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./NPI
500000027973	05/13/2016	From: 05/13/2016 To: 07/11/2016	6004	747092/1578647020

6. Patients Name and Address
JOYCE TUCKER
1036 SOUTH CORINTH STREET APT A
DALLAS TX 75203 2147808395

7. Provider's Name, Address and Phone Number
Calvary Health Care, Inc
8500 N. STEMMONS FWY # 4050 DALLAS TX 75247-
Phone: (214)6781950 Fax: (214) 678-1940

8. Date Of Birth 06/13/1954 **9. Sex** [ ] M [X] F

11. ICD-CM	Principal Diagnosis		Date
E11.40	Type 2 diabetes mellitus	E	05/06/2016

12. ICD-CM	Surgical Diagnosis	Date

13. ICD-CM	Other Pertinent Diagnosis		Date
I10	Essential (primary) hyper	E	05/06/2016
M15.0	Primary generalized (oste	E	05/06/2016
I67.9	Cerebrovascular disease,	E	05/06/2016
E08.42	Diabetes mellitus due to	E	05/06/2016

10. Medication: Dose/Frequency/Route (N)ew (C)hange
Aspirin 81MG 1 tab Tablet Oral Qd (L)
Plavix 75MG 1 tab Tablet Oral Daily
Lisinopril 20MG 1 Tablet Oral Daily
Atorvastatin Calcium 20MG 1 tab Tablet Oral Qam (N)
glipiZIDE 10MG 1 tab Tablet Oral Daily (C)
metFORMIN Hydrochloride 500MG 1/2 tab Tablet Oral Before Breakfast (C)
metFORMIN Hydrochloride 500MG 1 tab Tablet Oral Before Dinner (C)
Lisinopril 20MG 1 tab Tablet Oral Qam (C)
Zolpidem 10MG 1tab Tablet Oral Qhs (C)

14. DME and Supplies Alcohol Pads, Gloves: Non-sterile, Probe Covers, Diabetic Supplies.

15. Safety Measures Use of Assistive Devices,Instructed on Emergency Plan,Keep Pathway

16. Nutritional req. Diabetic Diet, Heart Hearthy

17. Allergies NKDA,NKFA,NO ENVIRONMENTAL AND LATEX ALLERGY

18.A Functional Limitations

1 [X]	Amputation	5 [ ]	Paralysis	9 [ ]	Legally Blind
2 [X]	Bowel/Bladder (Incontinence)	6 [ ]	Endurance	A [ ]	Dyspnea with Minimal Exertion
3 [ ]	Contracture	7 [X]	Ambulation	B [X]	Other Specify
4 [ ]	Hearing	8 [ ]	Speech		Dyspnea with moderate exertion

18.B Activities Permitted

1 [ ]	Complete Bed Rest	6 [ ]	Partial Weight Bearing	A [X]	Wheelchair
2 [ ]	BedRest BRP	7 [ ]	Independent At Home	B [ ]	Walker
3 [X]	Up As Tolerated	8 [ ]	Crutches	C [ ]	No Restriction
4 [ ]	Transfer Bed/Chair	9 [ ]	Cane	D [ ]	Other Specify
5 [ ]	Exercise Prescribed				

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

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

21. Orders For Disciplines and Treatment (Specify Amount/Frequency/Duration)

Adverse Event: DM(BS/MED Monitoring), Osteoarthritis(Joint pain/Tenderness/Stiffness/Locking), HTN (BP Monitoring/Medication Administration), Adverse Event Fall Risk (Poor Balance/Weakness).
HOMEBOUND STATUS: RESIDUAL WEAKNESS, REQUIRES TAXING EFFORT TO LEAVE HOME, DEPENDENT ON ADAPTIVE DEVICE, NEED ASSISTANCE FOR ALL ACTIVITIES, UNABLE TO SAFELY LEAVE HOME UNASSISTED.
Emergency Code: II
SN TO PERFORM HGBA1C Q 3MONTHS.
SN VISIT: 1WK9 EFFECTIVE 05/13/2016 FOR DISEASE MANAGEMENT

1. SN to perform skilled assessment, observation and evaluation of complete organ systems.
2. Skilled observation/ assessment for patient with HYPERTENSION, DIABETES,OSTEOARTHRITIS, NEUROPATHY,INSOMNIA, HYPERLIPIDEMIA, CVA, CAD AND BILATERAL AKA.

22. Goals/Rehabilitation Potential/Discharge Plan

Patient will demonstrate understanding of importance of compliance with medication regimen as evidenced by improved compliance and random blood sugar values <150 mg/dl by end of episode.
Patient Blood pressure will be within physician parameter in 2 Weeks and remain <160 systolic and <90 diastolic for the reminder of the cert period.
Patient will be free of injury or fall this episode
Patient HgbA1c will be less than 7% during the reminder of the episode.

Rehab Potential: Good for goals stated above.
DC Plan: Patient will be discharged when goals are met or alternative care has been arranged..

23. Nurse's Signature and Date of Verbal SOC Where Applicable
Digitally Signed by: OGALA FABIAN, RN 05/13/2016

25. Date HHA Received Signed POT
07/14/2016

24. Physician Name and Address
KETHA, SUMANA MD NPI: 1962447805
2925 SKYWAY CIRCLE NORTH Tel: 9726757313
IRVING TX 750385960 Fax: 9726757310

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 continous 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.I certify that in my estimation continued services will be required for 60-Days.

27. Attending Physician's Signature and Date signed
S.Ketha M.D 07/14/2016

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

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ADDENDUM TO :PLAN OF TREATMENT

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JOYCE TUCKER 1036 SOUTH CORINTH STREET APT A DALLAS TX 75203 2147808395	Calvary Health Care, Inc 8500 N. STEMMONS FWY # 4050 DALLAS TX 75247-4875 Phone: (214)6781950 Fax: (214) 678-1940

10. Medication: Dose/Frequency/Route

Carvedilol 25MG 1 tab Tablet Oral BID (C)
traMADol 50MG 1 tab Tablet Oral Tid Prn (C)
hydrALAZINE HCl 50MG 1 tab Tablet Oral Bid (C)

13. Other Pertinent Diagnosis

E78.5 Hyperlipidemia, unspecified E 05/06/2016
I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris E 05/06/2016
Z89.619 Acquired absence of unspecified leg above knee E 00/00/2016

15. Safety Measures

Clear,Safety in ADLs,Instructed on Fall Precautions,Instructed on sharps containers/verb. Instructed on emergency/disaster plan/ve,Instructed caregiver to clear pathway,Emergency care plan, Sharp container, Fall precautions, Clear Pathways.

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

3. Skilled Nurse to instruct patient/caregiver on the following:
a. Glipizide Action/Side Effects, and any new or changed medications.
b. Disease Process of Diabetes; to Include; Management and complications.
c. SN to Instruct Patient/CG on non-Pharm pain interventions. Report any pain >5/10 to physicians.
d. SN to Instruct Patient/CG on effects of diet non compliance on diabetes.
e. SN to Instruct patient/caregiver on measures to manage medication induced constipation.
f. SN to Instruct patient/caregiver on diabetic diet.

4. SN to perform:
a. FSBS every visit if patient/caregiver have not perform FSBS.

5. Notify physician of the following: SBP>160 or <90, DBP>90 or <60, HR>100 or <60, Resp>24 or <12, Temp>100.5 or <96.1 or pain >4/10 on scale of 0-10 after pharm/non-pharm intervention, Fasting BS>200 or <60mg/dl or Non-fasting BS >300 or <60mg/dl.

6. May accept orders from alternate physicians. SN may hold visit due to MD appointment, client request, hospitalization, and move out of service area, hold service for inpatient admission and resume home health services, evaluate and treat with any new orders obtained from inpatient facility, or any treating physicians or hospitalists during inpatient stay. If patient remains in an inpatient facility at the end of the 60 day certification period, discharge from all home health services at that time.
a. SN to use universal precautions at visit and during any procedures.
b. SN may Set up/administer medication if patient unable or caregiver unavailable.
c. Patient Gets PHC services 24.5Hrs/Wk for Assistance with ADL/IADL's
d. Discharge summary available upon request.

LAST VITAL SIGNS.
Height: 5'11 Weight: 130lb(stated) Blood Pressure: 143/81 Temperature : 97.6 Pulse: 75 Resp: 20 Pain: 5/10 Oxygen Saturation: 96% Blood Sugar: 323mg/dl.

MEDICATIONS ON THIS 485 ARE CONSIDERED THE CORRECT AND RECONCILED MEDICATIONS FOR THIS PATIENT UNLESS OTHERWISE NOTED BY THE PHYSICIAN AT TIME OF SIGNATURE.. Home Bound Status: Residual weakness, Req. Max. assistance/taxing effort to leave home, Unable to safely leave home unassisted,

23. Optional Name/Signature Of Nurse/Therapist	Digitally Signed by: OGALA FABIAN, RN	**Date:**	05/13/2016
27. Signature Of Physician:		**Date:**	07/14/2016