Department of Health and Human Services Health Care Financing Administration | Form Approved OHB No. 0938-0357 | Order Number# 290467568

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.
459157666A	09/15/2015	From: 07/11/2016 To: 09/08/2016	207TV091515	1649462334

6. Patient's Name and Address
Tyndall, Vicky
9829 Mill Valley Ln
DALLAS, TX 75217 (972) 557-7888

7. Provider's Name, Address and Telephone Number
Lucent Home Health, LLC
1485 Richardson Drive, Suite 135
Richardson, TX 75080
Phone: (972) 664-0945
Fax: (972) 664-0139

8. Date of Birth: 04/03/1956 **9. Sex** ☐ M ☑ F

11. ICD-10-CM	Principal Diagnosis	Date
N39.46	Mixed incontinence (E)	07/07/2016

12. ICD-10-CM	Surgical Procedure	Date
N/A		

13. ICD-10-CM	Other Pertinent Diagnosis	Date
Z44.002	Encounter for fit/adjst o (E)	06/30/2016
J44.9	Chronic obstructive pulmo (E)	04/26/2016
Z74.01	Bed confinement status (E)	07/07/2016
Z99.81	Dependence on supplementa (O)	09/15/2015

10. Medications: Dose/Freq./Route (N)ew (C)hanged
Multi-Vitamin Oral 1 Tab(s) Vit D2 50.000Unit 1tab po daily
Lantiseptic Skin Protectant External 50 % apply to affected area daily and prn
OXYGEN 3LPM VIA NC CONTINOUSLY
Furosemide Oral 40 MG 1 Tab(s) PO DAILY
Famotidine Oral 20 MG 1 Tab(s) PO DAILY

14. DME and Supplies
Probe Covers. Exam Gloves.

15. Safety measures
Keep Pathway Clear. Use of Assistive Devices. Slow Position Change. Emergency Plan Developed.

16. Nutritional Requirements
2gm Sodium.

17. Allergies
NKA (Food / Drug / Latex / Environmental)

18.A. Functional Limitations
1. ☐ Amputation 2. ☐ Paralysis 3. ☐ Legally Blind
4. ☑ Bowel/Bladder Incontinence 5. ☑ Endurance 6. ☑ Dyspnea
7. ☐ Contracture 8. ☑ Ambulation 9. ☐ Hearing
A. ☐ Speech B. ☐ Other

18.B. Activities Permitted
1. ☐ Complete bed rest 2. ☑ Up as tolerated 3. ☐ Exercise prescribed
4. ☐ Independent at home 5. ☐ Cane 6. ☐ Walker
7. ☐ Bed rest with BRP 8. ☑ Transfer bed-chair 9. ☐ Partial weight bearing
A. ☐ Crutches B. ☐ Wheelchair
C. ☐ Other (specify):

19. Mental Status
1. ☑ Oriented 2. ☐ Comatose 3. ☑ Forgetful 4. ☐ Agitated
5. ☐ Depressed 6. ☐ Disoriented 7. ☐ Lethargic 8. ☐ Other 9. ☐ Additional Orders

20. Prognosis ☐ Guarded ☐ Poor ☑ Fair ☐ Good ☐ Excellent

21. Orders for Discipline and Treatments (Specify Amount/ Frequency/ Duration)
SN: 1W9,3 PRN visits for s/s of COPD;Catheter complication;Exac of Pain . PT: PT TO RE-EVALUATE AND TREAT. HHA: 3W8 2W1. COLLABORATION STATEMENT WITH MD: SKILLED SERVICES WILL BE REQUIRED UNTIL 09/08/2016. Assessment of patient with Mixed incontinence,Encounter for fit/adjst of unsp left artificial arm,Chronic obstructive pulmonary disease, unspecified,Bed confinement status,Dependence on supplemental oxygen,Polyosteoarthritis, unspecified,Gastro-esophageal reflux disease without esophagitis,Rheumatoid arthritis, unspecified. Is the Patient DNR (Do Not Resuscitate)? No. Homebound Status: Requires max assistance/taxing effort to leave home,Residual weakness,Unable to safely leave home unassisted,Severe SOB or SOB upon exertion. SN to provide patient with written instructions in large font.
SN to Notify Physician of Temperature Ranges exceeding 100.5 or falling below 96.

22. Goals/ Rehabilitation Potential/ Discharge Plans
The patient will have no hospitalizations during the certification period. The Patient/Caregiver will verbalize understanding of individualized emergency plan . Patient will achieve pain level less than 2 within 9 weeks . Patient's respiratory rate will remain within established parameters during 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 . Patient will verbalize an understanding of energy conserving measures . The Patient/Caregiver will verbalize and demonstrate safe management of oxygen . Patient's blood pressure will remain within established parameters during the episode. The Patient/Caregiver will verbalize understanding of symptoms of cardiac complications and when to call 911 .

23. Nurse Signature and Date of Verbal SOC Where Applicable
Digitally Signed by: Nelson Kwowi , RN 07/07/2016

25. Date HHA Received Signed POT
08/22/2016

24. Physician's Name and Address
Sumana Ketha
2925 Skyway Circle IRVING TX 75038-
(972) 675-7313 Phone NPI: 1962447805
(972) 675-7310 Facsimile

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 continue 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
Digitally Signed by: SUMANA KETHA MD 08/22/2016

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.

Form CMS-485 (U4) (2-94) Page 1 of 2

Department of Health and Human Services Health Care Financing Administration | Form Approved OHB No. 0938-0357 | Order Number# 290467568

Addendum to Plan of Care

1. Patient's HI Claim No.	2. Start of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
459157666A	09/15/2015	From: 07/11/2016 To: 09/08/2016	207TV091515	1649462334

6. Patient's Name	7. Provider's Name
Tyndall, Vicky	Lucent Home Health, LLC

13. Other Pertinent Diagnosis

M15.9 Polyosteoarthritis, unspecified (E)	06/22/2016
K21.9 Gastro-esophageal reflux disease without esophagitis (E)	02/10/2016
M06.9 Rheumatoid arthritis, unspecified (E)	05/02/2016

15. Safety Measures

Safety in ADLs. Support During Transfer and Ambulation. Fall Precautions. Standard Precautions/Infection Control. O2 Precautions

21. Orders

5, Respiratory Ranges greater than 24 or less than 12, Systolic BP greater than 160 and less than 90 Diastolic BP greater than 90 and less than 60, Pulse Rate greater than 100 or less than 60, Pain greater than 5 on a pain scale of 0 to 10. SN to document recheck of any vital sign(s) level which does not fall within the normal parameter and record new reading before leaving Patient's home. O2 Sat less than (<) 92%. SN to develop individualized emergency plan with patient. SN to instruct patient on importance of receiving influenza and pneumococcal vaccines. SN to instruct patient on nonpharmacologic pain relief measures, including relaxation techniques, massage, stretching, positioning, and/or hot/cold packs. SN to assess skin for breakdown every visit.
SN to assess O2 saturation on room air (freq)Q VISIT. SN to assess O2 saturation on O2 @ 3LPM LPM/ NC (freq) CONTNUOUSLY. SN to reinforce instructions to patient/caregiver on COPD management as patient exhibits knowledge deficit on management of COPD. SN to instruct the patient the following symptoms could be signs of a heart attack: chest discomfort, discomfort in one or both arms, back, neck, jaw, stomach, shortness of breath, cold sweat, nausea, or dizziness. Instruct patient on signs and symptoms that necessitate calling 911. CATHETER CHANGE PROTOCOL: PER PATIENT REQUEST, SN (LVN) TO PERFORM FOLEY CATHETER CHANGE ONCE PER MONTH WITH 18Fr SIZE AND 10cc CAPACITY. SN to instruct the Patient/Caregiver on proper foley care. SN to instruct the Patient/Caregiver on foods that contribute to acid reflux/indigestion. SN to instruct patient to change positions slowly. 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 reinforce instructions to patient/caregiver on Pain management and safe performance of ADL/IADL's to decrease risk of injury/fall. SN to assess patient filling medication box to determine if patient is preparing correctly. 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 on medication regimen dose, indications, side effects, and interactions. SN to instruct the Patient/Caregiver on medication side effects to report to SN or physician.

22. Goals

Foley will remain patent during this episode and patient will be free of signs and symptoms of UTI. Suprapubic tube will remain patent during this episode and patient will be free of signs and symptoms of UTI. Patient will be without signs/symptoms of UTI (pain, foul odor, cloudy or blood-tinged urine and fever) during this episode. SN to reinforce instructions to patient/caregiver on management UTI and Catheter as patient exhibits knowledge deficit on management of Catheter. Patient will maintain 2gm sodium diet compliance during the episode. Patient will remain free from increased confusion during the episode. The patient will be free from falls during the certification period. Patient will remain free of adverse medication reactions during the episode. The Patient/Caregiver will verbalize understanding of medication regimen, dose, route, frequency, indications, and side effects .
Rehab potential: Fair to achieve stated goals with skilled intervention and patient's compliance with the plan of care.
Discharge plans: Discharge when medical condition is stable and patient is no longer in need of skilled services.
Discharge to care of physician.
Discharge when goals met.

9. Signature of Physician	10. Date
Digitally Signed by: SUMANA KETHA MD	08/22/2016
11. Optional Name/ Signature of Nurse/ Therapist	12. Date
Digitally Signed by: Nelson Kwowi , RN	07/07/2016

Form HCFA-487 (C4) (4-87) Page 2 of 2