**OUR SAVIOUR HEALTHCARE SERVICES INC.****7105 High Point Dr, Sachse TX 75048****Phone: (469)235-1576 Fax: (469)814-0990**


Confidential**Fax****TO: Dr Sumana Ketha
FAX NUMBER: (972) 615 - 7310****FROM: Gertrude Akanna RN, Administrator.****BUSINESS PHONE: (469) 235-1576.
BUSINESS FAX: (469)814-0990.****Pages: 4PAGES**

Date/Time 12/10/2014,

Subject: 485 and start of care for Dorothy Adams**NOTE – Please have physician sign and fax back to our office as soon as possible**

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HOME HEALTH CERTIFICATION AND PLAN OF CARE

1. Patient's HI Claim No. 450426255A		2. Start Of Care Date: 10/21/2014		3. Certification Period From: 10/21/2014 To: 12/19/2014		4. Medical Record No. OS0929		5. Provider No./NPI 747641/1326274978	
6. Patient's Name and Address Dorothy Adams 1407 BRAEWOOD PL DUNCANVILLE TX 75137					7. Provider's Name, Address and Phone Number Our Saviour Healthcare Services, Inc. 7205 High Point Dr Sachse TX 75048-2160 Phone: 4692351576 Fax: 4698140990				
8. Date Of Birth 09/04/1929 9. Sex M <input checked="" type="checkbox"/> F					10. Medication: Dose/Frequency/Route (New) (Change) Metformin HCl 1000MG 1tab Tablet Oral twice a day diabetes (L) Amlodipine 10MG 1tab Tablet Oral once a Day HTN (L) Quetiapine Fumarate 25MG 1TAB Tablet Oral twice a day Psychosis (L) Tylenol Arthritis 650MG 2tabs Tablet Oral every 6 hours prn pain (L)				
11. ICD-9-CM Principal Diagnosis 250.02 Diabetes mellitus without E					12. ICD-9-CM Surgical Diagnosis				
13. ICD-9-CM Other Pertinent Diagnosis 357.2 Polyneuropathy In Diabetes E 781.2 Abnormality Of Gait E 728.87 Muscle Weakness (General) E 298.0 Depressive Type Psychosis E									
14. DME and Supplies Alcohol Pads, Chemostrips, Probe Covers, Diabetic Supplies, Exam Gloves,					15. Safety Measures Slow Position Change, Use of Assistive Devices, Instructed on Emergency				
16. Nutritional req. Low-Fat Diet, Low Cholesterol Diet, 1800 ADA diet, 2gm NA diet,					17. Allergies NKDA				
18.A Functional Limitations 1 Amputation 5 Paralysis 9 Legally Blind 2 <input checked="" type="checkbox"/> Bowel/Bladder 6 <input checked="" type="checkbox"/> Endurance A <input checked="" type="checkbox"/> Dyspnea with Minimal Exertion (Incontinence) 3 Contracture 7 <input checked="" type="checkbox"/> Ambulation B 4 Hearing 8 Speech					18.B Activities Permitted 1 Complete Bed Rest 6 Partial Weight Bearing A <input checked="" type="checkbox"/> Wheelchair 2 Bed Rest BRP 7 Independent At Home B <input checked="" type="checkbox"/> Walker 3 <input checked="" type="checkbox"/> Up As Tolerated 8 Crutches C No Restriction 4 <input checked="" type="checkbox"/> Transfer Bed/Chair 9 Cane D Other Specify 5 Exercise Prescribed				
19. Mental Status 1 <input checked="" type="checkbox"/> Oriented 3 <input checked="" type="checkbox"/> Forgetful 5 Disoriented 7 Agitated 2 Comatose 4 Depressed 6 Lethargic 8 Other									
20. Prognosis 1 Poor 2 <input checked="" type="checkbox"/> Guarded 3 Fair 4 Good 5 Excellent									
21. Orders For Disciplines and Treatment (Specify Amount/Frequency/Duration) SN frequency 1wk9, HHA Frequency 1wk1, 5wk8 SN to perform skilled assessment of the body system with vital signs at every visit, SN to assess all body systems. V/S parameter to report to MD-BP> 160/90 or 90/60, HR > 100 or <60, Resp. >24 or <12, Temp> 100.5 or <96. SN to assess pt's cardiac status for chest pain, peripheral edema, pulse irregularities, peripheral circulation and angina. Assess musculoskeletal status for level of joint pain, effectiveness of current pain regimen and report pain level greater than 5 to MD. SN also to assess respiratory status for dyspnea, abnormal breath sound, cough or sputum Using aseptic technique, SN may perform FS blood sugar every visit using patient's glucometer to assess for S/SX of hypo/hyperglycemia or accuracy of reported BS if not already done by patient. SN to report FBS >250 or <70 and RBS> 300 or <70 mg/dl to MD. Dispose sharps per OSHA guidelines. SN to assess pt's knowledge on energy conservation and home safety measures every visit, and instruct on areas of knowledge									
22. Goals/Rehabilitation Potential/Discharge Plan Goals/Rehabilitation Potential/Discharge Plans; Patient's BLOOD SUGAR level will be within Normal limits as established by MD within 60 days, Patient will have adequate working knowledge of disease process, patho, s/sx, and exacerbation of DIABETES within 60 days. Patient will be able to list 3 out of 4 uses of DIABETIC medication within 60 days. Patient will be able to list 2 out of 4 treatment of DIABETES. Patient will be able to state when to go to ER, or What S/SX to report to MD within 60 days. PT Goals: Pt will demonstrate increase muscle strength, endurance, mobility and reduce pain to 1/10 by the end of Cert. period. The patient's safety will be enhanced throughout the home care service as evidenced by no falls/injuries within Cert. period of time. Rehab potential : Good for goals stated above.									
23. Nurse's Signature and Date of Verbal SOC Where Applicable Digitally Signed by: AKANNA GERTRUDE, RN 10/21/2014								25. Date HHA Received Signed POT	
24. Physician Name and Address KETHA, SUMANA MD 2925 SKYWAY CIRCLE IRVING TX 75038					26. I Certify/Recertify that this patient is confined to his or her home and needs intermittent nursing care, physical therapy and/or speech therapy or continuous 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. NPI: 1962447805 Tel: 9726757313 Fax: 9726757310				
27. Attending Physician's Signature and Date signed  Electronically signed by Ketha, Sumana M.D. on 02/17/2015					28. Anyone who misrepresents, falsify or conceal essential information required for payment of federal funds may be subject to fine, imprisonment or civil penalty under applicable federal laws				

HOME HEALTH CERTIFICATION AND PLAN OF CARE

ADDENDUM TO PLAN OF TREATMENT

1. Patients HI Claim No. 2. Start Of Care Date 3. Certification Period 4. Medical Record No. 5. Provider No./NPI
450426255A 10/21/2014 From: 10/21/2014 To: 12/19/2014 OS0929 747641/1326274978

6. Patients Name and Address

Dorothy Adams
1407 BRAEWOOD PL
DUNCANVILLE TX 75137

9723028702

7. Provider's Name, Address and Phone Number

Our Saviour Healthcare Services, Inc.
7205 High Point Dr Sachse TX 75048-2160
Phone: 4692351576 Fax: 4698140990

13. Other Pertinent Diagnosis

401.9 Unspecified Essential Hypertension E
716.50 Unspecified Polyarthropathy Or Polyarthritiis Site a

15. Safety Measures

Plan, Keep Pathways Clear, Safety in ADLs, Standard Precautions/Infection Control, Instructed on Fall Precautions, Instructed on mobility safety/verb. unde, Instructed on sharps containers/verb. un, Instructed caregiver to clear pathway, Emergency care plan, Sharp container, Fall precautions, Mobility safety, Always wear eye glasses,

21. Orders for Discipline and Treatments (Specify amount/Frequency/Duration)

deficit. SN to teach disease process of DIABETES, to include path physiology, S/SX, treatment and exacerbation. Assess knowledge of medication regimen and deficits, teach DIABETES medications to include action, scheduled S/M and safety measures and instruct or new on changed medications if any. SN to instruct on medication safety measures, ADA diet, importance of keeping daily BS log and other non-pharmacological management of DIABETES. Instruct on Pharmacological and Non-pharmacological pain management, skin care, incontinent care and home safety measures and all other areas of care where knowledge deficit noted. May collect Oasis data at any specific time point as required by CMS. Hold MHCS if patient transferred to inpatient facility. MHA to assist with personal care, ADL'S and IADL'S per POC under supervision of an RN. Physical therapist to assess, evaluate and treat: Assess for gait training, mobility and ROM exercise.

22. Goals/Rehabilitation potential/Discharge Plans

MHA GOALS: Patient will achieve adequate ADL'S and IADL'S within 60 days.

D/C Plans: Patient will be discharged when goals are met and pt no longer in need of skilled nursing services or alternative POC have been arranged

23. Optional Name/Signature Of Nurse/Therapist

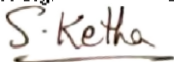
Digitally Signed by: AKANNA GERTRUDE,
RN

Date: 10/21/2014

27. Signature Of Physician:

KETHA, SUMANA MD

Date:



Electronically signed by Ketha, Sumana M.D. on 02/17/2015

Our Saviour Healthcare Services, Inc.
7205 High Point Dr Sachse TX 75048-2160
Phone 4692351576 Fax 4698140990

PHYSICIAN ORDER

Patient's Name: Dorothy Adams

MRN: OS0929

Patient's Ctrl No.:

Patients's DoB: 09/04/1929

Date: 10/27/2014

Patient's HIC No.: 450426255A

Time: 1:00 pm

Physician Name: KETHA SUMANA MD

Phone: 9726757313

Physician 2925 SKYWAY CIRCLE IRVING TX 75038

Fax: 9726757310

☒ Start of Care ☐ Plan of Care Change ☐ Progress Report ☐ Medication Change
☐ Discharge ☐ Recertification ☐ Frequency Change ☒ Post Hospital
☐ Medical Supplies ☐ Other

Order

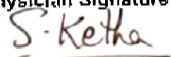
SN to resume all home health care services. SN frequency to read 1wk8. Physical therapist to resume care. Physical therapist to assess, evaluate and treat and Home health aide to resume aide care, HHA frequency to read 3wk8.

Nurse Signature:

Digitally Signed by: AKANNA GERTRUDE, RN

Date: 10/27/2014

Physician Signature:



Electronically signed by Ketha, Sumana M.D.

Date:

02/17/2015