

MEDGLOBAL HOME HEALTH CARE, INC.
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Mesquite, Texas 75150
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FASCIMILE COVER SHEET

To: Dr. Sumana Ketha Fax #: 972-675-7310

From: Kim Date: 10/16/2015

Regarding: Orders # of Pages: 3

CC: _____

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HOME HEALTH CERTIFICATION AND PLAN OF CARE

1. Patient's HI Claim No. 627073201B		2. Start Of Care Date 07/25/2015		3. Certification Period From: 07/25/2015 To: 09/22/2015		4. Medical Record No. MG968		5. Provider No. 453118	
6. Patient's Name and Address Lara, Bernardina 8451 ALTO GARDEN Dallas, TX 75217 (214) 687-7827					7. Provider's Name, Address and Telephone Number MEDGLOBAL HOME HEALTH CARE INC 18601 LBJ FREEWAY Suite 330 Mesquite, TX 75150 Phone: (972) 222-3870 Fax: (972) 222-3871 Email: medglobalhhc@gmail.com				
8. Date of Birth 05/18/1943		9. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F		10. Medications: Dose/Frequency/Route (N)ew (C)hanged (U)nchanged Lantus 32 units Q AM subcutaneous (SQ) N Novolog 10 units TID subcutaneous (SQ) N Prodigy No Coding Test Strips Diabetic Monitoring U Illevro 0.3% 1gtt Right eye daily drops, gel or ointment for the eye (OPHTHALMIC) U Refresh Lique-gel PRN drops, gel or ointment for the eye (OPHTHALMIC) U Lisinopril 2.5mg 1 tab daily oral U Plavix 75mg 1 tab daily oral U Phenergan 25mg 1 tab q6 prn N					
11. ICD-9-CM 438.89		Principal Diagnosis Late effect CV dis NEC		Date 06/16/2015					
12. ICD-9-CM 37.98		Surgical Procedure Repl cardiodefibr genratr		Date 06/16/2015					
13. ICD-9-CM 728.87 438.22 401.1 250.00		Other Pertinent Diagnoses Muscle weakness-general Late ef-hemiplegia non-dom Benign hypertension DMII w/o comp nt st uncntr		Date 07/25/2015 06/16/2015 06/16/2015 06/16/2015					
14. DME and Supplies Elevated Toilet Seat, Grab Bars, Tub/Shower Bench, Walker, Alcohol					15. Safety Measures: Anticoagulant Precautions, Emergency Plan Developed, Fall				
16. Nutritional Req. Heart healthy, low calorie ADA diet.					17. Allergies: NKA (Food/Drugs/Latex/Environment)				
18.A. Functional Limitations					18.B. Activities Permitted				
1 <input type="checkbox"/> Amputation 5 <input checked="" type="checkbox"/> Paralysis 9 <input type="checkbox"/> Legally Blind					1 <input type="checkbox"/> Complete Bedrest 6 <input type="checkbox"/> Partial Weight Bearing A <input type="checkbox"/> Wheelchair				
2 <input checked="" type="checkbox"/> Bowel/Bladder (Incontinence) 6 <input checked="" type="checkbox"/> Endurance A <input type="checkbox"/> Dyspnea With Minimal Exertion					2 <input type="checkbox"/> Bedrest BRP 7 <input type="checkbox"/> Independent At Home B <input checked="" type="checkbox"/> Walker				
3 <input type="checkbox"/> Contracture 7 <input checked="" type="checkbox"/> Ambulation B <input type="checkbox"/> Other (Specify)					3 <input type="checkbox"/> Up As Tolerated 8 <input type="checkbox"/> Crutches C <input type="checkbox"/> No Restrictions				
4 <input checked="" type="checkbox"/> Hearing 8 <input type="checkbox"/> Speech					4 <input checked="" type="checkbox"/> Transfer Bed/Chair 9 <input type="checkbox"/> Cane D <input type="checkbox"/> Other (Specify)				
19. Mental Status:					19. Mental Status:				
1 <input checked="" type="checkbox"/> Oriented 3 <input checked="" type="checkbox"/> Forgetful 5 <input type="checkbox"/> Disoriented 7 <input type="checkbox"/> Agitated					2 <input type="checkbox"/> Comatose 4 <input type="checkbox"/> Depressed 6 <input type="checkbox"/> Lethargic 8 <input type="checkbox"/> Other				
20. Prognosis:					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) SN Frequency: 2W2, 1W7 effective week of 07/26/2015. PT Frequency: Evaluate & treat establishing POC week of 07/26/2015. OT Frequency: Evaluate & treat establishing POC week of 07/26/2015. MSW to assess pt psychosocial needs, environment and assist with community referrals and resources. HHA Frequency: 2W8, 1W1 effective week of 07/26/2015. -May accept orders from consulting physicians. -Hold Home Health services if patient transferred to an in-patient facility. -Home health may discharge patient at the end of certification period if pt is hospitalized. -Home health may re-certify patient at the end of the 60 day certification period if pt is medically appropriate with skilled needs. SN to notify MD of: Temperature greater than 100.5 or less than 96.5. Pulse greater than 100 or less than 60. Respiration's greater than 26 or less than 12. SBP greater than 160 or less than 90. DBP greater than 90 or less than 60. SN to assess O2 sat on room air PRN for SOB and report O2 Sat less than 92%. FBS greater than 150 or less than 70. RBS greater than 200 or less than 90. SN to weigh pt q wk & report weight gain > 5lbs in a wk. Pain level > 6 on a scale of									
22. Goals/Rehabilitation Potential/Discharge Plans Patient/caregiver will verbalize understanding of proper use of pain medication by the end of the episode. Patient/caregiver will verbalize understanding of symptoms of cardiac complications and when to call 911 by: 09/22/2015. Patient will be free from signs and symptoms of hypo/hyperglycemia during the episode. Patient/caregiver will verbalize understanding of proper diabetic foot care by the end of the									
23. Nurse's Signature and Date of Verbal SOC Where Applicable: Electronically Signed by: Maureen Buchunam RN 07/25/2015						25. Date HHA Received Signed POT			
24. Physician's Name and Address Ketha, Sumana MD NPI: 1962447805 2925 Skyway Cir N Irving TX 75038 Phone: (972) 675-7313 Fax: (972) 675-7310					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. 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 Physician's Signature and Date Signed  Electronically signed by Ketha, Sumana M.D. on 10/26/2015					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.				

Department of Health and Human Services
Centers for Medicare Medicaid ServicesForm Approved
OMB No. 0938-0357

ADDENDUM TO: PLAN OF TREATMENT

1. Patient's HI Claim No. 627073201B	2. Start Of Care Date 07/25/2015	3. Certification Period From: 07/25/2015 To: 09/22/2015	4. Medical Record No. MG968	5. Provider No. 453118
6. Patient's Name: Lara, Bernardina		7. Providers Name MEDGLOBAL HOME HEALTH CARE INC		
10. Medications Metformin 1000mg 1 tab bid oral U Tradjenta 5mg 1 tab daily oral U HCTZ 12.5mg 1 tab daily ora U Tramadol 50mg 1 tab Q4-6 prn pain oral U Simvastatin 40mg 1 tab daily oral U				
13. Diagnoses V58.67 / Long-term use of insulin (E) / 07/24/2015 V53.32 / Ftng autmtc dfibrillator (O) / 06/16/2015 V58.61 / Long-term use anticoagul (E) / 06/16/2015 V15.88 / At risks for falls (E) / 07/25/2015				
14. DME and Supplies Pads, Chux/Underpads, Diabetic Supplies, Exam Gloves, Needles, Probe Covers, Sharps Container, Syringe				
15. Safety Measures Precautions, Keep Pathway Clear, Proper Position During Meals, Safety in ADLs, Sharps Safety, Slow Position Change, Standard Precautions/Infection Control, Support During Transfer and Ambulation, Use of Assistive Devices, Instructed on mobility safety, Instructed on sharps container, Instructed on disaster/emergency plan, Instructed on safety measures, Instructed on proper handling of biohazard waste, Home-bound Status:Exhibits considerable & taxing effort to leave home;Requires the assistance of another to get up and move safely;Unable to safely leave home unassisted. Emergency Triage Code:III.				
21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration) 0-10. SN to instruct pt to take pain medication before pain becomes severe to achieve better pain control. SN to instruct pt/cg on nonpharmacologic pain relief measures,including relaxation techniques,massage,stretching, positioning,and hot/cold packs. SN to instruct pt/cg the following symptoms could be signs of a heart attack:chest discomfort,discomfort in one or both arms,back,neck, jaw,stomach,SOB,cold sweat, nausea, or dizziness and on s/sx that necessitate calling 911. SN to assess/instruct on diabetic management to include:nail,skin & foot care,medication administration and proper diet. SN to check pt blood sugar during visits if not done and PRN for s/sx of hypo/hyperglycemia SN to assess/instruct on all disease processes and where knowledge deficits are identified. SN to determine pt/cg are able to identify the correct dose,route,indications,frequency and side effects of each medication SN to instruct pt/cg on Low calorie ADA,heart healthy diet and assess compliance. SN to instruct pt to change positions slowly and to use prescribed assistive device when ambulating.				
22. Goals/Rehabilitation Potential/Discharge Plans episode. Patient will remain free of adverse medication reactions this episode. Patient will maintain Low calorie ADA,heart healthy diet compliance during this episode. Patient will be free from falls and injury this period. Rehab Potential:Good for stated goals with pt/cg compliance to plan of treatment. Discharge Plan:Patient to be discharged to the care of physician when all goals in plan of care are met. Discharge summary available upon request.				
9. Signature of Physician:  Electronically signed by Ketha,Sumana M..D on			10. Date: 10/26/2015	
11. Optional Name / Signature of Nurse / Therapist Electronically Signed by: Maureen Buchunam RN			12. Date 7/25/2015	