Department of Health and Human Services Health Care Financing Administration | Form Approved OHB No. 0938-0357 | Order Number# 276474304

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.
457504949D	05/10/2016	From: 05/10/2016 To: 07/08/2016	6487-A	1295876829

6. Patient's Name and Address
WHITE, VESSIE L
4645 Dolphin Rd Apt 242
DALLAS, TX 75223 (469) 334-0188

7. Provider's Name, Address and Telephone Number
Agape Home Healthcare
18770 LBJ Freeway
Suite 100 Mesquite, TX 75150
Phone: (972) 681-2247
Fax: (972) 681-3049

8. Date of Birth: 10/13/1937 **9. Sex** [ ] M [X] F

	11. ICD-10-CM	Principal Diagnosis	Date
	G72.9	Myopathy, unspecified ( )	04/17/2016
	12. ICD-10-CM	Surgical Procedure	Date
	N/A		
	13. ICD-10-CM	Other Pertinent Diagnosis	Date
	S70.01X D	Contusion of right hip, s ( )	04/17/2016
	E11.42	Type 2 diabetes mellitus (E)	04/17/2016
	M05.9	Rheumatoid arthritis with ( )	04/17/2016
	G89.4	Chronic pain syndrome ( )	04/17/2016

10. Medications: Dose/Freq./Route (N)ew (C)hanged
Losartan Potassium Oral 50 MG 1 Tab(s) PO every day
DULoxetine HCl Oral 30 MG 1 Cap(s) PO two times a day
Levothyroxine Sodium Oral 50 MCG 1 Tab(s) PO every day
Meloxicam Oral 7.5 MG 1 Tab(s) PO two times a day
Continued on 487

14. DME and Supplies
Probe Covers. Tub/Shower Bench. Sharps Container. Alcohol Pads. Exam Gloves. Chux/Underpads. Bedside Commode.

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

16. Nutritional Requirements
No Concentrated Sweets. Heart Healthy

17. Allergies
ACE Inhibitors - rash, throat swelling

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

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

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

20. Prognosis [ ] Guarded [ ] Poor [X] Fair [ ] Good [ ] Excellent

21. Orders for Discipline and Treatments (Specify Amount/ Frequency/ Duration)
SN: 2w1,1w4, 1 QOW for 4 weeks
PT: eval and treat,
OT: OT to assess OT needs
Homebound due to: The patients illness requires the use of walker for support. Due to the patients illness, need the assistance of another person to leave their place of residence. The patient is confined to home because with there exists a normal inability to leave home and leaving home requires a considerable and taxing effort.
The patient has a condition such that leaving their home is medically contraindicated.

22. Goals/ Rehabilitation Potential/ Discharge Plans
The patient will have no hospitalizations during the certification period.
The Patient will verbalize understanding of individualized emergency plan by: 05/10/2016.
Patient will verbalize understanding of proper use of pain medication by 06/30/2016.
Patient will achieve pain level less than 6 within 7 weeks .
Wound(s) will heal without complication by: 06/20/2016.
Wound(s) will be free from signs and symptoms of infection during 60 day episode.
Patient skin integrity will remain intact during this episode.
Patient will verbalize understanding of avoiding too hot or too cold temperatures to skin.Patient will be free from signs and symptoms of respiratory distress during the episode .

23. Nurse Signature and Date of Verbal SOC Where Applicable
Digitally Signed by: Janis Livsey , RN 05/10/2016

25. Date HHA Received Signed POT

24. Physician's Name and Address
Dr. Sumana Ketha, M.D.
2925 Skyway Cir N IRVING TX 75038-
(972) 675-7313 Phone NPI: 1962447805
(972) 675-7310 Facsimile UPIN: G86758

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
S. Ketha Electronically signed by Ketha,Sumana M.D. on 06/02/2016

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.

Department of Health and Human Services Health Care Financing Administration — Form Approved OHB No. 0938-0357 — Order Number# 2764743O4

Addendum to Plan of Care

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10. Medications

PriLOSEC Oral 20 MG 1 Cap(s) PO every day
MetFORMIN HCl Oral 500 MG 1 Tab(s) PO two times a day
TraMADol HCl Oral 50 MG 1-2 Tab(s) PO every 8 hours as needed for pain (use 2 tablets for severe pain every 8 hours as needed) (N)
Fluticasone Propionate (Inhal) Inhalation 50 MCG/BLIST 2 sprays inhalation in one nostril twice a day, rotate nostrils when administering
Januvia Oral 50 MG 1 Tab(s) PO every day
Multivitamins Oral 1 Cap(s) PO every day
Claritin Oral 10 MG 1 Cap(s) PO every day (N)
TraZODone HCl Oral 50 MG 1/2 tab Tab(s) PO every night
Cymbalta Oral 30 MG 1 Cap(s) PO two times a day (N)
Tylenol Oral 325 MG 1 Tab(s) PO every 12 hours as needed for mild pain
Senokot Oral 8.6 MG 2 Tab(s) PO two times a day (N)
MiraLax Oral 17 g PO two times a day
AmLODIPine Besylate Oral 10 MG 1 Tab(s) PO every day (N)

13. Other Pertinent Diagnosis

E66.0	Obesity, unspecified ( )	04/17/2016
Z72.0	Tobacco use ( )	

14. DME

Grab Bars. Walker. Elevated Toilet Seat. Diabetic Supplies

15. Safety Measures

Safety in ADLs. Proper Position During Meals. Support During Transfer and Ambulation. Sharps Safety. Fall Precautions. Standard Precautions/Infection Control

21. Orders

The patient is confined to home because with there exists a normal inability to leave home and leaving home requires a considerable and taxing effort.
Home Health may accept orders from all referring physicians. Home Health may recertify patient for additional benefit period if skilled need exists, patient meets Home Health Criteria Home and physician orders received. Home Health agency provides services that are allowed by the insurance provider. If the patient is admitted to an inpatient facility during the episode, the Home Health Services will be placed on hold. Services may be resumed after discharge from hospital when new orders are received.
Services may be discontinued for the following reasons; at doctor's or patient's request, if the patient remains in the inpatient facility at the end of the episode, if patient will receive outpatient therapy, if the patient transfers to a Nursing Home or Hospice care, if goals are met in the plan of care, if patient reached maximum rehab potential benefits from all of the discipline's services, if patient is no longer home bound (Homebound not required for Medicaid Clients), if patient's needs are above and beyond what the agency can provide, if the patient no longer has insurance coverage or authorization from any insurance provider. Discharge summary will be available upon request..
Assessment of patient with Myopathy, unspecified,Contusion of right hip, subsequent encounter,Type 2 diabetes mellitus with diabetic polyneuropathy,Rheumatoid arthritis with rheumatoid factor, unspecified,Chronic pain syndrome,Obesity, unspecified,Tobacco use.
Is the Patient DNR (Do Not Resuscitate)? No.
Homebound Status: Confusion, unsafe to go out of home alone,Other - walker,Requires max assistance/taxing effort to leave home,Residual weakness,Unable to safely leave home unassisted,Need assistance for all activities,Severe SOB or SOB upon exertion.
Notify physician of: Temperature greater than (>) 100.5 or less than (<) 96.0
Pulse greater than (>) 120 or less than (<) 50
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 (<) 50

9. Signature of Physician	10. Date
S. Ketha Electronically signed by Ketha,Sumana M.D. on	06/02/2016
11. Optional Name/ Signature of Nurse/ Therapist	**12. Date**
Digitally Signed by: Janis Livsey , RN	05/10/2016

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21. Orders

O2 Sat less than (<) 90%
Fasting blood sugar greater than (>) 250 or less than (<) 60
Random blood sugar greater than (>) 350 or less than (<) 70
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 to take pain medication before pain becomes severe to achieve better pain control.
SN to report to physician if patient experiences pain level not acceptable to patient, pain level greater than 7, pain medications not effective, patient unable to tolerate pain medications, pain affecting ability to perform patient's normal activities.
SN to instruct the Patient/Caregiver on methods to reduce friction and shear.
SN to assess skin for breakdown every visit.
SN to assess/evaluate wound(s) at each dressing change and PRN for signs/symptoms of infection. Report to physician increased temp >100.5, chills, increase in drainage, foul odor, redness, unrelieved pain > 7 on 0-10 scale, and any other significant changes.
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, unrelieved pain > 7 on 0-10 scale, and any other significant changes.
Assess right inner thigh burn site for healing, no wound care orders at this time.
Teaching on importance of avoiding too hot or too cold temperatures to skin..
SN to assess O2 saturation on room air (freq)each visit.
SN to instruct the Patient/Caregiver on factors that contribute to SOB, including avoiding outdoors on poor air quality days. Avoid leaving windows open when outside temperature is above 85.
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 instruct Patient/Caregiver on all aspects of diabetic management to include disease process, foot assessments, signs and symptoms of hypo/hyperglycemia, glucometer use and preparation and administration of diabetic medications ordered by physician.
SN to instruct Patient/Caregiver to inspect patient's feet daily and report any skin or nail problems to SN.
SN to instruct Patient/Caregiver that patient should elevate feet when sitting.
SN to instruct Patient/Caregiver to protect patient's feet from extreme heat or cold.
SN to perform finger stick for fasting blood sugar/random blood sugar during visit if it has not been done or if patient reports signs and symptoms of hypo/hyperglycemia.
SN to instruct the Patient/Caregiver on measures to recognize cardiac dysfunction and relieve complications.
SN to instruct patient on measures to detect and alleviate edema .
SN to instruct patient to increase activity to alleviate constipation.
SN to instruct the Patient/Caregiver on signs and symptoms of constipation to report to SN or physician. SN to instruct Patient/Caregiver on NCS,HH diet.
SN to assess patient for diet compliance.
SN to assess for changes in neurological status every visit.
SN to instruct caregiver on orientation techniques to use when patient becomes disoriented.
SN to instruct patient to use prescribed assistive device when ambulating.
SN to instruct patient to change positions slowly.
SN to assess date of patient's last eye exam.
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 request Physical Therapy Evaluation order from physician.
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

8. Signature of Physician	10. Date
S. Ketha Electronically signed by Ketha,Sumana M.D. on	06/02/2016
11. Optional Name/ Signature of Nurse/ Therapist	12. Date
Digitally Signed by: Janis Livsey , RN	05/10/2016

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21. Orders

interactions.
SN to instruct the Patient/Caregiver on precautions for high risk medications, such as, hypoglycemics, anticoagulants/antiplatelets, sedative hypnotics, narcotics, antiarrhythmics, antineoplastics, skeletal muscle relaxants.
SN to instruct the Patient/Caregiver on medication side effects to report to SN or physician.
SN to instruct the Patient/Caregiver on medication reactions to report to SN or physician.

22. Goals

Patient and caregiver will verbalize an understanding of factors that contribute to shortness of breath by: 06/20/2016.
Patient will verbalize an understanding of energy conserving measures by: 06/30/2016.
Patient will be free from signs and symptoms of hypo/hyperglycemia during the episode.
The Patient/Caregiver will be independent with glucometer use by: 07/03/2016.
The Patient/Caregiver will verbalize an understanding of skin conditions that must be reported to SN or physician immediately .
The Patient/Caregiver will verbalize understanding of proper diabetic foot care by: 07/03/2016.
Patient's blood pressure will remain within established parameters during the episode.
Patient's pulse will remain within established parameters during the episode.
The Patient/Caregiver will verbalize understanding of symptoms of cardiac complications and when to call 911 by: 06/30/2016.
Patient will be free from signs and symptoms of constipation during the episode.
Patient will maintain NCS,HH diet compliance during the episode.
Patient will remain free from increased confusion during the episode.
Caregiver will verbalize understanding of proper orientation techniques to use when patient becomes disoriented.
Home exercise program will be established by physical therapist.
Patient's mobility will be improved with assistance of physical therapist.
The patient will be free from falls during the certification period.
The Patient/Caregiver will verbalize understanding of need for annual eye examination by: 07/08/2016.
Patient will remain free of adverse medication reactions during the episode.
The Patient/Caregiver will be independent with medication management by: 07/04/2016.
The Patient/Caregiver will verbalize understanding of medication regimen, dose, route, frequency, indications, and side effects by: 07/04/2016.
The Patient/Caregiver will be independent with medication administration by: 07/04/2016.
The Patient/Caregiver will be able to verbalize an understanding of the indications for each medication by: 07/04/2016.
The Patient/Caregiver will be able to identify the correct dose, route, and frequency of each medication by: 07/04/2016.
Patient will demonstrate compliance with taking all medications as prescribed, family members will be present during all times medications are due to assure medications are all taken as prescribed..
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.

9. Signature of Physician	10. Date
S-Ketha Electronically signed by Ketha,Sumana M.D. on	06/02/2016
11. Original Name/ Signature of Nurse/ Therapist	12. Date
Digitally Signed by: Janis Livsey , RN	05/10/2016