GAMA Physical Therapy

PROMINENT HOME HEALTH CARE

PHYSICIAN ORDERS

Patient Name	Medical Records #	Attending Physician
DERVISHIAN, OGANES	66	FORTALEZA, PAUL

PATIENT`S STATUS/FINDINGS

Patient has improved in all aspects of PT treatments. Decrease of pain in LB/BUE/BLE 0-2/10, decrease joint swelling/joint stiffness/joint pain increased ROM in BLE/BUE/LB, able to continue HEP with assistance of family/CG. Patient has positively managed them self towards established goals: Gait with SPC increased bed mobility and transfers. Enhanced endurance, safety, balance to G.

PHYSICIAN ORDERS

PHYSICAL THERAPY:

Discharge patient from home Physical Therapy services, goals are met.

Order read back and verified

Orders Taken By:	
KRIMSON ENVERGA , RPT Signature:	**Date: 10/13/2019**
Physician's Signature:	**Date: / /**

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PATIENT`S STATUS/FINDINGS

Patient C/O pain in LB/BLE/BUE 5/10, increased joint pain/joint swelling, decreased ROM in BLE/BUE/LB. These directly impact overall ability to ambulate, limit ADL`s, and provide unsteady movement. Patient requires assistance with bed mobility, transfer, safety, balance and all other actions performed. Patient will benefit from skilled PT services by improving self-functional level and capability of completing activities.

Frequency: 1w1 3w3 1w1

PHYSICIAN ORDERS

PHYSICAL THERAPY: Evaluation

1. Therapeutic exercises for BLE/LB.
2. Balance and coordination exercises when standing/sitting.
3. Bed mobility and transfer with body mech. and hand placement cues;
4. Pre-Gait with balance and postural cues and safety training.
5. HEP training, muscle reeducation and safety training with family/CG.
6. Endurance training, proper use of DME if needed.
7. Pre-Gait training on level surfaces with coming to stand activities.
8. Gait training with or w/o AD on level and uneven surfaces safely.

Orders Taken By	
KRIMSON ENVERGA, RPT Signature:	**Date: 09/19/2019**
Physician's Signature:	**Date: / /**

PROMINENT HOME HEALTH CARE, INC.

Home Health Services Request

PATIENT INFO

DERVISHIAN OGANES	11/11/36	☑ Male ☐ Female	
Patient Name: Last, First, Middle	*Date of Birth*		*Religion*
15044 MAGNOLIA BLVD. #11 SHERMAN OAKS CA 91403			(818) 481-6610
Address - Street, Apt., City, County, State			*Telephone number*

09/17/19	09/18/19 (if applicable)	GARRY(SON)	(818) 481-6011
Referral Date	*SOC Date*	*Primary Contact, Relationship*	*Telephone number*

548433916M			
Medicare Number	*Medicaid or DSS ID Number*	*Other Insurance Carrier*	*Policy or Claim Number*

DIAGNOSIS

Chronic pain syndrome

Primary Diagnosis — *Hospitalization* — *From* — *To*

Polyarthritis, unspecified, Hypertensive heart disease without heart failure, Type 2 diabetes mellitus with diabetic neuropathy, unsp, Alzheimer's disease with late onset, Dementia in oth diseases classd elsewhr wio behavrl disturb, Major depressive disorder, single episode, mild, Lowe

Secondary Diagnosis

NO KNOWN ALLERGIES

Surgery and Dates — *Allergy*

PHYSICIANS' ORDERS

Please assess patient for possible admission to Home Health Care. Skilled Nurse to assess, teach and provide nursing intervention.

Treatments, Medications, Activity Permitted

SN Frequency : 2W2; 1W7;	☑ *Skilled Nursing*	☑ *Physical Therapy*
HHA Frequency	☐ *Occupational Therapy*	☐ *Speech Therapy*
	☐ *Medical Social Worker*	☐ *Home Health Aide*

Diet NAS, LOW FAT/CHOLESTEROL, CONTROLLED CARBOHYDRATE DIET

FORTALEZA, PAUL	(818) 325-2090	(818) 325-2092
Attending Physician's Name	*Telephone number*	*Fax number*

	6350 LAUREL CANYON BLVD. #205 NORTH HOLLYWOOD CA 91606	
Physician's Signature	*Physician's Address*	*UPIN*

NURSING

NON STERILE GLOVES, ALCOHOL SWABS, DIABETIC SUPPLIES (GLUCOMETER, SYRINGES, CHAMSTRIPS, LANCETS, SHARPS CONTAINER), UNDERPADS, BATHBENCH, CANE.

Supplies, Equipment Needed (Specify Items), DME

SILVA MEKSEREJIAN(Orders read back/confirmed)	09/17/19
Referral Taken By	*Date*

HOME HEALTH CERTIFICATION AND PLAN OF CARE

1. Patient's HI Claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
548433916M	09/18/2019	09/18/2019 -11/16/2019	000000066-001	553133

6. Patient's Name and Address
DERVISHIAN, OGANES
15044 MAGNOLIA BLVD. #11
Sherman Oaks, CA 91403, 818-481-6610

7. Provider's Name, Address, and Telephone Number
PROMINENT HOME HEALTH CARE
6742 Van Nuys Blvd.
Ste. 104 818-666-7154
VAN NUYS, CA 91405-4611 F:818-638-1684

8. Date of Birth: 01/11/1936 | 9. Sex: [X] M [ ] F

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
Acetaminophen 500 mg 1 tablet by mouth every 6-8 hours as needed for pain
Atorvastatin 40 mg 1 tablet by mouth daily
Sertraline 25 mg 1 tablet by mouth daily
Quetiapine 200 mg 1 tablet by mouth daily
Gabapentin 300 mg 1 capsule by mouth every 8 hours as needed for pain
Aspirin 81 mg 1 tablet by mouth daily
Please See 487

11. ICD-10-CM	Principal Diagnosis	Date	E/O
G89.4	Chronic pain syndrome	09/18/19	
12. ICD-10-CM	Surgical Procedure	Date	
13. ICD-10-CM	Other Pertinent Diagnoses	Date	
M13.0	Polyarthritis, unspecified	09/18/19	
I11.9	Hypertensive heart disease	09/18/19	
E11.40	Type 2 diabetes mellitus wi	09/18/19	
G30.1	Alzheimer's disease with la	09/18/19	
F02.80	Dementia in oth diseases cl	09/18/19	
F32.0	Major depressive disorder,	09/18/19	

14. DME and Supplies: NON-STERILE GLOVES, ALCOHOL SWABS, INCONTINENCE SUPPLIES, DIABETIC

15. Safety Measures: UNIVERSAL/FALL/BLEEDING PRECAUTIONS, SAFE DISPOSAL SHARPS', DIABETIC

16. Nutritional Req.: NAS, CONTROLLED CARBOHYDRATE, LOW

17. Allergies: None known

18.A. Functional Limitations
1 [ ] Amputation
2 [X] Bowel/Bladder (Incontinence)
3 [ ] Contracture
4 [X] Hearing
5 [ ] Paralysis
6 [X] Endurance
7 [X] Ambulation
8 [ ] Speech
9 [ ] Legally Blind
A [ ] Dyspnea
B [X] Other (Specify) SOB w mod/exe, poor vision

18.B. Activities Permitted
1 [ ] Complete Bedrest
2 [ ] Bedrest BRP
3 [X] Up As Tolerated
4 [ ] Transfer Bed/Chair
5 [X] Exercises Prescribed
6 [ ] Partial Weight Bearing
7 [ ] Independent At Home
8 [ ] Crutches
9 [X] Cane
A [ ] Wheelchair
B [ ] Walker
C [ ] No Restrictions
D [X] Other (Specify) Assist with ADLs/IADLs

19. Mental Status
1 [X] Oriented
2 [ ] Comatose
3 [X] Forgetful
4 [X] Depressed
5 [ ] Disoriented
6 [ ] Lethargic
7 [ ] Agitated
8 [X] Other Anxious/confused at times

20. Prognosis
1 [ ] Poor
2 [ ] Guarded
3 [X] Fair
4 [ ] Good
5 [ ] Excellent

21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)
Admit patient to Prominent Home Health Care, INC for:
Skilled Nursing: 2w2, 1w7;
REFERRAL PLAN: PHYSICAL THERAPY REFERRAL FOR EVALUATION FURTHER MANAGEMENT AND INTERVENTIONS.
Lab work: Per MD order.

SKILLED OBSERVATION & ASSESSMENT ON ALL BODY SYSTEMS WITH EMPHASIS ON:
1) Musculoskeletal status: pain level and control, mobility, weakness and ability to perform ADLs; Chronic pain syndrome; s/s related to Polyarthritis, such as joint pain, joint swelling, joint stiffness, crepitus.
2) Cardiovascular status: focusing on vital signs and BP trends, breath sounds, dyspnea, and peripheral circulation; s/s related to Hypertension such as high blood pressure, severe headache, nosebleed, dizziness.
3) Endocrine status: blood sugar level, s/s of hypoglycemia/hyperglycemia; s/s related to Diabetes Mellitus such as blurred vision, polyuria, polyphagia, polydipsia; Long term (current) use of oral hypoglycemic drugs.
4) Neurologic/mental status: motor and sensory impairment, psychosocial and coping status; s/s

22. Goals/Rehabilitation Potential/Discharge Plans
Within certification period:
1. Patient has personal goals (controlled VS, improved ADLs, reduce pain) which will be achieved in 3-4 weeks.
2. Patient/PCG will demonstrate compliance with medications.

23. Nurse's Signature and Date of Verbal SOC Where Applicable: 9/17/2019

25. Date HHA Received Signed POT

24. Physician's Name and Address
FORTALEZA, PAUL PHYSICIAN
6350 LAUREL CANYON BLVD. #2C NPI: 1336368190
North Hollywood, CA 91606, 818-325-2090
Fax: (818) 325-2092

26. I certify/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. This patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.
A face-to-face patient encounter(s) occurred no more than 90 days prior to or within 30 days after the home health start of care, was related to the primary reason the patient requires home health services, and was performed by either the certifying physician, a physician, with privileges, NP in collaboration with certifying physician, PA or certified nurse midwife under the supervision of a certifying physician who cared for the patient in an acute or post-acute facility from which the patient will be directly admitted to home health. **The Face-to-Face encounter:** 09/17/2019

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: [X] PLAN OF TREATMENT [ ] MEDICAL UPDATE

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DERVISHIAN, OGANES 15044 MAGNOLIA BLVD. #11 Sherman Oaks, CA 91403, 818-481-6610	PROMINENT HOME HEALTH CARE 6742 Van Nuys Blvd. Ste. 104 818-666-7154 VAN NUYS, CA 91405-4611 F:818-638-1684

10. Medications continued

Hydralazine 25 mg 1 tablet by mouth 3 times daily
Losartan 100 mg 1 tablet by mouth daily
Carvedilol 12.5 mg 1 tablet by mouth twice daily
Memantine 10 mg 1 tablet by mouth twice daily
Esomeprazole 40 mg 1 capsule by mouth daily
Tolterodine 4 mg 1 capsule by mouth daily
Janumet 50/500 mg 1 tablet by mouth twice daily

13. Other Pertinent Diagnoses continued

Z79.84	Long term (current) use of ora	09/18/2019
Z79.82	Long term (current) use of asp	09/18/2019

14. DME and Supplies continued

SUPPLIES (GLUCOMETER, SYRINGES, CHEMSTRIPS, LANCETS, SHARPS CONTAINER), BATHBENCH, CANE

15. Safety Measures continued

SKIN/FOOT CARE PRECAUTIONS, SAFE USE OF CANE, SAFE USE OF BATHBENCH, CLEAR PATHWAYS, INFECTION CONTROL MEASURES, 911 PROTOCOLS

16. Nutrition Req. continued

FAT/CHOLESTEROL DIET

21. Orders for Discipline and Treatments continued

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 related to Depressive Disorder such as irritability, nervousness, withdrawn behavior.
5) GU/GI status: nutrition, hydration, elimination, incontinence.
6) Medication compliance and effectiveness; Long term (current) use of aspirin; s/s related to Aspirin therapy such as unusual pain/swelling/discomfort, unusual bruising, prolonged bleeding from cuts or gums, persistent/frequent nosebleeds, pink/dark urine, coughing up blood, bloody vomit.
7) Safety hazards, fall prevention.
8) Patient/PCG response to teaching.

SN TO PERFORM/TRAIN PCG/PATIENT: VS: Temp/RR/HR/BP/ check every visit. BS (FBS or RBS) check every visit observing infection control measures, safe/proper disposal of sharps/needles. Check location intensity and severity of the pain (scale pain from 0-10), implement pain relief measures and evaluate its effectiveness.

Blood sugar monitoring done by PCG. SN instruct patient/caregiver and validate that PCG competent to monitor blood sugar in aseptic technique and with proper disposal of sharps. However, patient/PCG needs further education regarding DM monitoring/management, and regularly perform diabetic skin/foot exam.

SN TO TEACH PATIENT/PCG ON:
1. Disease process (r/t diagnoses, mentioned on page 1) s/s of exacerbation/potential complications and emergency actions to take.
2. Pain relief measures, including pain medication, relaxation techniques, frequent position changes, good body alignment and correct body mechanics.
3. Safety measures to observe during transfers/ambulation to prevent fall/injury.
4. Energy conservation techniques, activities as tolerated with planned rest periods.
5. Medication regimen, purpose, side effects and compliance to medication regimen.
6. Diet restrictions.
7. Fall precautions.
8. Coping mechanism, universal precautions, 911 protocol and emergency actions to take.
9. DM care including blood sugar monitoring, observing aseptic technique, proper disposal of sharps, and skin and foot care.

9. Signature of Physician	(Signature applies to all Pages)	10. Date
11. Optional Name/Signature of Nurse/Therapist	Provider	12. Date 9.17.19

ADDENDUM TO:	[X] PLAN OF TREATMENT	[ ] MEDICAL UPDATE

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10. High alert medications, importance of taking as prescribed, side effects.
11. Bleeding precautions, such as unusual pain/swelling/discomfort, unusual bruising, prolonged bleeding from cuts or gums, persistent/frequent nosebleeds, pink/dark urine, coughing up or vomiting blood.

SN TO REPORT TO PMD THE FOLLOWING PARAMETERS: s/s of infection; pain level greater than 6/10 and or not relieved with pain medication, Blood Sugar: FBS less 60 mg/dl or above 300 mg/dl, RBS less 60 mg/dl or above 400 mg/dl, unless specified by attending physician, symptomatic of hypo/ hyperglycemia. SBP greater than 160mmHg and less than 90mmHg; DBP greater than 100mmHg & less than 50mmHg with s/sx of Hypertensive crisis; HR: less than 60/min and greater than 100/min. Increasing SOB/dyspnea not relieved with rest, mucus production, fever (T-100.0F), cyanosis, RR: less than 14/min and greater than 24/min. Report to MD regarding any significant change in clinical status, fall/injury incident, ER visit/hospitalization occurrence. Report s/s of bleeding related to Aspirin therapy.

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.

22. Goal/Rehabilitation Potential/Discharge Plans continued

3. Within 4-6 weeks patient will show improvement in musculoskeletal status as evidenced by improved pain control, mobility, no joint pain, ability to perform ADL. Patient will verbalize pain controlled at acceptable level of 1-2/10.
4. Within 6-8 weeks patient's cardiovascular condition will stabilize as evidenced by vital signs within normal parameters with BP in the range 90-140 mmHg systole and 60-90 mmHg diastole, clear breath sounds, and no s/s of increased dyspnea.
5. Within 6-8 weeks patient/PCG will demonstrate independence with DM care with patient's BS stabilizing within 70-200mg/dl asymptomatic of hypo/hyperglycemia, will demonstrate compliance to prescribed diet/diabetic regimen, will verbalize/demonstrate knowledge of regularly perform diabetic skin/foot exam.
6. Within 6-8 weeks patient will show improvement of neurological/mental condition, patient/PCG will verbalized reduce s/s of depression, and dementia.
7. Patient will not develop any adverse effects of High risk medications. No falls/injuries/bleeding/ hospitalizations during episode of care.
8. Patient will not have any s/s of bleeding related to Aspirin therapy such as unusual pain/swelling/discomfort, unusual bruising, and prolonged bleeding from cuts or gums, persistent/frequent nosebleeds, pink/dark urine, coughing up or vomiting blood.
9. Patient will achieve PT goals and demonstrate ability to follow home exercise program, improved strength/endurance, ability to perform safe transfer/ambulation (with or without assistive device), improved balance/coordination.

REHABILITATION POTENTIAL: Fair for patient to achieve partial return to a previous higher level of function.

DISCHARGE PLAN: Discharge patient in a safe living environment with PMD follow up appointments and supervision, under family/caregiver for minimal assistance with ADLs/IADLs.

DISCHARGE SUMMARY WILL BE AVAILABLE FOR PRIMARY CARE PHYSICIAN

99. Item 99

VITAL SIGNS UPON EVALUATION: Blood pressure: 149/92 mmHg. Blood sugar: 190 mg/dL; Temperature: 98.0 F; Radial pulse: 87, Respiration: 18 regular. Height: 66 reported. Weight: 175 lbs.

Confined to home (homebound):
Criteria- One:
1. Because of illness or injury, need the aid of supportive device such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence.
Criteria- Two:

9. Signature of Physician	(Signature applies to all Pages)	10. Date
11. Optional Name/Signature of Nurse/Therapist		12. Date 9.17.19

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1. There must exit a normal inability to leave home (pain, unsteadiness on feet, confused).
2. Leaving home must require a considerable and taxing effort.

RISK FACTORS/HOSPITAL ADMISSION/EMERGENCY ROOM:
Reported or observed history of difficulty complying with any medical instructions (medications, diet, exercise, safety measures) in the past 3 months; Currently taking 5 or more medications; Currently reports exhaustion.

Actions:
-PT/PCG education, medications reconciliation every SN visit.
-Teach actions and side effects of medications, disease process, s/s of exacerbation of chronic illness, assess Pt`s ability, knowledge, resources, adhere.

FULL CODE
DNR PHYSICIAN ORDERS-NONE
Power of Attorney/Advance healthcare directive - NONE

SAFETY CONCERNS/FUNCTIONAL LIMITATIONS: Patient is at risk of fall due to multiple risk factors, including, age, sensory deficit and physical limitation, medications and health condition affecting oxygenation and perfusion. Patient/PCG has insufficient knowledge regarding disease process, medications and safety at home.

FALL PREVENTION MEASURES ARE INITIATED.
MAHC 10 FALL RISK ASSESSMENT: TOTAL SCORE 8
AGENCY MAY CARRY OUT ORDERS COMING DIRECTLY FROM MEDICAL PRACTITIONER (MD, DO, DDM) WHO MAY BE INVOLVED IN THE CARE OF THE PATIENT.
EMERGENCY TRIAGE CODE: MEDIUM
EMERGENCY CONTACT: Garry
RELATIONSHIP: son
Phone: 818 481 6011

SN TO EDUCATE PATIENT/PCG ON FALL PREVENTION STRATEGIES SPECIFIC TO AREAS OF RISK AND TO MONITOR AREAS OF RISK TO REDUCE FALL
POC AND ALL HEALTH CARE INSTRUCTIONS/CONSENTS INTERPRETED FOR PATIENT BY RN

9. Signature of Physician	(Signature applies to all Pages)	10. Date
11. Optional Name/Signature of Nurse/Therapist	Provider	12. Date 9.17.19.