

**Care Plans / Orders : 04/06/19**  
**DISCHARGE**

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<b>Patient Name (Code)</b>	<b>Caregiver Name (Code)</b>	<b>Physician Name (Code)</b>
EPFELBAUM, LEV (1100) 7518 LEXINGTON AVE # 10  LOS ANGELES, CA 90046	BAGHDASARYAN, GAYANE (43)	FORTALEZA , PAUL (1) 6350 LAUREL CANYON #205 NORTH HOLLYWOOD, CA 91606
Phone: (323) 845-0885	Phone: (818) 325-2090	
DOB: 09/02/1938	Fax: (818) 325-2092	
Certification Period:	02/08/19 - 04/08/19	

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**Notes:**

discharge from home health services

**Date and Time of Orders:** 4/6/19 2:00 pm

**Physician Orders:**

RN reported that patient was discharged from home health due to centered goals are met. Patient has better understanding of disease process, diet, medications, and fall prevention/home safety measures. PMD was informed of patient's stable condition. Patient will follow up with MD for further care. Patient/pcg verbalized understanding on all instructions provided. All involved team members notified, all orders read back and confirmed.

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 14:20  
Staff Signature

04.06.19  
Date

FORTALEZA , PAUL  
6350 LAUREL CANYON #205  
NORTH HOLLYWOOD, CA 91606

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

PHYSICIAN'S ORDER : 03/26/19  
DISCHARGE

Patient Name (Code)	Caregiver Name (Code)	Physician Name (Code)
EPFELBAUM, LEV (1100) 7518 LEXINGTON AVE # 10  LOS ANGELES, CA 90046  Phone: (323) 845-0885 DOB: 09/02/1938 Certification Period: 02/08/19 - 04/08/19	MAKARYAN, RAFAEL (13)	FORTALEZA , PAUL (1) 6350 LAUREL CANYON #205 NORTH HOLLYWOOD, CA 91606  Phone: (818) 325-2090 Fax: (818) 325-2092

Notes:

discharge planning done with patient/ pcg, case manager RN and MD.

Date and Time of Orders: 3/26/19 9:10 pm

Physician Orders:

Discharge planning performed per MD order. Patient is attaining achievable goals, educated and instructed on compliance with all medications as prescribed, proper diet compliance as prescribed. Patient/ pcg instructed on follow up care with MD, verbalizes understanding on teachings provided. An appointment scheduled for 04/06/2019. MD notified, all involved team members notified.

 09/10 03.26.19  
\_\_\_\_\_  
Staff Signature Date

FORTALEZA , PAUL  
6350 LAUREL CANYON #205  
NORTH HOLLYWOOD, CA 91606

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

Nursing Visit : 03/19/19  
CARE CORDINATION

Patient Name (Code)	Caregiver Name (Code)	Physician Name (Code)
EPFELBAUM, LEV (1100) 7518 LEXINGTON AVE # 10  LOS ANGELES, CA 90046  Phone: (323) 845-0885 DOB: 09/02/1938 Certification Period: 02/08/19 - 04/08/19	MAKARYAN, RAFAEL (13)	FORTALEZA , PAUL (1) 6350 LAUREL CANYON #205 NORTH HOLLYWOOD, CA 91606  Phone: (818) 325-2090 Fax: (818) 325-2092

**Notes:**

Care coordination/ progress towards staed goals: Patient's wount to left buttock coccyx area has healed. Patient/ pcg attained achievable goal.

Patient is homebound due to dependence upon assistive device, and another individual for assistance with ADL's, IADLs due to poor conditioning, multiple joint pain, changes in fine motor skills, especially BUE, decreased ROM of LE. Patient unable to negotiate stairs, needs assistance of another individual to leave home for MD appointments.

Goal is met for wound care 03/19/2019. Discharge planning done with patient/ pcg. Notice of Medicare Non Covergae form provided to patient pcg and explained patient rights to appeal.

**Date and Time of Orders:** 3/19/19 9:04 am

**Physician Orders:**

MD notified, ordered for RN assessment. Discontinue wound care, discontinue normal saline 0.9%, triple antibiotic ointment, calmoseptine ointment, itamin A and D ointment. All orders read back and confirmed. All orders read back and confirmed. All involved tean members notified.

 09:20 03.19.19  
\_\_\_\_\_  
Staff Signature Date

FORTALEZA , PAUL  
6350 LAUREL CANYON #205  
NORTH HOLLYWOOD, CA 91606

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Care Plans / Orders : 03/12/19****CARE CORDINATION**

<b>Patient Name (Code)</b> EPFELBAUM, LEV (1100) 7518 LEXINGTON AVE # 10  LOS ANGELES, CA 90046  Phone: (323) 845-0885 DOB: 09/02/1938 Certification Period: 02/08/19 - 04/08/19	<b>Caregiver Name (Code)</b> MAKARYAN, RAFAEL (13)	<b>Physician Name (Code)</b> FORTALEZA , PAUL (1) 6350 LAUREL CANYON #205 NORTH HOLLYWOOD, CA 91606  Phone: (818) 325-2090 Fax: (818) 325-2092
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**Notes:**

Care coordination/ progress towards goals: Patient's wound is improving, size has decreased by 50%, no signs and symptoms of infection noted and reported. Patient tolerates wound care well, no signs and symptoms of adverse reaction noted and reported.

Patient is homebound due to dependence upon assistive device, and another individual for assistance with ADL's, IADLs due to poor conditioning, multiple joint pain, changes in fine motor skills, especially BUE, decreased ROM of LE. Patient unable to negotiate stairs, needs assistance of another individual to leave home for MD appointments.

**Date and Time of Orders:** 3/12/19 11:11 am**Physician Orders:**

No new orders, continue to implement measures according to plan of care. All involved team members notified. Next scheduled SN visit is on 03/19/2019.

 11:30 03.12.19  
\_\_\_\_\_  
Staff Signature Date

FORTALEZA , PAUL  
6350 LAUREL CANYON #205  
NORTH HOLLYWOOD, CA 91606

\_\_\_\_\_  
Physician Signature\_\_\_\_\_  
Date

**Nursing Visit : 03/07/19  
CARE CORDINATION**

<b>Patient Name (Code)</b> EPFELBAUM, LEV (1100) 7518 LEXINGTON AVE # 10 LOS ANGELES, CA 90046 Phone: (323) 845-0885 DOB: 09/02/1938 Certification Period: 02/08/19 - 04/08/19	<b>Caregiver Name (Code)</b> MAKARYAN, RAFAEL (13)	<b>Physician Name (Code)</b> FORTALEZA , PAUL (1) 6350 LAUREL CANYON #205 NORTH HOLLYWOOD, CA 91606 Phone: (818) 325-2090 Fax: (818) 325-2092
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**Notes:**

Missed visit reported by skilled nurse as ordered by MD for wound care management, observation and teachings per patient/ pcg request due to personal matters.

PCG verbalizes compliance with wound care management as prescribed per MD order. No signs and symptoms of drained noted and reported. Patient tolerating wound care well. A follow up appointment rescheduled for next week, on 03/12/2019.

**Date and Time of Orders:** 3/7/19 1:45 pm**Physician Orders:**

MD notified, no new orders. All involved team members notified.

13:55 03-07-19  
Staff Signature Date

FORTALEZA , PAUL  
6350 LAUREL CANYON #205  
NORTH HOLLYWOOD, CA 91606

Physician Signature

Date

Nursing Visit : 03/06/19  
CARE CORDINATION

Patient Name (Code)	Caregiver Name (Code)	Physician Name (Code)
EPFELBAUM, LEV (1100) 7518 LEXINGTON AVE # 10 LOS ANGELES, CA 90046	MAKARYAN, RAFAEL (13)	FORTALEZA , PAUL (1) 6350 LAUREL CANYON #205 NORTH HOLLYWOOD, CA 91606
Phone: (323) 845-0885	Phone: (818) 325-2090	
DOB: 09/02/1938	Fax: (818) 325-2092	
Certification Period:	02/08/19 - 04/08/19	

**Notes:**

Missed visit reported by skilled nurse as ordered by MD for wound care management, observation and teachings per patient/ pcg request due to personal matters.

PCG verbalizes compliance with wound care managent as prescribed per MD order. No signs and symtpoms of drained noted and reported. Patient tolerating wound care well. A follow up appointment rescheduled for 03/07/2019.

**Date and Time of Orders:** 3/6/19 11:21 am

**Physician Orders:**

MD notified, no new orders. All involved team members notified.

 11:50 03.06.19  
Staff Signature Date

FORTALEZA , PAUL  
6350 LAUREL CANYON #205  
NORTH HOLLYWOOD, CA 91606

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

## Care Plans / Orders : 03/05/19

### CARE CORDINATION

Patient Name (Code)	Caregiver Name (Code)	Physician Name (Code)
EPFELBAUM, LEV (1100) 7518 LEXINGTON AVE # 10	MAKARYAN, RAFAEL (13)	FORTALEZA , PAUL (1)
LOS ANGELES, CA 90046		6350 LAUREL CANYON #205
Phone: (323) 845-0885		NORTH HOLLYWOOD, CA 91606
DOB: 09/02/1938		
Certification Period:	02/08/19 - 04/08/19	Phone: (818) 325-2090
		Fax: (818) 325-2092

**Notes:**

Care Coordination with skilled nurse, case manager RN and MD regarding patient's condition: Patient has developed stage 2 pressure ulcer to left buttock/ coccygeal area, measuring 2.2 cmx 1.5 cm x 0.7 cm. Patient mostly in bed, education done with pcg/ family on importance of turning patient/ repositioning every 2 hours.

New Goal: Patient's new wound to left buttock stage 2 coccygeal area will heal without complications by the next 2 week period.

Homebound status: Patient is homebound due to dependence upon assistive device, and another individual for assistance with ADL's, IADLs due to poor conditioning, multiple joint pain, changes in fine motor skills, especially BUE, decreased ROM of LE. Patient needs assistance of another individual to negotiate stairs, needs assistance of another individual to leave home for MD appointments.

**Date and Time of Orders:** 3/5/19 11:19 am

**Physician Orders:**

Cleanse left buttock stage 2 pressure ulcer (coxxxy area) with normal saline 0.9%, pat dry, apply triple antibiotic ointment on wound bed, calmoseptine ointment and vitamin A and D ointment to periwound area twice daily topically. PCG will assume responsibility for wound care management. SN validated pcg ability to perform wound care on non nurse visit days.

Skilled nurse frequency change as follows: daily for 2 days, then effective 03/10/2019: 1wk4, or until further new orders from MD. All involved team members notified. No new orders at this time.

*Chub 11:40* *03-05-19*  
\_\_\_\_\_  
Staff Signature Date

FORTALEZA , PAUL  
6350 LAUREL CANYON #205  
NORTH HOLLYWOOD, CA 91606

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Care Plans / Orders : 02/22/19**  
**CARE CORDINATION**

<b>Patient Name (Code)</b> EPFELBAUM, LEV (1100) 7518 LEXINGTON AVE # 10  LOS ANGELES, CA 90046  Phone: (323) 845-0885 DOB: 09/02/1938 Certification Period: 02/08/19 - 04/08/19	<b>Caregiver Name (Code)</b> MAKARYAN, RAFAEL (13)	<b>Physician Name (Code)</b> FORTALEZA , PAUL (1) 6350 LAUREL CANYON #205 NORTH HOLLYWOOD, CA 91606  Phone: (818) 325-2090 Fax: (818) 325-2092
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**Notes:**

Care coordination/ progress towards goals: Patient reports on pain 0/10 during SN visit today. Patient verbalizes understanding on pain management techniques: rest, relaxation, diversion, repositioning. Patient takes Tylenol 500 mg 2 tabs twice daily. Patient does not drink fluids 2-3 hours prior to bedtime to avoid nocturia and awakening at night.

Goal met: Patient/ PCP will verbalize understanding on disease process and management of multiple joint pain related to Arthritis, demonstrate compliance with Tylenol 500 mg two tablets orally every 6 hours as needed for mild pain, and Advil as needed for moderate pain as prescribed, and patient's pain will decrease to 0/10.

Homebound status: Patient is confined to own place of residence due to current exacerbation in illness related to SOB on exertion, patient is dependent upon assistive device (cane) and assistance of another individual to leave place of residence for MD appointments. Patient confused at times, anxious at times, forgetful unable to negotiate stairs due to dizziness, weakness, needs assistance of another individual (PCP/ Family member).

**Date and Time of Orders:** 2/22/19 1:54 pm

**Physician Orders:**

Verification of new medication as follows: Start Meloxicam 15 mg 1tab orally daily (N)- DX Arthritis. All orders read back and confirmed. All involved team members notified.

SN to continue to implement measures according to plan of care, report to MD any abnormal findings, teach and follow plan of care. All orders read back and confirmed. All involved team members notified.

*02/22/19* 02.22.19  
Staff Signature Date

FORTALEZA , PAUL  
6350 LAUREL CANYON #205  
NORTH HOLLYWOOD, CA 91606

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

## Care Plans / Orders : 02/19/19

### CARE CORDINATION

<b>Patient Name (Code)</b>	<b>Caregiver Name (Code)</b>	<b>Physician Name (Code)</b>
EPFELBAUM, LEV (1100) 7518 LEXINGTON AVE # 10  LOS ANGELES, CA 90046	MAKARYAN, RAFAEL (13)	FORTALEZA , PAUL (1) 6350 LAUREL CANYON #205 NORTH HOLLYWOOD, CA 91606
Phone: (323) 845-0885		Phone: (818) 325-2090
DOB: 09/02/1938		Fax: (818) 325-2092
Certification Period:	02/08/19 - 04/08/19	

**Notes:**

Care coordination, progress towards stated goals and compliance with new medications as follows: Patient/ pcg verbalizes understanding on proper compliance with current medication regimen as prescribed. PCG able to prepare and administer Humulin R subcutaneous injections as ordered per sliding scale, no signs and symptoms of adverse reaction noted and reported. Patient is able to tolerate procedure well.

On going goals: Patient/ pcg will verbalize understanding on disease process and management of HTN, demonstrate compliance with NAS, controlled carbohydrate, low fat/low cholesterol, follow medication regimen as prescribed and demonstrate compliance with medication regimens as prescribed, and patient's cardiovascular-pulmonary condition will stabilize as evidenced by vital signs within normal parameters with BP in the range 90/60 - 140/90 mm/Hg with use of proper medication, clear breath sounds by the next 4 week period.

Homebound status: Patient is confined to own place of residence due to current exacerbation in illness related to joint pain, SOB on exertion, patient is dependent upon assistive device (cane) and assistance of another individual to leave place of residence for MD appointments. Patient confused at times, anxious at times, forgetful unable to negotiate stairs due to dizziness, weakness, needs assistance of another individual (PCG/ Family member).

**Date and Time of Orders:** 2/19/19 12:13 pm

**Physician Orders:**

Continue to follow plan of care, report to MD any abnormal findings. Teach according to plan of care, implement measures according to plan of care. All orders read back and confirmed. All involved team members notified.

*Paul 12:45* 02.19.19  
Staff Signature Date

FORTALEZA , PAUL  
6350 LAUREL CANYON #205  
NORTH HOLLYWOOD, CA 91606

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

## Care Plans / Orders : 02/12/19

## CARE CORDINATION

Patient Name (Code)	Caregiver Name (Code)	Physician Name (Code)
EPFELBAUM, LEV (1100) 7518 LEXINGTON AVE # 10  LOS ANGELES, CA 90046	MAKARYAN, RAFAEL (13)	FORTALEZA , PAUL (1) 6350 LAUREL CANYON #205 NORTH HOLLYWOOD, CA 91606
Phone: (323) 845-0885		Phone: (818) 325-2090
DOB: 09/02/1938		Fax: (818) 325-2092
Certification Period:	02/08/19 - 04/08/19	

**Notes:**

Skilled nurse called and reported on verifaciton of new medication as follows: Progress towards goals, patient attaining 50% of stated goals. Patient has new medication and new goals as follows:

New goal: PCG/patient will demonstrate competence in following medical regimen by 03/01/2019

Current goal not met: Patient/ pcg will verbalize understanding on disease process and management of DM TYpe 2, compliance with all medications prescribed, follow prescribed diet NAS, Low fat/cholesterol, controlled carbohydrates, be able to verbalize understanding on foods to avoid, and patient's blood sugar levels wll remain within parameters 100-180 mg/dl

Homebound status: Patient is confined to own place of residence due to current exacerbation in illness related to joint pain, SOB on exertion, patient is dependent upon assistive device (cane) and assistance of another individual to leave place of residence for MD appoitments. Patient confused at times, anxious at times, forgetfulm unable to negotiate stairs due to dizziness, weakness, needs assistance of another individual (PCG/ Family member).

**Date and Time of Orders:** 2/12/19 1:11 pm

**Physician Orders:**

Start Humulin R by sliding scale twice daily subcutaneously before breakfast and before dinner as follows:  
 below 60 mg/dl- report to MD  
 60-120 mg/dl- no coverage  
 121-200 mg/dl- administer 2 units  
 201-250 mg/dl- administer 4 units  
 251-300 mg/dl- administer 6 units  
 above 300 mg/dl- administer 8 units and call MD (N)

Orders read back and confirmed. Patient/ pcg instructions provided on proper administration of prescribed medications, side effects, importance of rotating injection sites and storage of Humulin R. Verbalizes understanding. All orders read back and confrmed.

FORTALEZA , PAUL  
6350 LAUREL CANYON #205  
NORTH HOLLYWOOD, CA 91606

KRISTORAF HOME HEALTH, INC.  
416 E COLORADO ST SUITE C  
GLENDALE, CA 912055107  
Phone: (818) 945-5211 Fax: (818) 945-5217

Page 2 of 2

Care Plans / Orders : 02/12/19  
CARE CORDINATION

Patient Name (Code)	Caregiver Name (Code)	Physician Name (Code)
EPFELBAUM, LEV (1100) 7518 LEXINGTON AVE # 10  LOS ANGELES, CA 90046  Phone: (323) 845-0885 DOB: 09/02/1938 Certification Period: 02/08/19 - 04/08/19	MAKARYAN, RAFAEL (13)	FORTALEZA , PAUL (1) 6350 LAUREL CANYON #205 NORTH HOLLYWOOD, CA 91606  Phone: (818) 325-2090 Fax: (818) 325-2092

PLEASE REVIEW ALL 2 PAGES OF THIS DOCUMENT BEFORE SIGNING.

  
Staff Signature

02/12/19  
Date

FORTALEZA , PAUL  
6350 LAUREL CANYON #205  
NORTH HOLLYWOOD, CA 91606

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

Care Plans / Orders : 02/08/19  
CARE COORDINATION

Patient Name (Code)	Caregiver Name (Code)	Physician Name (Code)
EPFELBAUM, LEV (1100) 7518 LEXINGTON AVE # 10	MAKARYAN, RAFAEL (13)	FORTALEZA , PAUL (1) 6350 LAUREL CANYON #205 NORTH HOLLYWOOD, CA 91606
LOS ANGELES, CA 90046		
Phone: (323) 845-0885		Phone: (818) 325-2090
DOB: 09/02/1938		Fax: (818) 325-2092
Certification Period:	02/08/19 - 04/08/19	

**Notes:**

Skilled nurse, called and reported to RN supervisor and MD that upon skilled nurse visit today, patient was exhibiting symptoms of elevated blood sugar- blurred vision, complains of fatigue. Blood sugar checked using aseptic technique and was 398 mg/dl. Patient reported the following " I didnt take my blood sugar medication for 2 days". Patient has limited educational background, forgetful, PCG has knowledge deficit related to proper management of medications, diet and disease to help patient stay compliant with medications as prescribed. SN monitoring and reinforcement teachings are needed.

Goals are not met, following stated goals to achieve by 03/15/2019. All involved team members notified.

Homebound status: Patient is confined to own place of residence due to current exacerbation in illness related to joint pain, SOB on exertion, patient is dependent upon assistive device (cane) and assistance of another individual to leave place of residence for MD appointments. Patient confused at times, anxious at times, forgetful unable to negotiate stairs due to weakness, needs assistance of another individual (PCG/ Family member).

**Date and Time of Orders:** 2/8/19 3:06 pm

**Physician Orders:**

MD called and notified. Ordered to administer missed medication as follows: Tradjenta 5 mg 1 tablet orally now with full glass of water. SN prepared and administered Tradjenta 5 mg 1 tablet orally with full glass of water. with full of water. After 30 minutes, blood sugar level decreased to 231 mg/dl. MD notified. Teachings done on proper compliance with medications as prescribed by MD and importance of frequent blood sugar monitoring. Orders read back and confirmed. All involved team members notified.

New skilled nurse frequency as follows: effective 02/10/2019: 2wk2, 1wk6. All orders read back and confirmed. All involved team members notified.

 15:30 02.08.19  
Staff Signature Date

FORTALEZA , PAUL  
6350 LAUREL CANYON #205  
NORTH HOLLYWOOD, CA 91606

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**PHYSICIAN'S ORDER : 02/05/19**  
**RECERTIFICATION**

<b>Patient Name (Code)</b> EPFELBAUM, LEV (1100) 7518 LEXINGTON AVE # 10  LOS ANGELES, CA 90046  Phone: (323) 845-0885 DOB: 09/02/1938 Certification Period:	<b>Caregiver Name (Code)</b> VARDANYAN, LILIT (51)	<b>Physician Name (Code)</b> FORTALEZA , PAUL (1) 6350 LAUREL CANYON #205 NORTH HOLLYWOOD, CA 91606  Phone: (818) 325-2090 Fax: (818) 325-2092
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**Notes:**

I recertify that this patient is confined to his/her home and continues to need intermittent skilled nursing services. This patient is under my care, and I have authorized the services on this plan of care and I will periodically review this plan. I attest that a valid face-to-face encounter occurred on 02/04/2019, and it is related to the primary reason the patient requires home health services.

**HOMEBOUND STATUS:** Patient is confined to home related to current health conditions with exacerbation of current health status. Patient has increased pain in multiple joints, uses assistive device for ambulation, needs assistance of another individual (PCG, family member) to be able to negotiate stairs. Patient leaves home for MD appointments. Patient has general weakness, fatigues easily, has activity intolerance related to SOB, needs frequent rest periods.

**Date and Time of Orders:** 2/5/19 5:20 pm

**Physician Orders:**

Please recertify patient to Kristoraf Home Health, INC.  
SN visit frequency: 1wk1, 2wk2, 1wk6

Verification of medications:

Tylenol 500 mg 1 tablet every 6 hours as needed for mild pain, do not exceed more than 3000 mg/day (C)  
Advil 200 mg 1 tablet twice daily orally as needed for moderate pain (C)  
Clonazepam 0.5 mg 1 tablet once daily orally  
Trintellix 20 mg 1 tablet once daily orally  
Memantine 14 mg 1 capsule once daily orally  
Timolol Solution 0.5% instill 1 drop to each eye daily ophthalmic  
Alphagan 0.1% instill 1 drop to each eye daily ophthalmic  
Lumigan 0.01% instill 1 drop to each eye daily ophthalmic  
Olopatadine 0.2% instill 1 drop to each eye daily ophthalmic  
Tamsulosin 0.4 mg 1 capsule once daily orally  
Synthroid 25 mcg 1 tablet once daily orally  
Fenofibrate 145 mg 1 tablet once daily orally  
Edarbi 40 mg 1 tablet once daily orally  
Rosuvastatin 10 mg 1 tablet once daily orally  
Xarelto 15 mg 1 tablet once daily orally  
Tradjenta 5 mg 1 tablet once daily orally

FORTALEZA , PAUL  
6350 LAUREL CANYON #205  
NORTH HOLLYWOOD, CA 91606

**KRISTORAF HOME HEALTH, INC.**  
416 E COLORADO ST SUITE C  
GLENDALE, CA 912055107  
Phone: (818) 945-5211 Fax: (818) 945-5217

Page 2 of

**PHYSICIAN'S ORDER : 02/05/19**  
**RECERTIFICATION**

Patient Name (Code)	Caregiver Name (Code)	Physician Name (Code)
EPFELBAUM, LEV (1100) 7518 LEXINGTON AVE # 10	VARDANYAN, LILIT (51)	FORTALEZA , PAUL (1) 6350 LAUREL CANYON #205 NORTH HOLLYWOOD, CA 91606
LOS ANGELES, CA 90046		
Phone: (323) 845-0885		Phone: (818) 325-2090
DOB: 09/02/1938		Fax: (818) 325-2092
Certification Period:		

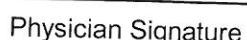
ALL ORDERS READ BACK, VERIFIED AND CONFIRMED WITH MD.

PLEASE REVIEW ALL 2 PAGES OF THIS DOCUMENT BEFORE SIGNING.

  
Staff Signature

02.05.19  
Date

FORTALEZA , PAUL  
6350 LAUREL CANYON #205  
NORTH HOLLYWOOD, CA 91606

  
Physician Signature

Date

# HOME HEALTH CERTIFICATION AND PLAN OF CARE

1. Patient's HI Claim No. 615965743M	2. Start Of Care Date 12/10/2018	3. Certification Period 02/08/2019 - 04/08/2019	4. Medical Record No. 000001100-003	5. Provider No. 059754
6. Patient's Name and Address <b>EPFELBAUM, LEV</b> <b>7518 LEXINGTON AVE # 10</b> <b>LOS ANGELES, CA 90046, 323-845-0885</b>			7. Provider's Name, Address, and Telephone Number <b>KRISTORAF HOME HEALTH, INC.</b> <b>416 E COLORADO ST</b> <b>SUITE C</b> <b>GLENDALE, CA 91205-5107</b> 818-945-5211 F:818-945-5217	
8. Date of Birth 09/02/1938	9. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	10. Medications: Dose/Frequency/Route (N)ew (C)hanged  Tylenol 500 mg 1 tablet every 6 hours as needed for mild pain, do not exceed more than 3000 mg/day (C) Advil 200 mg 1 tablet twice daily orally as needed for moderate pain (C) Clonazepam 0.5 mg 1 tablet once daily orally Trintellix 20 mg 1 tablet once daily orally Please See 487		
11. ICD-10-CM <b>E11.9</b>	Principal Diagnosis <b>Type 2 diabetes mellitus w</b>	Date 02/05/19	E/O	
12. ICD-10-CM	Surgical Procedure	Date		
13. ICD-10-CM I10. G30.9 M15.0 F02.81 Z86.73 H40.9	Other Pertinent Diagnoses Essential (primary) hypertension Alzheimer's disease, unspecified Primary generalized (osteo)arthritis Dementia in other diseases classified elsewhere Prsnl hx of TIA (TIA), and Unspecified glaucoma	Date 02/05/19 02/05/19 02/05/19 02/05/19 02/05/19 02/05/19		
14. DME and Supplies: Alcohol swabs, Chemstrips, DM kit, sharp container, bath bench, cane,	15. Safety Measures: Universal/standard/fall precautions, bleeding precautions, clear			
16. Nutritional Req.: NAS, Controlled carbohydrates,	17. Allergies: none known			
18.A. Functional Limitations 1 <input type="checkbox"/> Amputation 2 <input checked="" type="checkbox"/> Bowel/Bladder (Incontinence) 3 <input type="checkbox"/> Contracture 4 <input checked="" type="checkbox"/> Hearing	5 <input type="checkbox"/> Paralysis 6 <input checked="" type="checkbox"/> Endurance 7 <input type="checkbox"/> Ambulation 8 <input type="checkbox"/> Speech	9 <input type="checkbox"/> Legally Blind A <input type="checkbox"/> Dyspnea With Min. Exertion B <input checked="" type="checkbox"/> Other (Specify) SOB w/mod exer, L Blind	18.B. Activities Permitted 1 <input type="checkbox"/> Complete Bedrest 2 <input type="checkbox"/> Bedrest BRP 3 <input type="checkbox"/> Up As Tolerated 4 <input type="checkbox"/> Transfer Bed/Chair 5 <input type="checkbox"/> Exercises Prescribed	A <input type="checkbox"/> Wheelchair B <input checked="" type="checkbox"/> Walker C <input type="checkbox"/> No Restrictions D <input checked="" type="checkbox"/> Other (Specify) Assist with ADLs/IADLs
19. Mental Status 1 <input checked="" type="checkbox"/> Oriented 2 <input type="checkbox"/> Comatose	3 <input checked="" type="checkbox"/> Forgetful 4 <input checked="" type="checkbox"/> Depressed	5 <input type="checkbox"/> Disoriented 6 <input type="checkbox"/> Lethargic	7 <input type="checkbox"/> Agitated 8 <input checked="" type="checkbox"/> Other Confused/anxious at times	
20. Prognosis 1 <input type="checkbox"/> Poor	2 <input type="checkbox"/> Guarded	3 <input checked="" type="checkbox"/> Fair	4 <input type="checkbox"/> Good	5 <input type="checkbox"/> Excellent
21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration) I recertify that this patient is confined to his/her home and continues to need intermittent skilled nursing services. This patient is under my care, and I have authorized the services on this plan of care and I will periodically review this plan. I attest that a valid face-to-face encounter occurred on 02/04/2019, and it is related to the primary reason the patient requires home health services.				
HOMEBOUND STATUS: Patient is confined to home related to current health conditions with exacerbation of current health status. Patient has increased pain in multiple joints, uses assistive device for ambulation, needs assistance of another individual (PCG, family member) to be able to negotiate stairs. Patient leaves home for MD appointments. Patient has general weakness, fatigues easily, has activity intolerance related to SOB, needs frequent rest periods.				
Recertify patient to Kristoraf Home Health, INC. for Skilled Nursing services with: SNV FREQUENCY:1WK1, 2WK2, 1WK6				
22. Goals/Rehabilitation Potential/Discharge Plans WITHIN 1-9 WEEKS:				
<ol style="list-style-type: none"> <li>1. Patient will demonstrate compliance with medication in 3-5 weeks</li> <li>2. Blood sugar will stabilize within normal parameters of 80-120mg/dl FBS and less than 200</li> </ol>				
23. Nurse's Signature and Date of Verbal SOC Where Applicable: 			25. Date HHA Received Signed POT 02/05/19	
24. Physician's Name and Address <b>FORTALEZA, PAUL MD, DO</b> <b>6350 LAUREL CANYON #205</b> <b>NORTH HOLLYWOOD, CA 91606, 818-325-2090</b> <b>Fax: (818) 325-2092</b>			26. I <input checked="" type="checkbox"/> 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. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.	
27. Attending Physicians Signature and Date Signed (Signature applies to all Pages)			28. 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.	

## ADDENDUM TO:



## PLAN OF TREATMENT



## MEDICAL UPDATE

1. Patient's HI Claim No. 615965743M	2. Start Of Care Date 12/10/2018	3. Certification Period 02/08/2019 - 04/08/2019	4. Medical Record No. 000001100-003	5. Provider No. 059754
6. Patient's Name and Address EPFELBAUM, LEV 7518 LEXINGTON AVE # 10 LOS ANGELES, CA 90046, 323-845-0885	7. Provider's Name, Address, and Telephone Number KRISTORAF HOME HEALTH, INC. 416 E COLORADO ST SUITE C GLENDALE, CA 91205-5107			818-945-521 F:818-945-521

## 10. Medications continued

Memantine 14 mg 1 capsule once daily orally  
 Timolol Solution 0.5% instill 1 drop to each eye daily ophthalmic  
 Alphagan 0.1% instill 1 drop to each eye daily ophthalmic  
 Lumigan 0.01% instill 1 drop to each eye daily ophthalmic  
 Olopatadine 0.2% instill 1 drop to each eye daily ophthalmic  
 Tamsulosin 0.4 mg 1 capsule once daily orally  
 Synthroid 25 mcg 1 tablet once daily orally  
 Fenofibrate 145 mg 1 tablet once daily orally  
 Edarbi 40 mg 1 tablet once daily orally  
 Rosuvastatin 10 mg 1 tablet once daily orally  
 Xarelto 15 mg 1 tablet once daily orally  
 Tradjenta 5 mg 1 tablet once daily orally

## 13. Other Pertinent Diagnoses continued

F32.9	Major depressive disorder, sin	02/05/2019
F41.9	Anxiety disorder, unspecified	02/05/2019
E78.5	Hyperlipidemia, unspecified	02/05/2019
E03.9	Hypothyroidism, unspecified	02/05/2019
N40.0	Benign prostatic hyperplasia w	02/05/2019
R32.	Unspecified urinary incontinen	02/05/2019

## 14. DME and Supplies continued

walker, grab bars

## 15. Safety Measures continued

pathways, infection control measures, safe use of cane and walker, 911/emergency protocol.

## 16. Nutrition Req. continued

low fat/cholesterol

## 21. Orders for Discipline and Treatments continued

SN to perform every visit:

1. V/S: Temp/HR/RR/BP
2. Check blood sugar level and perform diabetic foot exam, assess for skin breakdown. PCG responsible for daily BS checking. SN validated patient's/PCG's ability to perform daily BS checking via fingerstick.
3. Scale pain 0-10, implement pain relief measures and its effectiveness

## SKILLED OBSERVATION &amp; ASSESSMENT ON ALL BODY SYSTEMS WITH EMPHASIS ON:

1. Cardiovascular status, vital signs, BP trends, breath sounds, dyspnea, s/sx of hypo/hypertension, SOB/dyspnea and peripheral circulation
2. Endocrine status: Monitor Blood sugar levels, s/s of hypo/hyperglycemia; s/s related to Hypothyroidism such as cold intolerance, periorbital edema, skin dryness
3. Neurologic status, psychosocial and coping status; s/s related to Alzheimer's disease as memory loss and cognitive decline; s/s related to Dementia such as impaired judgment, incontinence, personality change; s/s referable to Depression: feelings of sadness, Irritability or frustration; s/s referable to anxiety including orientation, alertness, mood, cognitive function
4. GU/GI status: nutrition, hydration, elimination, incontinence; s/sx referable to Benign prostatic hyperplasia including hesitancy, urinary retention/obstruction
5. Mobility, weakness and ability to perform ADLs; pain level and control; s/s referable to Osteoarthritis such as joint swelling, tenderness and pain, limited ROM
6. Medication compliance and effectiveness. Taking into consideration Patient's noncompliance with medical treatment and regimen

9. Signature of Physician

(Signature applies to all Pages)

10. Date

11. Optional Name/Signature of Nurse/Therapist

12. Date

02.05.19

Form CMS 487

Provider

Page 2 of 4

## ADDENDUM TO:

 PLAN OF TREATMENT MEDICAL UPDATE

1. Patient's HI Claim No. 615965743M	2. Start Of Care Date 12/10/2018	3. Certification Period 02/08/2019 - 04/08/2019	4. Medical Record No. 000001100-003	5. Provider No. 059754
6. Patient's Name and Address EPFELBAUM, LEV 7518 LEXINGTON AVE # 10 LOS ANGELES, CA 90046, 323-845-0885		7. Provider's Name, Address, and Telephone Number KRISTORAF HOME HEALTH, INC. 416 E COLORADO ST SUITE C GLENDALE, CA 91205-5107		818-945-521 F:818-945-521

- 7. Safety hazards.
- 8. Patient/pcg response to teaching.
- 9. Set up medications weekly as needed per patient request by SN
- 10. Monitor for skin breakdown
- 11. Bleeding tendency related to Xarelto therapy.

SN TO REPORT TO MD: Temperature greater than 100F; BP less than 90/50 or greater than 160/100 mmHg; FBS less than 80mg/dl or greater than 300mg/dl/RBS and RBS less than 80 mg/dl or greater than 300mg/dl/RBS; heart rate lower than 60 bpm or above 120 bpm; respiration less than 14/min or greater than 24/min; oxygen saturation less than 92%; pain level greater than 6/10 and or not relieved by prescribed medication; severe SOB, chest pain, patient injury or falls, sudden change in mental status, skin breakdown, s/s of infection, medication adverse effects, bleeding and hospitalization and any other abnormal findings.

NOTE: Instructions centered to patient's caregiver as patient has diagnosis of Alzheimer's Disease.

SN TO TEACH PATIENT/PCG ON:

1. S/S of hypo/hyperglycemia
2. Diabetic foot care and medication related to DM
3. S/S of hypo/hypertension
4. Medications Tylenol and Advil - use and action
5. Disease process of depression and medication related to depression
6. Measures of energy conservation
7. Disease process of Anxiety and medication related to Anxiety
8. NAS, Low Fat/Cholesterol diet
9. Measures to prevent hospitalization
10. Discharge preparedness

SN may alter education plan if:

- There is a new medication
- There is a significant change in patient's condition

22. Goal/Rehabilitation Potential/Discharge Plans continued  
mg/dl RBS

3. Cardio-pulmonary status will stabilize as evidenced by vital signs within normal parameters with BP in the range 90/50 - 160/10 mmHg, clear breath sounds and no s/s of increased dyspnea in 4-6 weeks
4. PCG/patient will demonstrate competence in following medical regimen in 2-4 weeks
5. Patient will verbalize pain controlled at acceptable level of 0-2/10 2-4 weeks.
6. Patient will demonstrate independence in ADLs in 6-9 weeks
7. No falls/injuries/hospitalizations during the episode of care.

REHABILITATION POTENTIAL: Good

DC PLAN: Discharge when patient/pcg return to an independent level of care; when patient is able to remain in residence with assistance of primary caregiver/support from community agencies; when patient/pcg become knowledgeable about when to notify physician; able to understand medication regimen and care related to diagnoses; when medical condition stabilizes and when maximum functional potential is reached.

DISCHARGE SUMMARY WILL BE AVAILABLE AT DISCHARGE UPON REQUEST

HOMEBOUND STATUS: Requires assistance to ambulate, confusion, unable to go out of home alone, unable to safely leave home unassisted, dependent upon adaptive device, taxing effort to leave home.

9. Signature of Physician

(Signature applies to all Pages)

10. Date

11. Optional Name/Signature of Nurse/Therapist

12. Date

02.05.19

## ADDENDUM TO:



## PLAN OF TREATMENT



## MEDICAL UPDATE

1. Patient's HI Claim No. <b>615965743M</b>	2. Start Of Care Date <b>12/10/2018</b>	3. Certification Period <b>02/08/2019 - 04/08/2019</b>	4. Medical Record No. <b>000001100-003</b>	5. Provider No. <b>059754</b>
6. Patient's Name and Address <b>EPFELBAUM, LEV 7518 LEXINGTON AVE # 10 LOS ANGELES, CA 90046, 323-845-0885</b>		7. Provider's Name, Address, and Telephone Number <b>KRISTORAF HOME HEALTH, INC. 416 E COLORADO ST SUITE C GLENDALE, CA 91205-5107</b>		
<b>818-945-521 F:818-945-521</b>				

99. Item 99

**GENERALIZED WEAKNESS, MILDLY IMPAIRED HEARING R/L, POOR VISION IN RIGHT EYE, BLIND IN LEFT EYE,  
DAILY LB, R/L KNEES, BLE PAIN. PATIENT'S WEIGHT AT RECERT 208 LBS. HEIGHT 69 INCHES**

**EMERGENCY CONTACT NUMBER: ALEXANDER (SON) 323-422-0892**

**FALL RISK SCORE: 8**

**Agency may carry out orders coming directly from other medical practitioners (MD, DO, DPM) who may be involved in the care of the patient.**

YES, but inform me

NO, please course all orders through me. Thank you

9. Signature of Physician

(Signature applies to all Pages)

10. Date

11. Optional Name/Signature of Nurse/Therapist

Provider

12. Date

**02.05.19**

Page 4 of 4

**PHYSICIAN'S ORDER : 12/10/18  
ADMISSION**

<b>Patient Name (Code)</b> EPFELBAUM, LEV (1100) 7518 LEXINGTON AVE # 10  LOS ANGELES, CA 90046  Phone: (323) 845-0885 DOB: 09/02/1938 Certification Period:	<b>Caregiver Name (Code)</b> VARDANYAN, LILIT (51)	<b>Physician Name (Code)</b> FORTALEZA, PAUL (1) 6350 LAUREL CANYON #205 NORTH HOLLYWOOD, CA 91606  Phone: (818) 325-2090 Fax: (818) 325-2092
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**Notes:**

Vardanyan Lilit, RN called and reported that patient was admitted to Kristoraf Home Health, Inc. for skilled nursing and physical therapy intervention. Skilled assessment was done on all body system, V/S taken and recorded. Patient was provided with teachings on disease process, diet and medications. Patient was also informed of patient's rights and responsibilities. Fortaleza Paul, MD was informed and was also notified of patient's present status, condition, proposed plan of care and got approval for skilled nursing and physical therapy treatment/services.

**Date and Time of Orders:** 12/10/18 4:05 pm**Physician Orders:**

PLEASE ADMIT PATIENT TO KRISTORAF HOME HEALTH, INC. WITH  
SN visit frequency: 2wk2, 1wk7  
PT: Evaluation & Follow Up treatment  
Laboratory Work: Per MD order

ALL ORDERS READ BACK, VERIFIED AND CONFIRMED WITH MD.

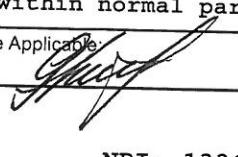
  
16:20 12.10.18  
Staff Signature Date

FORTALEZA, PAUL  
6350 LAUREL CANYON #205  
NORTH HOLLYWOOD, CA 91606

Physician Signature

Date

# HOME HEALTH CERTIFICATION AND PLAN OF CARE

1. Patient's HI Claim No. <b>615965743M</b>	2. Start Of Care Date <b>12/10/2018</b>	3. Certification Period <b>12/10/2018 - 02/07/2019</b>	4. Medical Record No. <b>000001100-003</b>	5. Provider No. <b>059754</b>
6. Patient's Name and Address <b>EPFELBAUM, LEV 7518 LEXINGTON AVE # 10 LOS ANGELES, CA 90046, 323-845-0885</b>			7. Provider's Name, Address, and Telephone Number <b>KRISTORAF HOME HEALTH, INC. 416 E COLORADO ST SUITE C GLENDALE, CA 91205-5107</b> <b>818-945-5211 F:818-945-5211</b>	
8. Date of Birth <b>09/02/1938</b>	9. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	10. Medications: Dose/Frequency/Route (N)ew (C)hanged  <b>Clonazepam 0.5 mg 1 tablet once daily orally Trintellix 20 mg 1 tablet once daily orally Memantine 14 mg 1 capsule once daily orally Timolol Solution 0.5% instill 1 drop to each eye daily Alphagan 0.1% instill 1 drop to each eye Please See 487</b>		
11.ICD-10-CM <b>I10.</b>	Principal Diagnosis <b>Essential (primary) hypertension</b>	Date <b>12/10/18</b>	E/O	
12. ICD-10-CM	Surgical Procedure	Date		
13. ICD-10-CM	Other Pertinent Diagnoses <b>G30.9 Alzheimer's disease, unspecified M15.0 Primary generalized (osteo) E11.9 Type 2 diabetes mellitus with complications M62.81 Muscle weakness (generalized) Z86.73 Prsnl hx of TIA (TIA), and f32.9 Major depressive disorder,</b>	Date <b>12/10/18 12/10/18 12/10/18 12/10/18 12/10/18 12/10/18</b>		
14. DME and Supplies: <b>Alcohol swabs, Chemstrips, DM kit, sharp container, non-sterile gloves,</b>	15. Safety Measures: Universal/standard/fall precautions, bleeding precautions, clear			
16. Nutritional Req.: <b>NAS, Controlled carbohydrates,</b>	17. Allergies: <b>none known</b>			
18.A Functional Limitations  <b>1 <input type="checkbox"/> Amputation 2 <input checked="" type="checkbox"/> Bowel/Bladder (Incontinence) 3 <input type="checkbox"/> Contracture 4 <input checked="" type="checkbox"/> Hearing</b>	<b>5 <input type="checkbox"/> Paralysis 6 <input checked="" type="checkbox"/> Endurance 7 <input type="checkbox"/> Ambulation 8 <input type="checkbox"/> Speech</b>	<b>9 <input type="checkbox"/> Legally Blind A <input type="checkbox"/> Dyspnea With Min. Exertion B <input type="checkbox"/> Other (Specify)</b>	18.B Activities Permitted  <b>1 <input type="checkbox"/> Complete Bedrest 2 <input type="checkbox"/> Bedrest BRP 3 <input type="checkbox"/> Up As Tolerated 4 <input type="checkbox"/> Transfer Bed/Chair 5 <input checked="" type="checkbox"/> Exercises Prescribed</b>	<b>6 <input type="checkbox"/> Partial Weight Bearing 7 <input type="checkbox"/> Independent At Home 8 <input type="checkbox"/> Crutches 9 <input checked="" type="checkbox"/> Cane</b>
19. Mental Status  <b>1 <input checked="" type="checkbox"/> Oriented 2 <input type="checkbox"/> Comatose</b>	<b>3 <input checked="" type="checkbox"/> Forgetful 4 <input checked="" type="checkbox"/> Depressed</b>		<b>5 <input type="checkbox"/> Disoriented 6 <input type="checkbox"/> Lethargic 7 <input type="checkbox"/> Agitated 8 <input checked="" type="checkbox"/> Other</b>	<b>A <input type="checkbox"/> Wheelchair B <input checked="" type="checkbox"/> Walker C <input type="checkbox"/> No Restrictions D <input checked="" type="checkbox"/> Other (Specify)</b>
20. Prognosis  <b>1 <input type="checkbox"/> Poor 2 <input type="checkbox"/> Guarded</b>		<b>3 <input checked="" type="checkbox"/> Fair</b>	<b>4 <input type="checkbox"/> Good</b>	<b>Assist with ADLs/IADLs Confused/anxious at times</b>
<b>5 <input type="checkbox"/> Excellent</b>				
21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration) <b>Admit patient to Kristoraf Home Health, INC. for Skilled Nursing services with: SNV FREQUENCY: 2WK2, 1WK7 PT: Eval &amp; F/U treatment Lab Work: Per MD order</b>				
<p><b>SN to perform every visit:</b></p> <ol style="list-style-type: none"> <li>1. V/S: Temp/HR/RR/BP</li> <li>2. Check blood sugar level and perform diabetic foot exam, assess for skin breakdown. PCG responsible for daily BS checking. SN validated patient's/PCG's ability to perform daily BS checking via fingerstick.</li> <li>3. Scale pain 0-10, implement pain relief measures and its effectiveness</li> </ol>				
<b>SKILLED OBSERVATION &amp; ASSESSMENT ON ALL BODY SYSTEMS WITH EMPHASIS ON:</b>				
<b>1. Cardiovascular status, vital signs, BP trends, breath sounds, dyspnea, s/sx of</b>				
22. Goals/Rehabilitation Potential/Discharge Plans <b>WITHIN 1-9 WEEKS:</b>				
<ol style="list-style-type: none"> <li>1. Patient will demonstrate compliance with medication in 3-5 weeks</li> <li>2. Blood sugar will stabilize within normal parameters of 80-120mg/dl FBS and less than 200</li> </ol>				
23. Nurse's Signature and Date of Verbal SOC Where Applicable: 				
24. Physician's Name and Address <b>FORTALEZA, PAUL MD, DO 6350 LAUREL CANYON #205 NORTH HOLLYWOOD, CA 91606, 818-325-2090 Fax: (818) 325-2092</b>				25. Date HHA Received Signed POT <b>12/10/2018</b>
26. I certify <input checked="" type="checkbox"/> 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. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.				
27. Attending Physicians Signature and Date Signed (Signature applies to all Pages)				28. 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.

## ADDENDUM TO:

 PLAN OF TREATMENT MEDICAL UPDATE

1. Patient's HI Claim No. <b>615965743M</b>	2. Start Of Care Date <b>12/10/2018</b>	3. Certification Period <b>12/10/2018 -02/07/2019</b>	4. Medical Record No. <b>000001100-003</b>	5. Provider No. <b>059754</b>
6. Patient's Name and Address <b>EPFELBAUM, LEV 7518 LEXINGTON AVE # 10 LOS ANGELES, CA 90046, 323-845-0885</b>		7. Provider's Name, Address, and Telephone Number <b>KRISTORAF HOME HEALTH, INC. 416 E COLORADO ST SUITE C GLENDALE, CA 91205-5107</b>		<b>818-945-521 F:818-945-521</b>

10. Medications continued
- daily
- Lumigan 0.01% instill 1 drop to each eye daily  
Olopatadine 0.2% instill 1 drop to each eye daily  
Tamsulosin 0.4 mg 1 capsule once daily orally  
Synthroid 25 mcg 1 tablet once daily orally  
Fenofibrate 145 mg 1 tablet once daily orally  
Edarbi 40 mg 1 tablet once daily orally  
Rosuvastatin 10 mg 1 tablet once daily orally  
Xarelto 15 mg 1 tablet once daily orally  
Tradjenta 5 mg 1 tablet once daily orally  
Tylenol 500 mg 1 tablet once daily orally  
Advil 200 mg 1 tablet twice daily orally
13. Other Pertinent Diagnoses continued
- |        |                                |            |
|--------|--------------------------------|------------|
| f41.9  | Anxiety disorder, unspecified  | 12/10/2018 |
| H40.9  | Unspecified glaucoma           | 12/10/2018 |
| E78.5  | Hyperlipidemia, unspecified    | 12/10/2018 |
| H10.9  | Unspecified conjunctivitis     | 12/10/2018 |
| E03.9  | Hypothyroidism, unspecified    | 12/10/2018 |
| N40.0  | Benign prostatic hyperplasia w | 12/10/2018 |
| Z91.81 | History of falling             | 12/10/2018 |
| R32.   | Unspecified urinary incontinen | 12/10/2018 |
14. DME and Supplies continued
- cane, walker
15. Safety Measures continued
- pathways, infection control measures, safe use of cane and walker, 911/emergency protocol.
16. Nutrition Req. continued
- low fat/cholesterol
21. Orders for Discipline and Treatments continued
- hypo/hypertension, SOB/dyspnea and peripheral circulation  
2. Endocrine status: Monitor Blood sugar levels, s/s of hypo/hyperglycemia; s/s related to Hypothyroidism such as cold intolerance, periorbital edema, skin dryness.  
3. Neurologic status, psychosocial and coping status; s/s referable to anxiety including orientation, alertness, mood, cognitive function; s/s referable to Depression: feelings of sadness, Irritability or frustration; s/s related to Alzheimer's disease as memory loss and cognitive decline  
4. GU/GI status: nutrition, hydration, elimination, incontinence  
5. Mobility, weakness and ability to perform ADLs; pain level and control; s/s referable to Osteoarthritis such as joint swelling, tenderness and pain, limited ROM; s/s related to muscle weakness: decrease in strength in one or more muscles  
6. Medication compliance and effectiveness. Taking into consideration Patient's noncompliance with medical treatment and regimen  
7. Safety hazards.  
8. Patient/pcg response to teaching.  
9. Set up medications weekly as needed per patient request by SN  
10. Monitor for skin breakdown  
11. Bleeding tendency related to Xarelto therapy.

SN TO REPORT TO MD: Temperature greater than 100F; BP less than 90/50 or greater than 160/100 mmHg; FBS less than 80mg/dl or greater than 300mg/dl/RBS and RBS less than 80 mg/dl or greater than 300mg/dl/RBS; heart rate lower than 60 bpm or above 120 bpm; respiration less than 14/min or

9. Signature of Physician

(Signature applies to all Pages)

10. Date

11. Optional Name/Signature of Nurse/Therapist

Provider

12. Date

Page 2 of 4

## ADDENDUM TO:



## PLAN OF TREATMENT



## MEDICAL UPDATE

1. Patient's HI Claim No. <b>615965743M</b>	2. Start Of Care Date <b>12/10/2018</b>	3. Certification Period <b>12/10/2018 - 02/07/2019</b>	4. Medical Record No. <b>000001100-003</b>	5. Provider No. <b>059754</b>
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			<b>818-945-5211 F:818-945-5211</b>	

greater than 24/min; oxygen saturation less than 92%; pain level greater than 6/10 and or not relieved by prescribed medication; severe SOB, chest pain, patient injury or falls, sudden change in mental status, skin breakdown, s/s of infection, medication adverse effects, bleeding and hospitalization and any other abnormal findings.

**PT:** Evaluation and assessment to determine patient's condition and physical therapy needs, provision of therapeutic/strengthening exercises, balance/coordination training, mobility/ROM exercises, gait/transfer training, home safety, PCG education on home exercise program and proper body mechanics; frequency of visits to follow post-evaluation/assessment.

**NOTE:** Instructions centered to patient's caregiver as patient has diagnosis of Alzheimer's Disease.

**SN TO TEACH PATIENT/PCG ON:**

1. Disease process of HTN and management
2. Safety measures and fall prevention
3. Disease process of Alzheimer's Disease
4. Disease process of OA and pain management
5. Disease process of Muscle weakness
6. Medication safety
7. Disease process of DM and MD management
8. Medication safety
9. Discharge preparedness

**SN may alter education plan if:**

- There is a new medication
- There is a significant change in patient's condition

**22. Goal/Rehabilitation Potential/Discharge Plans continued**

mg/dl RBS

3. Cardio-pulmonary status will stabilize as evidenced by vital signs within normal parameters with BP in the range 90/50 - 160/10 mmHg, clear breath sounds and no s/s of increased dyspnea in 4-6 weeks
4. PCG/patient will demonstrate competence in following medical regimen in 2-4 weeks
5. Patient will verbalize pain controlled at acceptable level of 0-2/10 2-4 weeks.
6. Patient will demonstrate independence in ADLs in 6-9 weeks
7. Patient will achieve Physical therapy goals including ability to follow home exercise program in 5-6 weeks.
8. No falls/injuries/hospitalizations during the episode of care.

**REHABILITATION POTENTIAL:** Fair for stated goals.

**DC PLAN:** Discharge when patient/pcg return to an independent level of care; when patient is able to remain in residence with assistance of primary caregiver/support from community agencies; when patient/pcg become knowledgeable about when to notify physician; able to understand medication regimen and care related to diagnoses; when medical condition stabilizes and when maximum functional potential is reached.

**DISCHARGE SUMMARY WILL BE AVAILABLE AT DISCHARGE UPON REQUEST**

**HOMEBOUND STATUS:** Requires assistance to ambulate, confusion, unable to go out of home alone, unable to safely leave home unassisted, dependent upon adaptive device, taxing effort to leave home.

9. Signature of Physician

(Signature applies to all Pages)

10. Date

11. Optional Name/Signature of Nurse/Therapist

12. Date

*12-10-19*

Page 3 of 4

## ADDENDUM TO:



## PLAN OF TREATMENT



## MEDICAL UPDATE

1. Patient's HI Claim No. <b>615965743M</b>	2. Start Of Care Date <b>12/10/2018</b>	3. Certification Period <b>12/10/2018 - 02/07/2019</b>	4. Medical Record No. <b>000001100-003</b>	5. Provider No. <b>059754</b>
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99. Item 99

GENERALIZED WEAKNESS, MILDLY IMPAIRED HEARING R/L, POOR VISION R/L, DAILY LB, R/L KNEES, BLE PAIN.  
 PATIENT'S WEIGHT AT SOC 210 LBS. HEIGHT 69 INCHES

## ADVANCE DIRECTIVES: No

- Education needed; education provided.

## RISK FACTORS FOR HOSPITALIZATION/ER ADMISSION:

- Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months (Action: Patient/PCG education, medication reconciliation every SN visits. Educate patient/PCG on medication regimen/adverse reactions to report MD, diet, exercise regimen per MD order)
- Currently taking 5 or more medications (Action: teach actions and side effects of medications; teach disease process and s/s of exacerbations of chronic illness; assess patient's ability, knowledge, resources, adherence; medication reconciliation and education every visit);
- Currently reports exhaustion (Action: Physical Therapy evaluation; medications evaluation; safety evaluation; patient/caregiver education; teach energy conservation techniques).

EMERGENCY CONTACT NUMBER: ALEXANDER (SON) 323-422-0892

FALL RISK SCORE: 6

Agency may carry out orders coming directly from other medical practitioners (MD, DO, DPM) who may be involved in the care of the patient.

[ ] YES, but inform me

[ ] NO, please course all orders through me. Thank you

9. Signature of Physician

(Signature applies to all Pages)

10. Date

11. Optional Name/Signature of Nurse/Therapist



Provider

12. Date **12.10.19**

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