

DANIELLA HOME HEALTH SERVICES

9550 FOREST LANE STE 111

DALLAS, TEXAS 75243

PHONE NUMBER: 214-503-0335

FAX NUMBER: 214-503-0433

TO:

FROM: DANIELLA Home Health Services

DATE: PAGES (INCLUDING COVER SHEET)

RE:

COMMENTS:

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HOME HEALTH CERTIFICATION AND PLAN OF CARE

1. Patient's HI Claim No. 463407882C2		2. Start Of Care Date: 11/05/2015		3. Certification Period From: 08/31/2016 To: 10/29/2016		4. Medical Record No. DHHS7882		5. Provider No./NPI 747612/1275865727	
6. Patients Name and Address DONALD TURNER 3810 BONNIE VIEW RD APT 215 DALLAS TX 75224 2148617634						7. Provider's Name, Address and Phone Number Daniella Home Health Services Inc. 9550 Forest Lane, Ste 111 Dallas TX 75243-5906 Phone: 214-503-0335 Fax: 214-503-0433			
8. Date Of Birth 03/11/1959 9. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F						10. Medication: Dose/Frequency/Route (N)ew (C)hange Risperidone 2MG 1 Tablet Oral Daily Fluphenazine HCl 5MG 1 Tablet Oral at bedtime Trazodone 50MG 1 Tablet Oral at bedtime Fluoxetine 20MG 1 Tablet Oral Daily Amlodipine 5MG 1 Tablet Oral Daily Ibuprofen 200MG 1 Tablet Oral Q6hrs-Prn Benzotropine Mesylate 1MG 1 Tablet Oral bedtime (C) Lisinopril and Hydrochlorothiazide 20MG-12.5MG 1 Tablet Oral Daily (N)			
11. ICD-CM I10		Principal Diagnosis Essential (primary) hyper E				Date 08/11/2016			
12. ICD-CM		Surgical Diagnosis				Date			
13. ICD-CM M16.0 M54.5 R26.2 F32.9		Other Pertinent Diagnosis Bilateral primary osteoar E Low back pain E Difficulty in walking, no E Major depressive disorder E				Date 07/21/2016 04/29/2016 11/05/2015 11/05/2015			
14. DME and Supplies Alcohol Pads, Gloves: Non-sterile, Probe Covers,						15. Safety Measures Use of Assistive Devices, Support During Transfer and			
16. Nutritional req. HEART HEALTHY 2gm NA diet,						17. Allergies NKDA			
18.A Functional Limitations 1 <input type="checkbox"/> Amputation 5 <input type="checkbox"/> Paralysis 9 <input type="checkbox"/> Legally Blind 2 <input checked="" type="checkbox"/> Bowel/Bladder 6 <input checked="" type="checkbox"/> Endurance A <input type="checkbox"/> Dyspnea with Minimal (Incontinence) Exertion 3 <input type="checkbox"/> Contracture 7 <input checked="" type="checkbox"/> Ambulation B <input checked="" type="checkbox"/> Other Specify 4 <input type="checkbox"/> Hearing 8 <input type="checkbox"/> Speech Dyspnea with Moderate Exertion						18.B Activities Permitted 1 <input type="checkbox"/> Complete Bed Rest 6 <input type="checkbox"/> Partial Weight Bearing A <input type="checkbox"/> Wheelchair 2 <input type="checkbox"/> Bed Rest BRP 7 <input type="checkbox"/> Independent At Home B <input type="checkbox"/> Walker 3 <input checked="" type="checkbox"/> Up As Tolerated 8 <input type="checkbox"/> Crutches C <input type="checkbox"/> No Restriction 4 <input type="checkbox"/> Transfer Bed/Chair 9 <input checked="" type="checkbox"/> Cane D <input type="checkbox"/> Other Specify 5 <input type="checkbox"/> Exercise Prescribed			
19. Mental Status		1 <input checked="" type="checkbox"/> Oriented		3 <input checked="" type="checkbox"/> Forgetful		5 <input type="checkbox"/> Disoriented		7 <input type="checkbox"/> Agitated	
		2 <input type="checkbox"/> Comatose		4 <input checked="" type="checkbox"/> Depressed		6 <input type="checkbox"/> Lethargic		8 <input type="checkbox"/> Other	
20. Prognosis		1 <input type="checkbox"/> Poor		2 <input type="checkbox"/> Guarded		3 <input checked="" type="checkbox"/> Fair		4 <input type="checkbox"/> Good 5 <input type="checkbox"/> Excellent	
21. Orders For Disciplines and Treatment (Specify Amount/Frequency/Duration) Skilled Nursing (SN): 1WK9 EFFECTIVE 08/31/2016. EMERGENCY CLASS: III. Adverse Event: Fall Risk (Poor Balance/Weakness), HTN (Stroke-BP/Diet Monitoring/Medication Administration), Osteoarthritis (Joint pain/Tenderness/Stiffness/Locking). 1. SN to perform skilled assessment, observation and evaluation of complete organ systems. 2. Skilled observation/ assessment for patient with: ARTHRITIS, SCHIZOPHRENIA, HYPERTENSION, INSOMNIA, AND DEPRESSION. 3. Skilled Nurse to instruct patient/caregiver on the following: a. AMLODIPINE ACTION/SIDE EFFECTS any new or changed medications.									
22. Goals/Rehabilitation Potential/Discharge Plan Patient's safety will be enhanced throughout the home care service as evidenced by no falls/injuries within Cert. period of time. Patient's pain will be managed at 1-2 on a scale of 0-10 within 2weeks with medication/activity regimen and remain <2 for the remainder of the episode. Patient's stated goal for pain is 0-1 on a scale of 0-10. Rehab Potential: Good for goals stated above. Discharge Plan: Patient will be discharged to self/caregiver under physician care when goals are met or alternative care has been arranged.. Patient/Caregiver will verbalize/demonstrate improved understanding of s/s of exacerbations and will know when to notify agency RN, MD or call 911 by end of episode. Patient's Vital signs will be maintained withing normal limits for conditions established by									
23. Nurse's Signature and Date of Verbal SOC Where Applicable Digitally Signed by: WAMBO MELVIES, RN 08/29/2016								25. Date HHA Received Signed POT	
24. Physician Name and Address KETHA, SUMANA MD 1620 NELSON DR IRVING TX 750385960 NPI: 1962447805 Tel: 9726757313 Fax: 9726757310						26. I Certify/Reconfirm 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 <i>S. Ketha</i> Electronically signed by Ketha, Sumana M.D. on 09/06/2016						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			

HOME HEALTH CERTIFICATION AND PLAN OF CARE

ADDENDUM TO PLAN OF TREATMENT

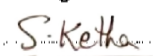
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13. Other Pertinent Diagnosis R32 Unspecified urinary incontinence E 11/05/2015 F20.81 Schizophreniform disorder E 11/05/2015				
15. Safety Measures Ambulation, Keep Pathways Clear, Safety in ADLs, Standard Precautions/Infection Control, Fall precautions.				
21. Orders for Discipline and Treatments (Specify amount/Frequency/Duration)				
b. Disease process of HYPERTENSION to include risk factors, definition and complications.				
c. SN to instruct patient/cg on effects of sodium on hypertension.				
d. SN to instruct patient/cg on Non pharmacology management of pain.				
e. SN to instruct patient/cg on 2gm na diet.				
f. SN to instruct patient/cg on measures to prevent low back pain.				
4. Skilled Nurse to perform:				
a. Skin assessment every visit and report any skin breakdown/abnormality to physician/RN.				
b. SN to use PHQ2 screening tool to assess for increase in signs/symptoms of Depression and report increase in score from admission to RN/MD.				
5. May accept orders from alternate physicians. Patient/ SN may hold visit due to MD appointment, client request, hospitalization, and move out of service area, hold service for inpatient admission and resume services upon discharge from inpatient facility.				
a. SN to use universal precautions at visit and during any procedures.				
b. Discharge summary available upon request.				
c. Patient family/friend to assist with ADL'S and personal care. Home Bound Status: Req. Max. assistance/taxing effort to leave home, Unable to safely leave home unassisted, Severe SOB, SOB upon exertion, Poor Endurance.				
Patient/Caregiver to be instructed on s/s of exacerbations and when to notify agency RN, MD or call 911.				
SN to notify Physician of: Temperature greater than (>) 100.5 or less than 95.7. Pulse greater than (>) 100 or less than 60. Respirations greater than (>) 24 or less than 14. Systolic BP greater than (>) 160 or less than 90. Diastolic BP greater than (>) 90 or less than 60. Pain Level greater than (>) 5 on a scale of 0 - 10. Edema >3+. Next Visit Date: 8/31/2016. Care coordinated with MD, SN,				
SN to instruct on importance of treatment regimen compliance.				
22. Goals/Rehabilitation potential/Discharge Plans				
physician. Patient/Caregiver will verbalize/demonstrate improved understanding of constipation management as evidenced by pt with no reports of constipation this episode. Rehab Potential: Patient rehab potential is fair.				
Discharge Plans discussed with patient: Yes Written Notice of discharge is provided to patient				

23. Optional Name/Signature Of Nurse/Therapist

Digitally Signed by: WAMBO MELVIES,
RN

Date: 08/29/2016

27. Signature Of Physician:



Electronically signed by Ketha, Sumana M.D. on

Date:

09/06/2016

Daniella Home Health Services Inc.
9550 Forest Lane, Ste 111 Dallas TX 75243-5906
Phone 214-503-0335 Fax 214-503-0433

PHYSICIAN ORDER

Patient's Name: DONALD TURNER

Patient's Ctrl No.: 463407882C2

Patient's HIC No.: 463407882C2

Physician Name: KETHA SUMANA MD

Physician 1620 NELSON DR IRVING TX 750385960

MRN: DHHS7882

Date: 08/26/2016

Time: 10:00

Phone: 9726757313

Fax: 9726757310

<input type="checkbox"/> Start of Care	<input type="checkbox"/> Plan of Care Change	<input type="checkbox"/> Progress Report	<input type="checkbox"/> Medication Change
<input type="checkbox"/> Discharge	<input checked="" type="checkbox"/> Recertification	<input type="checkbox"/> Frequency Change	<input type="checkbox"/> Post Hospital
<input type="checkbox"/> Medical Supplies	<input type="checkbox"/> Other		

Order

**RECERTIFY PATIENT TO DANIELLA HOME HEALTH SERVICE CERT PERIOD 08/31/2016-10/29/2016, SN
FREQUENCY 1WK9 EFFECTIVE 08/31/2016**

Nurse Signature:

Digitally Signed by: WAMBO MELVIES, RN

Date: 08/26/2016

Physician Signature:



S. Ketha





Electronically signed by Ketha, Sumana M.D. on

Date: 09/06/2016

Vital Signs**Back****DHHS7882 : DONALD TURNER 07/02/2016-08/30/2016**[Print](#)

Report Vitals: BP>160/90 <90/60 P>110 <60 T>101.0 <96.0 R>24 <12 BS>250 <60

✓ Normal  Low  High

	Doc Date	Time In	Pain Level	Temp °F	AP	RP	Resp	Weight(lbs)	BP	BS	Last BM
1	06/29/16	10:00am									
2	07/07/16	11:30 AM									
3	07/07/16	11:30 AM		✓ 98.5		✓ 71	✓ 20		✓ 153/87 SitR ✓		
4	07/07/16	11:30 AM	5	✓ 98.5		✓ 71	✓ 20		✓ 153/87 SitR ✓		7/7/16
5	07/14/16	1:15 PM									
6	07/14/16	1:15 PM		✓ 98.6		✓ 95	✓ 20		✓ 125/77 SitL ✓		
7	07/14/16	1:15 PM	4	✓ 98.6		✓ 95	✓ 20		✓ 125/77 SitL ✓		7/13/16
8	07/21/16	1:10 PM									
9	07/21/16	1:10 PM		✓ 97.4		✓ 95	✓ 20		✓ 159/69 SitR ✓		
10	07/21/16	1:10 PM	7	✓ 97.4		✓ 95	✓ 20		✓ 159/69 SitR ✓		7/20/16
11	07/28/16	1:10 PM									
12	07/28/16	1:10 PM		✓ 99.2		✓ 79	✓ 20		 162/89 SitL ✓		
13	07/28/16	1:10 PM	6	✓ 99.2		✓ 79	✓ 20		 162/89 SitL ✓		7/28/16
14	08/04/16	2:00 PM									
15	08/04/16	2:00 PM		✓ 98.3		✓ 61	✓ 20		✓ 142/90 SitR ✓		
16	08/04/16	2:00 PM	4	✓ 98.3		✓ 61	✓ 20		✓ 142/90 SitR ✓		8/4/16
17	08/11/16	2:05 PM									
18	08/11/16	2:05 PM		✓ 98.7		✓ 61	✓ 20		✓ 157/96 SitL 		
19	08/11/16	2:05 PM	5	✓ 98.7		✓ 61	✓ 20		✓ 157/96 SitL 		8/10/16
20	08/18/16	1:50 PM									
21	08/18/16	1:50 PM		✓ 99.0		✓ 79	✓ 18		✓ 130/71 SitR ✓		
22	08/18/16	1:50 PM	4	✓ 99.0		✓ 79	✓ 18		✓ 130/71 SitR ✓		8/18/16
23	08/25/16	1:50 PM									
24	08/25/16	1:50 PM		✓ 97.6		✓ 78	✓ 20		✓ 140/76 SitL ✓		
25	08/25/16	1:50 PM	3	✓ 97.6		✓ 78	✓ 20		✓ 140/76 SitL ✓		8/24/2016
26	08/29/16										