTERSTITIAL PULMONARY DISEASES	ONSET	09/13/2023
3	E11.41	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY	ONSET	01/19/2023
4	G93.31	POSTVIRAL FATIGUE SYNDROME	ONSET	05/17/2023
5	U09.9	POST COVID-19 CONDITION, UNSPECIFIED	ONSET	05/17/2023
6	I11.9	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	EXACERBATION	12/10/2024
7	E78.2	MIXED HYPERLIPIDEMIA	ONSET	01/12/2023
8	M48.02	SPINAL STENOSIS, CERVICAL REGION	ONSET	11/07/2024
9	M54.2	CERVICALGIA	ONSET	10/31/2024
10	K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	ONSET	01/19/2023
11	I07.1	RHEUMATIC TRICUSPID INSUFFICIENCY	ONSET	07/17/2023
12	I34.0	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	ONSET	07/17/2023
13	I25.10	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	ONSET	07/17/2023
14	E11.39	TYPE 2 DIABETES W OTH DIABETIC OPHTHALMIC COMPLICATION	ONSET	01/10/2024
15	H40.9	UNSPECIFIED GLAUCOMA	ONSET	01/10/2024
16	M54.9	DORSALGIA, UNSPECIFIED	ONSET	07/09/2024
17	L40.9	PSORIASIS, UNSPECIFIED	ONSET	01/10/2024
18	R91.1	SOLITARY PULMONARY NODULE	ONSET	09/13/2023
19	R42	DIZZINESS AND GIDDINESS	ONSET	01/10/2024
20	R19.7	DIARRHEA, UNSPECIFIED	ONSET	11/07/2024
21	Z85.43	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY	ONSET	01/19/2023
22	Z99.81	DEPENDENCE ON SUPPLEMENTAL OXYGEN	ONSET	01/19/2023
23	Z87.891	PERSONAL HISTORY OF NICOTINE DEPENDENCE	ONSET	01/10/2024

Frequency/Duration of Visits:

SN 1WK9, 3PRN

Electronically Signed by Dr. John Smith on 01-07-2026

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

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.



Patient's Medicare No. 7WE4FA0EA82	SOC Date 1/18/2023	Certification Period 1/2/2026 to 3/2/2026	Medical Record No. HHW00001808501	Provider No. 67-7101
Patient's Name FRANCES STRAHAN		Provider's Name HEALING HANDS HEALTHCARE, LLC		

Orders of Discipline and Treatments:

SKILLED NURSE TO EVALUATE AND DEVELOPED PATIENT PLAN OF CARE WITH PATIENT/CAREGIVER INVOLVEMENT TO BE COUNTERSIGNED BY PHYSICIAN. SN TO PERFORM COMPLETE PHYSICAL ASSESSMENT EACH VISIT WITH FOCUS ON OTHER SPECIFIED CHRONIC OBSTRUCTIVE PULMONARY DISEASE. SN TO ASSESS OTHER CO-MORBIDITIES INCLUDING TYPE 2 DIABETES, HYPERLIPIDEMIA, CAD, HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE AND OTHER CONDITIONS THAT OCCUR THIS EPISODE. SN TO IDENTIFY AND ADDRESS COMPLICATIONS; NOTIFY PHYSICIAN OF ANY ISSUES AFFECTING RECOVERY OR GOALS. SN MAY PERFORM UP TO 3 PRN VISITS THIS EPISODE FOR EXACERBATION OF DISEASE PROCESS, FALLS, INCREASED PAIN, WOUND CARE, OR CHANGE IN CONDITION. SN TO TEACH PATIENT SIGNS/SYMPOTMS TO REPORT AND TO CALL HOME HEALTH FIRST FOR ALL NON-EMERGENCY ISSUES. SKILLED NURSE MAY PERFORM O2 SATURATION CHECKS Q VISIT AND REPORT ANY OUTSIDE OF PARAMETERS TO MD. SKILLED NURSE TO PROVIDE PPE TO PATIENT UPON REQUEST IN ADDITION TO PHYSICIAN-ORDERED VISITS, HEALING HANDS HEALTHCARE MAY USE TELEHEALTH TO ENHANCE PATIENT COMMUNICATION. TELEHEALTH SUPPLEMENTS BUT DOES NOT REPLACE IN-PERSON VISITS ON THE PLAN OF CARE. UPON WOUND HEALING OR STABILIZATION, SN VISIT FREQUENCY MAY REDUCE TO WEEKLY IF APPROPRIATE. SN MAY ACCEPT ORDERS FROM PROVIDERS IN SAME PRACTICE AND CONSULTING PHYSICIANS; CERTIFYING PHYSICIAN TO BE NOTIFIED. SN MAY ACCEPT ORDERS FROM DR. PARKEY, DR. NORTHEIM, TIM HAWLEY, NP, VANESSA BOUNDS, NP, BLANCA GUTIERREZ, NP, AND JODIE ROBINSON, NP, UNDER DR. PARKEY'S SUPERVISION, AND WILL NOTIFY CERTIFYING PHYSICIAN OF CHANGES. PROVIDERS THAT MAY GIVE ORDERS:PCP: DR. O. LAWALSPECIALIST: DR. GANESHRAM, DR. WILSON, DR. O. LAWALSN TO PROVIDE INSTRUCTIONS FOR DISCHARGE PLANNING.HOMEBOUND STATUS: PATIENT IS CONSIDERED TO BE HOMEBOUND DUE TO BEING RESPIRATORY COMPROMISED RELATED TO COPD. PATIENT IS EASILY SOB WITH MINIMAL EXERTION. PATIENT USES INTERMITTENT OXYGEN DUE TO SOB. PATIENT HAS PAIN THAT INTERFERES WITH MOBILITY PUTTING PATIENT AT INCREASED RISKS FOR FALLS. PATIENT REQUIRES CANE AND ANOTHER PERSON TO LEAVE HOME SAFELY MAKING IT A SIGNIFICANTLY TAXING EFFORT.

SKILLED NURSE TO OBSERVE AND ASSESS RESPIRATORY SYSTEM TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS RELATED TO COPD. SKILLED NURSE TO PROVIDE SKILLED TEACHING RELATED TO ALTERED RESPIRATORY, INCLUDING PATHOPHYSIOLOGY, NUTRITION, MEDICATION REGIMEN, S/SX, TREATMENT, EXACERBATIONS, AND PERMITTED ACTIVITIES. MAY PERFORM O2 SATURATION LEVEL PRN FOR SIGNS AND/OR SYMPTOMS OF POSSIBLE RESPIRATORY COMPLICATIONS. SN TO ASSESS KNOWLEDGE OF MEDICATION REGIMEN AND DEFICITS AND TEACH PT/CG RESPIRATORY MEDICATIONS, TO INCLUDE SAFETY MEASURES, PURPOSE, ACTION AND S/E AND INSTRUCT ON NEW OR CHANGED MEDICATIONS. SN TO TEACH ENERGY CONSERVATION AND HOME SAFETY MEASURES.

SKILLED NURSE TO OBSERVE AND ASSESS CARDIOVASCULAR SYSTEM TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS RELATED TO HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE. 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 MAY PERFORM WEEKLY WEIGHTS. SKILLED NURSE MAY INSTRUCT PATIENT ON DAILY WEIGHT SELF-MONITORING PROGRAM, AND TO REPORT WEIGHT GAIN OF 2LBS/DAY, 5LBS/WEEK. SN TO INSTRUCT THE PATIENT/CAREGIVER ON MEASURES TO RECOGNIZE CARDIAC DYSFUNCTION AND RELIEVE COMPLICATIONS. SKILLED NURSE TO INSTRUCT PATIENT ON MEASURES TO DETECT AND ALLEViate EDema. SKILLED NURSE TO INSTRUCT PATIENT WHEN THEY START FEELING CHEST PAIN, TIGHTNESS, OR SQUEEZING IN THE CHEST HOW TO TAKE ACTION. SKILLED NURSE TO INSTRUCT THE PATIENT THE FOLLOWING SYMPTOMS COULD BE SIGNS OF A HEART ATTACK: CHEST DISCOMFORT, DISCOMFORT IN ONE OR BOTH ARMS, BACK, NECK, JAW, STOMACH, SHORTNESS OF BREATH, COLD SWEAT, NAUSEA, OR DIZZINESS. INSTRUCT PATIENT ON SIGNS AND SYMPTOMS THAT NECESSITATE CALLING 911. SKILLED NURSE TO INSTRUCT PATIENT/CAREGIVER ON PRESCRIBED DIET. SKILLED NURSE TO ASSESS PATIENT FOR DIET COMPLIANCE.

SKILLED NURSE TO INSTRUCT REGARDING OXYGEN MANAGEMENT INCLUDING ADMINISTRATION, CARE OF EQUIPMENT AND SAFETY.

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.

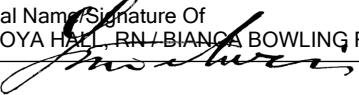
SKILLED NURSE TO OBSERVE AND ASSESS PATIENT WITH GENERALIZED DEPRESSION. ASSESS NEED FOR MEDICATION, MEDICATION CHANGES AND POTENTIAL NEED FOR REFERRAL TO PROVIDE COUNSELING AND ASSISTANCE WITH MANAGING DEPRESSION.

SKILLED NURSE TO OBSERVE AND ASSESS PATIENT WITH ALZHEIMER'S DISEASE AND INSTRUCT FAMILY/CAREGIVERS IN PROPER MANAGEMENT TECHNIQUES OF THE PATIENT WITH ALZHEIMER'S DISEASE AND THE BEHAVIORAL DISTURBANCES ASSOCIATED WITH THE DISEASE PROCESS.

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.

Electronically Signed by Dr. John Smith on 01-07-2026
Signature of Physician

Date

Optional Name/Signature Of
LETOYA HALL, RN / BIANCA BOWLING RN


Date
12/30/2025



Patient's Medicare No. 7WE4FA0EA82	SOC Date 1/18/2023	Certification Period 1/2/2026 to 3/2/2026	Medical Record No. HHW00001808501	Provider No. 67-7101
Patient's Name FRANCES STRAHAN		Provider's Name HEALING HANDS HEALTHCARE, LLC		

Orders of Discipline and Treatments:

SKILLED NURSE FOR INSTRUCTIONS/REINFORCEMENT ALL ASPECTS OF DIABETIC MANAGEMENT TO INCLUDE DISEASE PROCESS, DIET, SKIN CARE, SIGNS AND SYMPTOMS OF HYPO/HYPERGLYCEMIA, DIABETIC FOOT CARE, GLUCOMETER USE, AND PREPARATION AND ADMINISTRATION OF DIABETIC MEDICATIONS ORDERED BY PHYSICIAN. SN TO INSTRUCT PATIENT/CAREGIVER TO INSPECT PATIENT'S FEET DAILY AND REPORT ANY SKIN OR NAIL PROBLEMS TO SN. SN TO PERFORM INSPECTION OF PATIENT'S LOWER EXTREMITIES EVERY VISIT AND REPORT ANY ALTERATION IN SKIN INTEGRITY TO PHYSICIAN . SKILLED NURSE TO PROVIDE INSTRUCTION RELATED TO DIABETIC FOOT CARE BEST PRACTICE INCLUDING BUT NOT LIMITED TO MEASURES RELATED TO THE IMPORTANCE OF MONITORING THE PATIENT'S LOWER EXTREMITIES FOR ANY SKIN LESIONS AND IDENTIFYING PROPER DIABETIC FOOT CARE. PROVIDE SKILLED TEACHING ON PROPER CARE FOR LOWER EXTREMITIES. SKILLED NURSE TO ASSESS LOWER EXTREMITIES EVERY VISIT AND REPORT TO PHYSICIAN ANY CHANGES IN SKIN INTEGRITY FOR PROMPT INTERVENTION AND TREATMENT. SKILLED NURSE MAY OBTAIN BLOOD GLUCOSE LEVELS Q VISIT IF NEEDED. SKILLED NURSE REPORT A PATTERN OF THREE OR MORE BLOOD GLUCOSE LEVELS GREATER THAN 300 MG/DL TO MD FOR INTERVENTION

SKILLED NURSE TO REPORT A PATTERN (THREE OR MORE) OF BLOOD GLUCOSE LEVELS GREATER THAN 350 MG/DL.

SKILLED NURSE TO REVIEW MEDICATION PROFILE AND RECONCILE MEDICATIONS AS NEEDED. SKILLED NURSE TO INSTRUCT THE PATIENT/CAREGIVER ON MEDICATION REGIMEN DOSE, PURPOSE, ACTION, SIDE EFFECTS, AND INTERACTIONS. SKILLED NURSE MAY FILL MEDI-PLANNER PER CURRENT MEDICATION ORDERS Q VISIT. SN TO DETERMINE IF THE PATIENT/CAREGIVER IS ABLE TO IDENTIFY THE CORRECT DOSE, ROUTE, AND FREQUENCY OF EACH MEDICATION. SN TO ASSESS IF THE PATIENT/CAREGIVER CAN VERBALIZE AN UNDERSTANDING OF THE INDICATION FOR EACH MEDICATION. SN TO ESTABLISH REMINDERS TO ALERT PATIENT TO TAKE MEDICATIONS AT CORRECT TIMES. SKILLED NURSE TO INSTRUCT THE PATIENT/CAREGIVER ON PRECAUTIONS FOR HIGH-RISK MEDICATIONS, SUCH AS, HYPOGLYCEMICS, ANTICOAGULANTS/ANTIPLATELETS, SEDATIVE HYPNOTICS, NARCOTICS, ANTIARRHYTHMICS, ANTINEOPLASTICS, SKELETAL MUSCLE RELAXANTS.

SKILLED NURSE FOR ADMINISTRATION OF VITAMIN B12 INJECTION TO BE PERFORMED MONTHLY

SKILLED NURSE TO PROVIDE MONITORING FOR THE PRESENCE OF SKIN LESIONS ON THE LOWER EXTREMITIES AND TEACHING/REINFORCEMENT REGARDING PROPER DIABETIC FOOT CARE.

SKILLED NURSE TO PROVIDE AND INSTRUCT REGARDING FALL PREVENTION INTERVENTIONS.

SKILLED NURSE TO MONITOR PLAN FOR CURRENT TREATMENT OF DEPRESSION SUCH AS EFFECTS OF MEDICATION AND/OR NEED FOR REFERRAL FOR OTHER TREATMENT.

SKILLED NURSE TO PROVIDE/INSTRUCT REGARDING INTERVENTION(S) TO MONITOR AND MITIGATE PAIN.

SKILLED NURSE TO PROVIDE INSTRUCT REGARDING INTERVENTION(S) TO PREVENT PRESSURE ULCERS.

SN TO MINIMIZE/ELIMINATE RISK FOR HOSPITALIZATION DUE HISTORY OF HOSPITALIZATIONS AND PROVIDE ASSESSMENT AND TEACHING RELATED TO SIGNS AND SYMPTOMS OF EXACERBATION AND ON CALL PROCESS. SN TO MINIMIZE/ELIMINATE RISK FOR ER VISITS BY EDUCATING ON SIGNS AND SYMPTOMS OF EXACERBATION AND REPORTING CHANGES IN CONDITION TO HHA BY CALLING AGENCY FIRST AND REVIEWING ON CALL PROCESS. SN TO MINIMIZE/ELIMINATE RISK FOR HOSPITALIZATION DUE TO DIFFICULTY WITH MEDICAL INSTRUCTIONS, SUCH AS MEDICATIONS, DIET, EXERCISE. SN TO PROVIDE SKILLED SUPERVISION OF HEALTH LITERACY. SN TO MINIMIZE/ELIMINATE RISK FOR HOSPITALIZATION DUE TO IDENTIFIED PROBLEMS WITH MEDICATIONS POLYPHARMACY, RISK ASSOCIATED WITH HIGH RISK MEDICATIONS, REQUIRING HELP WITH MANAGING MEDICATIONS. SN TO MINIMIZE/ELIMINATE RISK FOR HOSPITALIZATION DUE TO PROBLEMS ASSOCIATED WITH PHYSICAL LIMITATIONS AND ENERGY CONSERVATION TO REDUCE EXHAUSTION.

SN TO INSTRUCT ON INFECTION CONTROL PRECAUTIONS SUCH AS HAND HYGIENE, PERSONAL PROTECTION EQUIPMENT (PPE), WASTE DISPOSAL, ENVIRONMENTAL SANITATION AND SIGNS AND SYMPTOMS OF INFECTION TO REPORT. SN TO ASSESS FOR SIGNS AND SYMPTOMS OF INFECTION AND INSTRUCT PATIENT AND CAREGIVER ON MEASURES TO PREVENT INFECTION INCLUDING, UNIVERSAL PRECAUTIONS, MOUTH CARE, SKIN CARE, AND ENVIRONMENTAL SANITATION.

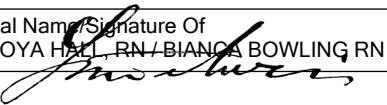
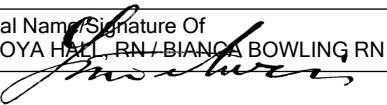
SN TO INSTRUCT PATIENT/CAREGIVER ON SIGNS AND SYMPTOMS OF COVID-19 AND WHEN TO GET IMMEDIATE MEDICAL ATTENTION. SN TO INSTRUCT PATIENT/CAREGIVER ON TECHNIQUES TO PREVENT SPREAD OF COMMUNICABLE DISEASES SUCH AS PROPER HAND WASHING, COVERING HIS/HER COUGH, USE OF PPE, AND SELF-QUARANTINE, ETC.

SN TO PROVIDE SKILLED ASSESSMENT, TEACHING/TRAINING AND REINFORCEMENT OF TEACHING OF SAFETY MEASURES TO PREVENT FALLS, REDUCE PAIN, PREVENT SKIN BREAKDOWN AND AVOID INFECTION

THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS ON THIS POC ATTESTS THAT THE PHYSICIAN'S ORDERS WERE RECEIVED ON 12/30/2025.

LICENSED PROFESSIONAL TO REPORT VITAL SIGNS FALLING OUTSIDE THE FOLLOWING ESTABLISHED PARAMETERS. TEMP<95>101 PULSE<50>120 RESP<12>24 SYSTOLICBP<90>180 DIASTOLICBP<50>110 FBS<50>350 RBS<50>350 PAIN>8 O2SAT<88

Electronically Signed by Dr. John Smith on 01-07-2026

Signature of Physician 	Date 12/30/2025
Optional Name/Signature Of LETOYA HALL, RN / BIANCA BOWLING RN 	Date 12/30/2025



Patient's Medicare No. 7WE4FA0EA82	SOC Date 1/18/2023	Certification Period 1/2/2026 to 3/2/2026	Medical Record No. HHW00001808501	Provider No. 67-7101
Patient's Name FRANCES STRAHAN		Provider's Name HEALING HANDS HEALTHCARE, LLC		

Goals/Rehabilitation Potential/Discharge Plans:

A PLAN OF CARE WILL BE ESTABLISHED THAT MEETS ALL PATIENT'S NURSING NEEDS AND WILL BE COUNTERSIGNED BY PHYSICIAN.

PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE ABILITY TO REPORT ANY CHANGES IN CONDITIONS TO SKILLED NURSE THAT MAY PRESENT THEMSELVES DURING THE COURSE OF THIS EPISODE TO MINIMIZE POTENTIAL COMPLICATIONS.

PATIENT'S VITAL SIGNS WILL BE WITHIN PARAMETERS BY EOE.

PATIENT WILL BE FREE FROM UTI BY EOE.

HEALING HANDS HEALTHCARE WILL USE TELEHEALTH IN ASSESSING THE PATIENT, AS WELL AS PROVIDING EDUCATION. ALL ORDERS, INCLUDING ADDITIONAL ORDERS FROM ALTERNATIVE PHYSICIANS, WILL BE RECEIVED IN A TIMELY MANNER.

PATIENT'S DISCHARGE INSTRUCTIONS WILL BE MET PRIOR TO DISCHARGE. PATIENT WILL BE DISCHARGED WHEN ALL GOALS HAVE BEEN MET.

RESPIRATORY EXACERBATIONS WILL BE IDENTIFIED PROMPTLY AND INTERVENTIONS INITIATED TO MINIMIZE ASSOCIATED RISKS RELATED TO COPD. 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 END OF EPISODE. ABNORMAL O2 SATURATION LEVELS WILL BE REPORTED TO PHYSICIAN.

CARDIOVASCULAR EXACERBATIONS WILL BE IDENTIFIED PROMPTLY, AND INTERVENTIONS WILL BE INITIATED TO MINIMIZE ASSOCIATED RISK. PATIENT/CAREGIVER WILL DEMONSTRATE/VERBALIZE THE ABILITY TO MANAGE CARDIOVASCULAR DISEASE PROCESS INCLUDING BUT NOT LIMITED TO THE ABILITY TO EXACERBATION AND TO RESPOND/ REPORT SYMPTOMS TO MINIMIZE POTENTIAL COMPLICATIONS. PATIENT WILL REMAIN FREE FROM CHEST PAIN, DURING THE EPISODE. THE PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF SYMPTOMS OF CARDIAC COMPLICATIONS AND WHEN TO CALL 911 BY EOE. THE PATIENT/CAREGIVER WILL VERBALIZE AND DEMONSTRATE EDEMA-RELIEVING MEASURES BY THE EPISODE. PATIENT WILL MAINTAIN PRESCRIBED DIET COMPLIANCE DURING THE EPISODE.

PATIENT/CAREGIVER WILL DEMONSTRATE ABILITY TO SAFELY MANAGE OXYGEN THERAPY IN THE HOME SETTING BY EOE

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

PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF MEASURES TO MANAGE DEPRESSION, INCLUDING MEDICATION COMPLIANCE, AS EVIDENCED BY IMPROVED MOOD BY EOE

FAMILY/CAREGIVERS WILL VERBALIZE AND/OR RETURN DEMONSTRATE APPROPRIATE MANAGEMENT TECHNIQUES RELATED TO THE ALZHEIMER'S DISEASE AND THE ASSOCIATED BEHAVIORAL DISTURBANCES BY EOE

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 3 BY EOE

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 EOE

BLOOD SUGAR VALUES (THREE OR MORE) OUTSIDE THE PARAMETERS SET BY THE PHYSICIAN WILL BE REPORTED TO THE PHYSICIAN FOR PROMPT INTERVENTION TO MINIMIZE ASSOCIATED RISKS.

PATIENT WILL RECEIVE MEDICATIONS AS PRESCRIBED. THE PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF MEDICATION REGIMEN, DOSE, ROUTE, FREQUENCY, INDICATIONS, AND SIDE EFFECTS BY END OF CERT PERIOD. PATIENT WILL REMAIN FREE OF ADVERSE MEDICATION REACTIONS DURING THE EPISODE.

INJECTION WILL BE ADMINISTERED PER ORDERS. PATIENT WILL VERBALIZE/DEMONSTRATE TOLERANCE OF INJECTION.

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 BY EOE

CHANGES IN PATIENT CO-MORBID STATUS WILL BE PROMPTLY IDENTIFIED AND REPORTED TO THE PHYSICIAN. PATIENT/CAREGIVER VERBALIZE/DEMONSTRATE MEASURES TO PREVENT FALLS BY EOE

CHANGES IN PATIENT CO-MORBID STATUS WILL BE PROMPTLY IDENTIFIED AND REPORTED TO THE PHYSICIAN. PATIENT/CAREGIVER VERBALIZE/DEMONSTRATE ABILITY TO PROPERLY MANAGE DEPRESSION BY EOE

CHANGES IN PATIENT CO-MORBID STATUS WILL BE PROMPTLY IDENTIFIED AND REPORTED TO THE PHYSICIAN. PATIENT/CAREGIVER VERBALIZE/DEMONSTRATE ABILITY TO PROPERLY MANAGE PAIN BY EOE

CHANGES IN PATIENT CO-MORBID STATUS WILL BE PROMPTLY IDENTIFIED AND REPORTED TO THE PHYSICIAN. PATIENT/CAREGIVER VERBALIZE/DEMONSTRATE MEASURES TO PREVENT PRESSURE ULCERS BY EOE

PATIENT WILL HAVE NO ACUTE CARE HOSPITALIZATIONS, ER VISITS, NOR READMISSIONS DURING THIS EPISODE OF CARE.

PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE KNOWLEDGE OF DISEASE MANAGEMENT AND IMPORTANCE OF PRESCRIBED TREATMENTS TO MINIMIZE RISK FOR HOSPITALIZATIONS RELATED TO IDENTIFIED RISK FACTORS, INCLUDING HOSPITALIZATIONS, ER VISITS, DIFFICULTY WITH MEDICAL INSTRUCTIONS, POLYPHARMACY, EXHAUSTION. BY END OF EPISODE.

PATIENT WILL REMAIN FREE OF INFECTION DURING THIS EPISODE OF CARE.

PATIENT AND/OR CAREGIVER WILL VERBALIZE AN UNDERSTANDING OF THE SIGNS AND SYMPTOMS OF COVID-19, NECESSARY PRECAUTIONS, AND WHEN TO GET IMMEDIATE MEDICAL ATTENTION BY EOE.

PATIENT/CAREGIVER WILL DEMONSTRATE/VERBALIZE KNOWLEDGE OF INTERVENTIONS TO PREVENT FALLS AND SAFETY HAZARDS BY EOE

Rehab Potential:

FAIR TO MEET GOALS BY EOE

Electronically Signed by Dr. John Smith on 01-07-2026

Signature of Physician

Date

Optional Name/Signature Of

LETOYA HALL, RN / BIANCA BOWLING RN

Date
12/30/2025



Patient's Medicare No. 7WE4FA0EA82	SOC Date 1/18/2023	Certification Period 1/2/2026 to 3/2/2026	Medical Record No. HHW00001808501	Provider No. 67-7101
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Patient's Name FRANCES STRAHAN	Provider's Name HEALING HANDS HEALTHCARE, LLC
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DC Plans:

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

DME and Supplies:

DIABETIC SUPPLIES; DME-CANE; DME-OXYGEN SUPPLIES ; DME-WALKER ; NEEDLES & SYRINGES; SYRINGE/NEEDLE

Prognosis:

FAIR

Functional Limitations:

ENDURANCE; AMBULATION; DYSPNEA WITH MINIMAL EXERTION

Safety Measures:

ADEQUATE LIGHTING, DIABETIC FOOT PRECAUTIONS, MED PRECAUTIONS, O2 PRECAUTIONS, UNIVERSAL PRECAUTIONS

Activities Permitted:

UP AS TOLERATED; CANE

Nutritional Requirements:

1800 ADA

Advance Directives:

MED. PWR. OF ATTY

Mental Statuses:

ORIENTED; DEPRESSED

Supporting Documentation for Cognitive Status:

INDICATE BEHAVIORAL ASSESSMENT FINDINGS (MARK ALL THAT APPLY):

NONE OF THE ABOVE BEHAVIORS DEMONSTRATED

Supporting Documentation for Psychosocial Status:

PSYCHOSOCIAL ISSUES THAT COULD POTENTIALLY IMPACT THE PLAN OF CARE (MARK ALL THAT APPLY):

NONE AT THIS TIME

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.)

3 - MULTIPLE HOSPITALIZATIONS (2 OR MORE) IN THE PAST 6 MONTHS || 4 - MULTIPLE EMERGENCY DEPARTMENT VISITS (2 OR MORE) IN THE PAST 6 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:

ALDACTONE; AMOXICILLIN; AZITHROMYCIN; CECLOR; FLAGYL; FLEXERIL; HYDROCODONE; IODINE; KEFLEX; LATEX; MACROBID; MEDROXYPROGESTERONE; MORPHINE; PENICILLINS; PORCINE; PREMARIN; PREVACID; PRILOSEC; PROTONIX; QUININE; STATINS; TRAMADOL

Medications:

Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
ACYCLOVIR 5 % TOPICAL CREAM 1 inch	AS NEEDED/PRN	TOPICAL			
Instructions: UP TO 5 TIMES A DAY AS NEEDED FOR SKIN INFECTION ADVIL 200 MG TABLET 1 tablet		ORAL			
Instructions: AS NEEDED FOR PAIN AIRSUPRA 90 MCG-80 MCG/ACTUATION HFA AEROSOL INHALER 2 puff		INHALATION AS NEEDED/PRN			
Instructions: EVERY 4-6 HOURS AS NEEDED FOR SHORTNESS OF BREATH OR WHEEZING B12 5,000 MCG-100 MCG SUBLINGUAL LOZENGE 1 lozenge		SUBLINGUAL			
Instructions: Electronically Signed by Dr. John Smith on 01-07-2026					
Signature of Physician				Date	
Optional Name/Signature Of LETOYA HALL, RN / BIANCA BOWLING RN <i>[Signature]</i>				Date	12/30/2025



Patient's Medicare No. 7WE4FA0EA82	SOC Date 1/18/2023	Certification Period 1/2/2026 to 3/2/2026	Medical Record No. HHW00001808501	Provider No. 67-7101
Patient's Name FRANCES STRAHAN		Provider's Name HEALING HANDS HEALTHCARE, LLC		
Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date
CICLOPIROX 8 % TOPICAL SOLUTION 8 %	BEDTIME	TOPICAL		New/ Changed
Instructions: APPLY OVER NAILS AT NIGHT				
DR. O. LAWAL				
CYANOCOBALAMIN (VIT B-12) 1,000 MCG/ML INJECTION SOLUTION 1 mL		INJECTION MONTHLY		
Instructions: DIAZEPAM 2 MG TABLET .5 tablet				
ORAL DAILY/PRN				
Instructions: FOR ANXIETY DR OLAWUNMI LAWAL				
DOXYCYCLINE HYCLATE 100 MG CAPSULE 1 capsule		ORAL 2 TIMES DAILY	01/09/2026	
Instructions: DR. LAWAL				
FAMOTIDINE 10 MG TABLET 1 tablet		ORAL EVERY AM		
Instructions: FAMOTIDINE 20 MG TABLET 1 tablet				
ORAL BEDTIME				
Instructions: FLORASTOR 250 MG CAPSULE 1 capsule				
ORAL DAILY				
Instructions: IVIZIA (PF) 0.5 % EYE DROPS 2 drops				
OPHTHALMIC (EYE) AS NEEDED/PRN				
Instructions: NO DOSE LIMIT, AS OFTEN AS NEEDED FOR DRY EYES				
MAALOX MAXIMUM STRENGTH 400 MG-400 MG-40 MG/5 ML ORAL SUSPENSION 10-20 mL		ORAL 4 TIMES DAILY		
Instructions: AS NEEDED FOR ACID REFLUX OR UPSET STOMACH				
MECLIZINE 25 MG TABLET 1 tablet		ORAL AS NEEDED/PRN		
Instructions: DAILY AS NEEDED FOR DIZZINESS				
MIRALAX 17 GRAM ORAL POWDER PACKET 1 packet		ORAL DAILY/PRN		New
Instructions: MIX ONE PACKET IN WATER AS NEEDED FRO CONSTIPATION				
O2 - OXYGEN 1-5 Liter		OXYGEN O2 - PRN/PRN		
Instructions: NO DOSE LIMIT, WHEN NEEDED FOR SHORTNESS OF BREATH				
ONDANSETRON 4 MG DISINTEGRATING TABLET 1 tablet		ORAL BEDTIME		
Instructions: LBB				
Electronically Signed by Dr. John Smith on 01-07-2026				Date
Signature of Physician				Date
Optional Name/Signature Of LETOYA HALL, RN / BIANCA BOWLING RN 				Date 12/30/2025

Patient's Medicare No.	SOC Date	Certification Period	Medical Record No.	Provider No.	
7WE4FA0EA82	1/18/2023	1/2/2026 to 3/2/2026	HHW00001808501	67-7101	
Patient's Name		Provider's Name			
FRANCES STRAHAN		HEALING HANDS HEALTHCARE, LLC			
Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
OXYGEN GAS FOR INHALATION <i>2 Liter</i>	<i>BEDTIME</i>	INHALATION			
Instructions: DR. OLUFEMI LAWAL					
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER <i>2 puff</i>	<i>AS NEEDED/PRN</i>	INHALATION			
Instructions: EVERY 4 HOURS AS NEEDED FOR SHORTNESS OF BREATH OR WHEEZING					
TYLENOL EXTRA STRENGTH 500 MG TABLET <i>1 tablet</i>	<i>AS NEEDED/PRN</i>	ORAL			
Instructions: EVERY 4-6 HOURS AS NEEDED FOR PAIN					
VITAMIN B-6 100 MG TABLET <i>1 tablet</i>	<i>DAILY</i>	ORAL			
Instructions:					
VITAMIN C 500 MG TABLET <i>1 tablet</i>	<i>DAILY</i>	ORAL			
Instructions:					
VITAMIN D3 25 MCG (1,000 UNIT) CAPSULE <i>1 capsule</i>	<i>DAILY</i>	ORAL			
Instructions:					

Electronically Signed by Dr. John Smith on 01-07-2026

Date _____

Optional Name/Signature Of
LETOYA HALL, RN / BIANCA BOWLING RN

Date
12/30/2025