







2321 Beltline Rd STE.101 Grand Prairie, TX 75051 PH: 214.941.9522 | FAX: 469.733.1877 | www.fchomehealth.com

## FAX

## Facsimile Transmittal

To:	Dr. SUMANA KETHA	From: Sonal	
Fax:	972-675-7310	Page:	
Phone	e: 972-675-7313	Date: 5/5/2016	
Re:	GARZA VIRGILIO	CC:	<u></u>
Urge	ent For Review	Please Comment	Please Reply
	Pls sign and fax back		

<u>Thank You</u>

Notice of Confidentiality

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Department of Health and	Human Canicae Cal	ntore for Madianas 9	A distribution of the control of the
Dobu anent ar ricaiar ana	THURST SCINICGS CO.	mens in Medicale &	Medicald Services

Form Approved OMB No. 0938-0357

	HOME HEALTH CERT	IFICATION AND PLAN OF C	ARE				
1. Patient's HI Claim No. 644015347M	2. Start Of Care Date 3. Certification F 04/05/2016 From: 04/05	Period	4. Medical Record No. GAV347M	5. Provider No. 679445			
6. Patient's Name and Address GARZA, VIRGILIO 2023 CANADA DR Dallas, TX 75212 (214) 664-1837		Family Connections Home Heal 2321 SOUTH BELTLINE RD. S' Grand Prairie, TX 75051 Phone: (214) 941-9522   Fax: (4 Email: vaishali@fchomehealth.c	7. Provider's Name, Address and Telephone Number Family Connections Home Health Care 2321 SOUTH BELTLINE RD. STE 101 BOX 22				
8. Date of Birth 05/13/1943		9. Sex XM F					
DOXAZOSIN 4 MG ORAL TA SIMVASTATIN 40 MG ORAL	//Route (N)ew (C)hanged (U)nchanged BLET 1 TAB AT BEDTIME By mouth TABLET 1TAB AT BEDTIME PO N	(PO) N					
	is ary) hypertension			Date			
12.ICD- 10-CM Surgical Procedur				Date			
13.ICD- 10-CM Other Pertinent Di E78.5 Hyperlipidemia,				Date			
	ub/Shower Bench, Exam Gloves, Pro	15. Safety Measures: Anticoagulant Precautions, E	Emergency Plan Develor	ped, Fall			
16. Nutritional Req. Heart Health	ıy.	17. Allergies: NIACIN		· ·			
18.A. Functional Limitations 1	5 Paralysis g Legally Slind	18.B. Activities Permitted  1 Complete Bedrest 6	Partial Weight Bearing	∆ Wheelchair			
2 Bowel/Bladder (Incontinence)	6 Findurance A Dyspnea With Minimal Exertion	2 Bedrest BRP 7	Independent At Home	3 🗶 Walker			
3 Contracture	7 X Ambulation B X Other (Specify)  8 Speech CHRONIC PAIN	3 💹 Up As Tolerated 8	Crutches C	No Restrictions			
4 L Hearing	8 Speech CHRONIC PAIN	4 Transfer 8ed/Chair 9	<b>X</b> Cane C	Other (Specify)			
19. Mental Status:	1 X Oriented 3 X Forgetful	5 Disoriented 7					
17. Wella Status:	2 Comatose 4 Depressed	5 Unsonented 7 6 Lethargic 8	Agitated Other				
20. Prognosis:	1 Poor 2 Guarded		<b>✗</b> Good 5	Excellent			
SN Frequency: 1W9. SN PRN HOLD HOME HEALTH SERV DISCHARGED FROM INPAT	tments (Specify Amount/Frequency/Durati IS FOR FALL/ INFECTION/ MEDICA /ICES UPON ADMISSION TO AN INF IENT FACILITY. MAY RECERTIFY P	TION CHANGE/ CHANGE IN VIT PATIENT FACILITY, RESUME HI PATIENT TO HOME HEALTH CA	OME HEALTH SERVICE	LS ARE NOT MET			
SUBMITTED VIA PHYSICIAN SN MAY OBTAIN URINALYS TO INCLUDE PAIN, FOUL OF SN to notify MD of: Temperature (<) 24 or less than (<) 12 (percent) less than (<) 90.	DISCHARGED FROM INPATIENT FACILITY. MAY RECERTIFY PATIENT TO HOME HEALTH CARE SERVICES IF GOALS ARE NOT MET AND CONTINUED SKILLED NEED TO AID IN CONTINUITY OF CARE FOR THE NEXT 60 DAYS. DISCHARGE SUMMARIES WILL ARE SUBMITTED VIA PHYSICIAN REQUEST.  SN MAY OBTAIN URINALYSIS AND URINE CULTURE AND SENSITIVITY (C&S) TEST AS NEEDED FOR SIGNS / SYMPTOMS OF UTI, TO INCLUDE PAIN, FOUL ODOR, CLOUDY OR BLOOD-TINGED URINE AND FEVER.  SN to notify MD of: Temperature greater than (>) 100.5 or less than (<) 96. Pulse greater than (>) 100 or less than (<) 60. Respirations greater than (>) 24 or less than (<) 12. Systolic BP greater than (>) 160 or less than (<) 90. Diastolic BP greater than (>) 90 or less than (<) 60. O2 Sat (percent) less than (<) 90.  Homebound Status: Exhibits considerable & taxing effort to leave home; Requires the assistance of another to get up and move safely;						
22. Goals/Rehabilitation Potential/	Discharge Plans						
The patient will have no hospitalizations during the episode. The Patient/Caregiver will verbalize understanding of individualized emergency plan by the end of the episode. Patient will have absence or control of pain as evidenced by optimal mobility and activity necessary for functioning and performing ADLs by the end of the episode. Patient skin integrity will remain intact during this episode. Respiratory status will improve with reduced shortness of breath and improved lung sounds by the end of the episode. Patient will be free from signs and symptoms of respiratory distress during the episode. Patient and caregiver will verbalize an understanding of factors that contribute to shortness of breath by: EOE. PT WILL ACHIEVE A STABLE BP AS EVIDENCED BY VITAL SIGNS WITHIN NORMAL LIMITS WITHIN 60							
<ol> <li>Nurse's Signature and Date of Electronically Signed by: \( \)</li> </ol>	t vernai SOC where Applicable; √aishali Patel RN 04/06/2016	2	25. Date HHA Received Sig	gned POT			
		26 Physician Cartification Section	nont	·			
4. Physician's Name and Address Ketha, Sumana MD 2925 Skyway Cir N Irving TX 75038 Phone: (972) 675-7313   Fax: (972) 675-7310 NPI: 1962447805  26. Physician Certification Statement I certify 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.							
27. Attending Physician's Signatur  Sketka Electronically signed	re and Date Signed d by Ketha,Sumana M.D. on 05/17/2016	28. Anyone who misrepresents, required for payment of Fede or civil penalty under applica	eral funds may be subject to	ntial information o fine, imprisonment,			

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Department of Health and Hur Centers for Medicare Medicai	Form Approved OMB No. 0938-0357						
		ADDENDUM TO:	PLAN O	F TREATMENT		•	
. Patient's HI Claim No. 344015347M	2. Start Of Care Date 04/05/2016	3. Certification Pe From: 04/05/2		To: 06/03/2016	4. Medical Record No. GAV347M	5. Provider No. 679445	-
. Patient's Name: GARZA, VIRGILIO				iders Name Connections Home	· Health Care	· · · · · · · · · · · · · · · · · · ·	_

10. Medications

CETIRIZINE 10 MG ORAL TABLET 1 TAB EVERY EVENING FOR ITCHING PO N

FINASTERIDE 5 MG ORAL TABLET 1 TAB Q DAY PO N
METOPROLOL TARTRATE 100 MG ORAL TABLET 1 TAB TWICE A DAY PO N
WARFARIN 5 MG ORAL TABLET 1/2 TAB MONDAY AND WEDNESDAY PO N
WARFARIN 5 MG ORAL TABLET 1 TAB TUE, THURSDAY, FRIDAY, SATURDAY AND SUNDAY PO N
ASPIRIN 81 MG ORAL TABLET 1 TAB ONCE A DAY PO N

CORTIZONE-10 TO THE AFFECTED AREA TOP N

13. Other Diagnoses

G89.4 Chronic pain syndrome

Z95.1 F Z87.891 Presence of aortocoronary bypass graft Personal history of nicotine dependence

Unspecified abdominal hernia without obstruction or gangrene K46.9

Z95.2 Presence of prosthetic heart valve

14. DME and Supplies

Covers

Precautions, Keep Pathway Clear, Safety in ADLs, Slow Position Change, Standard Precautions/Infection Control, Support During Transfer and Ambulation, Use of Assistive Devices, Instructed on mobility safety, Instructed on disaster/emergency plan, Instructed on safety measures

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

Unable to safely leave home unassisted; SN to develop individualized emergency plan with patient. SN to assess pain level and effectiveness of pain medications and current pain management therapy every visit. SN to instruct patient on nonpharmacologic pain relief measures, including relaxation techniques, massage, stretching, positioning, and hot/cold packs. SN to report to physician if patient experiences pain level greater than 5, pain medications not effective, patient unable to tolerate pain medications, pain affecting ability to perform patient's normal activities. SN to assess skin for breakdown every visit. SN to instruct the Patient/Caregiver on signs/symptoms of wound infection to report to physician, to include increased temp > 100.5, chills, increase in drainage, foul odor, redness, pain and any other significant changes. SN to assess O2 saturation on room air (freq) Q VISIT. SN to instruct the Patient/Caregiver on factors that contribute to SOB. SN to instruct the Patient/Caregiver to avoid smoking or allowing people to smoke in patient's home. Instruct patient to avoid irritants/allergens known to increase SOB. SN to instruct patient on energy conserving measures including frequent rest periods, small frequent meals, avoiding large meals/overeating, controlling stress. Report to physician O2 saturation less than 90%. SN to assess/instruct on signs & symptoms of pulmonary complications. SN TO ASSESS ALL BODY SYSTEMS. SN TO ASSESS CARDIOVASCULAR STATUS FOR HEART SOUNDS, EDEMA, PERIPHERAL CIRCULATION, ANGING. SN TO ASSESS CALL BODY SYSTEMS. ALL BODY SYSTEMS. SN TO ASSESS KNOWLEDGE OF MEDICATION REGIMEN AND DEFICITS, TEACH PT/CG BP MEDICATIONS, TO INCLUDE PURPOSE, ACTION S/E AND SAFETY MEASURES. SN TO INSTRUCT ON NEW AND CHANGED MEDICATIONS AND AREAS WHERE KNOWLEDGE DEFICIT NOTED. SN TO TEACH DISEASE PROCESS OF HTN, TO INCLUDE PATHOPHYSIOLOGY, S/SX, TREATMENT AND EXACERBATION. INSTRUCT ON 2GM NA DIET, IMPORTANCE OF KEEPING DAILY BP LOG, AND HEALTHY EATING TIPS (FOOD CHOICES) AND ALL AREAS WHERE KNOWLEDGE DEFICIT NOTED. SN TO INSTRUCT ON NON-PHARMACOLOGICAL MANAGEMENT OF HTN. SN TO ASSESS PAIN LEVEL AND EFFECTIVENESS OF PAIN MEDICATION EVERY VISIT, REPORT PAIN LEVEL >5 TO MD. INSTRUCT ON EVERY CONSERVATION, INCONTINENT CARE AND HOME SAFETY MEASURES. SN to instruct Patient/Caregiver on HH diet. SN to perform a neurological assessment each visit. SN to instruct patient to wear proper footwear when ambulating. SN to instruct patient to use prescribed assistive device when ambulating. SN to instruct patient to change positions slowly. SN to instruct the Patient/Caregiver to remove clutter from patient's path such as clothes, books, shoes, electrical cords, or other items that may cause patient to trip. SN to instruct the Patient/Caregiver to contact agency to report any fall with or without minor injury and to call 911 for fall resulting in serious injury or causing severe pain or immobility. SN to assess caregiver filling medication box to determine if caregiver is preparing correctly. SN to determine if the Patient/Caregiver is able to identify the correct dose, route, and frequency of each medication. SN to assess if the Patient/Caregiver can verbalize an understanding of the indication for each medication. SN to instruct the Patient/Caregiver

27a. Signature of Physician: Electronically signed by Ketha, Sumana M.D. on	27b. Date: 05/17/2016
23. Optional Name / Signature of Nurse / Therapist	Date
Electronically Signed by: Vaishali Patel RN	4/6/2016

Department of Health and Hun Centers for Medicare Medicare					Form Approved OMB No. 0938-0357
•		ADDENDUM TO; PLAN	OF TREATMENT	<del>u.</del> (	3.115.115.3555.1151.11
. Patient's HI Claim No. 644015347M	2. Start Of Care Date 04/05/2016	3. Certification Period From: 04/05/2016	то: 06/03/2016	4. Medical Record No. GAV347M	5. Provider No. 679445
i. Patient's Name: GARZA, VIRGILIO			roviders Name nily Connections Home	÷ Health Care	<u> </u>
1. Orders for Discipline and ' on precautions for high antiarrhythmics, antine	n risk medications, s	nt/Frequency/Duration) uch as, hypoglycemi		antiplatelets, sedative	hypnotics, narcotics
2. Goals/Rehabilitation Poter DAYS. PT WILL HAVE ADEQ VITHIN 60 DAYS. PT WILL BE ABLE TO PT WILL BE ABLE TO PT WILL BE ABLE TO PT WILL BE ABLE TO PT WILL HAVE ADEQ SAFETY MEASURE V REHAB POTENTIAL: DC PLANS: PATIENT ARRANGED. Patient will maintain I complications or furthe luring the episode. Patted goals. Discharge	ntial/Discharge Plans UATE WORKING K LIST 2 OF 4 USES LIST 1 OF 3 S/E O STATE IMPORTAN AYS. LIST 3 OF 5 FOOD UATE WORKING K VITHIN 60 DAYS. GOOD FOR GOALS WILL BE DISCHAR H diet compliance of deterioration. The	CNOWLEDGE OF DISTRICTION OF BP MEDICATION OF BP MEDICATION NCE OF 2 GM SODIN OS WITH LOW SALT CNOWLEDGE OF PA OF STATED ABOVE. GED WHEN GOALS during the episode. No patient will be free fate of adverse medicate discharged to the car discharged to the car	N WITHIN 60 DAYS WITHIN 60 DAYS. UM DIET AND NON CONTENT WITHIN IN MANAGEMENT, S ARE MET OR ALT Neuro status will be soon falls during the electrons during the of Physician Pati	I-PHARMACOLOGICA	AL MANAGEMENT  /ATION AND HOM  AS BEEN  Ind free of S&S of will be free from injuited the core of the
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7a. Signature of Physician		ned by Ketha,Sur	nana M.D. on	27b. Da	
3. Optional Name / Signat			. ,,,,,,	Date	05/17/2016

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Department of Health and Human Services Centers for Medicare & Medicald Services

Form Approved OMB No. 0938-0357

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1. Patient's HI Claim No. 644015347M	1	rt Of Care Dai 5/2016	te 3	Certification Peri From: 04/05/20		To	06/03/2016		Medical Record No. SAV347M	5, Provider N 679445	lo.
6. Patient's Name and Address GARZA, VIRGILIO 2023 CANADA DR Dallas, TX 75212 (214) 664-1837					Fam 232 Gran Phon	nily 1 S nd I ne:	der's Name, Address a Connections Home He OUTH BELTLINE RD. Prairie, TX 75051 (214) 941-9522   Fax: vaishali@fchomehealth	alth STE (46)	Care 5 101 BOX 22 9) 733-1877		
8. Date of Birth 05/13/1943					9. Si		<b>X</b> M □F			·	
10. Medications: Dose/Frequency/ DOXAZOSIN 4 MG ORAL TAE SIMVASTATIN 40 MG ORAL 1	BLET 1	TAB AT BE	DTI	ME By mouth (P		<u></u> .					
11.ICD- 10-CM Principal Diagnosis I10 Essential (primar	y) hype	ertension		***					· · · · · · · · · · · · · · · · · · ·	Date	
12,ICD- 10-CM Surgical Procedure	į.									Date	_
13.ICD- 10-CM Other Pertinent Dia E78.5 Hyperlipidemia,									<del></del>	Date	
14. DME and Supplies Cane, Elevated Toilet Seat, Tu	ib/Shov	wer Bench. I	Exan	n Gloves, Probe			fety Measures:	En	nergency Plan Develop	od Fall	
16. Nutritional Req. Heart Healthy					_		ergies: NIACIN	1 14411	neigency i lan bevelop	24, 1 411	
18.A. <u>Fu</u> nctional Limitations					18.8	3. A	Activities Permitted				_
	• ш	Paralysis <u>ç</u> —	· 🗀	Legally Blind	1		Complete Bedrest	e [	Partial Weight Bearing A	Wheelchai	r
<sup>-</sup> 🖳	ے "		\	Dyspnea With Minimal Exertion	2			7 🛭		<b>≭</b> Walker	
7.		<sub>Speech</sub> CHRO	S 😿 NIC E		i	×		8 [ • 6	Crutches C	No Restrict	
4 L_1 1.00.1113	8 ∐ 5	speech oto	,,,,,	7.014	4  5	닖	Transfer Bed/Chair ( Exercises Prescribed	9 [	K Cane D	Other (Spe	city)
	1 <b>X</b>	Oriented 3	×	Forgetful	5	H	Educate and	<del></del>	Agitated		
	=	Comatose 4	=	Depressed	6	H		7 <b>L</b> 8 [	Other		
		Poor 2		Guarded	3			4 2	Good 5	Exceller	nt
21. Orders for Discipline and Treatr SN Frequency: 1W9. SN PRNS HOLD HOME HEALTH SERVI	S FOR CES U	FALL/ INFE	CTIC SSIC	DŇ/ MĚDICATIĆ DN TO AN INPAT	N CH	ΓF	ACILITY, RESUME	но	ME HEALTH SERVICE	S WHEN	
DISCHARGED FROM INPATII AND CONTINUED SKILLED N SUBMITTED VIA PHYSICIAN SN MAY OBTAIN URINALYSIS TO INCLUDE PAIN, FOUL OD SN to notify MD of: Temperatu than (>) 24 or less than (<) 12. (percent) less than (<) 90. Homebound Status: Exhibits of 22. Goals/Rehabilitation Potential/D	IEED T REQUI S AND OR, CI re grea Systoli	O AID IN CEST. URINE CUILOUDY OR other than (>) ic BP greatestable & taxion	ONT LTUF BLC 100. er the	INUITY OF CAR RE AND SENSIT POD-TINGED UF 5 or less than (< an (>) 160 or less	IVIT RINE () 96. s thar	)R Y (* AN Pu t (*	THE NEXT 60 DAY: C&S) TEST AS NEE ID FEVER. Ilse greater than (>)  \$\( \) 90. Diastolic BP g	S. 0 DE 100 reat	DISCHARGE SUMMAR D FOR SIGNS / SYMP Or less than (<) 60. Re ter than (>) 90 or less th	IES WILL AI TOMS OF U spirations gr an (<) 60. C	RE JTI, reater D2 Sat
The patient will have no hospite plan by the end of the episode. functioning and performing ADI improve with reduced shortnes of respiratory distress during the by: EOE. PT WILL ACHIEVE A	alizatio Patier Ls by the s of bro e episo STAB	ns during that will have a he end of the end of the eath and impode. Patient	ibser e epi orove and VID	nce or control of isode. Patient sk ed lung sounds b caregiver will ve ENCED BY VITA	pain in into by the arbaliz	as egi e ei ze :	evidenced by optimity will remain intact and of the episode. Paran understanding of	al m dui atiei fac	nobility and activity nec ring this episode. Respi nt will be free from sign tors that contribute to s	essary for ratory status s and sympt	s will
<ol> <li>Nurse's Signature and Date of Electronically Signed by: V</li> </ol>								25	. Date HHA Received Sig	ned POT	
		Talel KIN 0°			26 D	Ъ	sician Certification Stat	<u> </u>			
24. Physician's Name and Address Ketha, Sumana MD 2925 Skyway Cir N Irving TX 75038 Phone: (972) 675-7313   Fax: NPI: 1962447805		375-7310			I ce inte the unc	ertii erm rap der	fy that this patient is hittent skilled nursing by or continues to ne	con car ed au	nfined to his/her home a re, physical therapy and occupational therapy. T thorized the services of	l/or speech his patient is	s f care
27. Attending Physician's Signature		•	M.D.	<i>o</i> n 05/17/2016	ř	equ	one who misrepresent lired for payment of Fe ivil penalty under appli	dera	ilsifies, or conceals essen al funds may be subject to e Federal laws.	ial information fine, imprison	n nment,
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