

- Fax Transmission

To: Dr Sumana Ketha

From: JACOP Healthcare Services

Fax: 19726757310

Date: 8/10/2016

RE: Teodora DeAlvarado 485/487

Pages: 3

Comments:

HOME HEALTH CERTIFICATION AND PLAN OF CARE					
1. Patient's HI Claim No. 543270878B		2. Start Of Care Date 06/20/2014		3. Certification Period From: 08/08/2016 To: 10/06/2016	
				4. Medical Record No. DT060336	
				5. Provider No. 747598	
6. Patient's Name and Address DE ALVARADO, TEODORA 4016 ESMALDA ST Dallas, TX 75212 (214) 634-2024			7. Provider's Name, Address and Telephone Number Jacop Healthcare Services Inc 3560 QUANNAH DRIVE Grand Prairie, TX 75052 Phone: (972) 325-1598 Fax: (972) 752-7087 Email: jacophcs@gmail.com		
8. Date of Birth 06/03/1936			9. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F		
10. Medications: Dose/Frequency/Route (N)ew (C)hanged (U)nchanged DICLOFENAC 75MG 1TAB TWICE A DAY WITH FOOD FOR PAIN PO N NICOTINIC AC 250MG 1TAB 1TAB ONCE DAILY PO N					
11. ICD- 10-CM Principal Diagnosis I10 Essential (primary) hypertension					Date E 08/03/2016
12. ICD- 10-CV Surgical Procedure					Date
13. ICD- 10-CM Other Pertinent Diagnoses I25.10 Athscl heart disease of native coronary artery w/o ang pctr					Date E 08/03/2016
14. DME and Supplies Bedside Commode, Cane, Elevated Toilet Seat, Grab Bars,			15. Safety Measures: Emergency Plan Developed, Fall Precautions, Keep Pathway Clear,		
16. Nutritional Req. Heart Healthy and Diabetic Diets.			17. Allergies: NKDA		
18.A. Functional Limitations 1 <input type="checkbox"/> Amputation 2 <input checked="" type="checkbox"/> Bowel/Bladder (Incontinence) 3 <input type="checkbox"/> Contracture 4 <input checked="" type="checkbox"/> Hearing 5 <input type="checkbox"/> Paralysis 6 <input checked="" type="checkbox"/> Endurance 7 <input checked="" type="checkbox"/> Ambulation 8 <input type="checkbox"/> Speech 9 <input type="checkbox"/> Legally Blind A <input checked="" type="checkbox"/> Dyspnea With Minimal Exertion B <input type="checkbox"/> Other (Specify)			18.B. Activities Permitted 1 <input type="checkbox"/> Complete Bedrest 2 <input type="checkbox"/> Bedrest BRP 3 <input checked="" type="checkbox"/> Up As Tolerated 4 <input type="checkbox"/> Transfer Bed/Chair 5 <input type="checkbox"/> Exercises Prescribed 6 <input type="checkbox"/> Partial Weight Bearing 7 <input type="checkbox"/> Independent At Home 8 <input type="checkbox"/> Crutches 9 <input checked="" type="checkbox"/> Cane A <input type="checkbox"/> Wheelchair B <input checked="" type="checkbox"/> Walker C <input type="checkbox"/> No Restrictions D <input type="checkbox"/> Other (Specify)		
19. Mental Status: 1 <input checked="" type="checkbox"/> Oriented 2 <input type="checkbox"/> Comatose 3 <input checked="" type="checkbox"/> Forgetful 4 <input checked="" type="checkbox"/> Depressed 5 <input type="checkbox"/> Disoriented 6 <input type="checkbox"/> Lethargic 7 <input type="checkbox"/> Agitated 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 Discipline and Treatments (Specify Amount/Frequency/Duration) SN Frequency: 1W9. SN to notify MD of: Temperature greater than (>) 100 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 (>) 100 or less than (<) 60. Fasting blood sugar greater than (>) 160 or less than (<) 60. Random blood sugar greater than (>) 250 or less than (<) 70. Using aseptic technique, SN to perform FS blood sugar every visit using patient's glucometer to assess for s/sx of hypo/hyperglycemia or accuracy of reported BS. SN TO TEACH DISEASE PROCESS OF HTN, TO INCLUDE PATHOPHYSIOLOGY, S/SX, TREATMENT, AND EXACERBATION. 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 ENERGY CONSERVATION, INCONTINENT CARE, AND HOME SAFETY MEASURES. Homebound Status: Exhibits considerable & taxing effort to leave home; Requires the assistance of another to get up and move safely; Severe Dyspnea; Unable to safely leave home unassisted; SN to instruct patient on nonpharmacologic pain relief measures, including relaxation techniques, massage, stretching, positioning, and hot/cold packs. Patient/caregiver require instruction on pain management using					
22. Goals/Rehabilitation Potential/Discharge Plans Patient/caregiver will verbalize understanding of disease process related to HTN to include Patho, s/sx, factors, measures and exacerbation to report to SN/MD by 9 weeks. Patient BP will be 120/80 by 9 weeks. PT/CG will verbalize knowledge of pain medication regimen and pain relief measures by the end of the episode. Patient/caregiver will verbalize understanding of using analgesic and nonpharmacological intervention by 9 weeks. Patient will verbalize an understanding of energy conserving measures by 9 weeks. Patient/Caregiver will verbalize understanding of proper diabetic foot care by the end of the episode. Patient will maintain Heart Healthy and Diabetic diet compliance during the episode. The patient will be free from falls during the episode. The patient will be free from injury during the episode. Patient will remain free of adverse					
23. Nurse's Signature and Date of Verbal SOC Where Applicable: Electronically Signed by: Angela Ananti RN			25. Date HHA Received Signed POT		
24. 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. I estimate the duration of continued Home Health services for this patient to be <u>60 Days</u> (Days/weeks/Months)		
27. Attending Physician's Signature and Date Signed S. Ketha Electronically signed by Ketha, Sumana M.D. on 08/16/2016			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.		

ADDENDUM TO: PLAN OF TREATMENT

1. Patient's HI Claim No. 543270878B	2. Start Of Care Date 06/20/2014	3. Certification Period From: 08/08/2016 To: 10/06/2016	4. Medical Record No. DT060336	5. Provider No. 747598
6. Patient's Name: DE ALVARADO, TEODORA		7. Providers Name Jacop Healthcare Services Inc		
10. Medications FISH OIL 600MG SOFT GEL 3 TIMES A DAY PO N LOSARTAN/HCTZ 100/25MG 1TAB DAILY PO U ETODOLAC 400MG 1TAB TWICE DAILY PO U GABAPENTIN 100MG 1TAB DAILY PO U VESICARE 10 MG 1TAB AT BEDTIME PO U CLONAZEPARM 1MG 1TAB PO EVERY 8HOURS PRN FOR DEPRESSION PO U PRISTIQ 50MG 1TAB DAILY PO U ASPIRIN 81MG 1TAB DAILY PO U METORMIN 850MG 1TAB TWICE DAILY PO U IRON 65MG 1TAB DAILY PO U METOPROLOL ER 100MG 1TAB DAILY PO U SIMVASTATIN 20MG 1TAB AT BEDTIME PO U ARTIFICIAL TEARS EYE DROP 30ML 1-2GTT TWICE DAILY each eye or both eyes (O.U) U FERROUS SULFATE 140MG 1TAB 3 TIMES DAILY PO U OMEPRAZOLE 20MG 1TAB Twice DAILY PO C PIOGLITAZONE 45MG 1TAB DAILY PO C BIOFREEZE 4oz CREAM apply on affected area TWICE DAILY PRN FOR PAIN Topical (TOP) C				
13. Other Diagnoses E78.2 Mixed hyperlipidemia (E) 08/03/2016 E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unsp (E) 08/03/2016 E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy (E) 08/03/2016 M06.9 Rheumatoid arthritis, unspecified (E) 08/03/2016 K21.9 Gastro-esophageal reflux disease without esophagitis (E) 08/03/2016 F32.9 Major depressive disorder, single episode, unspecified (E) 08/03/2016 M81.0 Age-related osteoporosis w/o current pathological fracture (E) 08/03/2016 N32.81 Overactive bladder (E) 08/03/2016				
14. DME and Supplies Tub/Shower Bench, Walker, Alcohol Pads, Exam Gloves, Probe Covers, Sharps Container				
15. Safety Measures Safety in ADLs, Sharps Safety, Slow Position Change, Standard Precautions/Infection Control, Use of Assistive Devices, Instructed on mobility safety, Instructed on sharps container, Instructed on disaster/emergency plan, Instructed on safety measures, Instructed on proper handling of biohazard waste				
16. Nutritional Requirements				
21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration) and nonpharmacological intervention. SN to instruct the Patient/Caregiver on factors that contribute to SOB. SN to assess/instruct on diabetic management to include: nail, skin & foot care, medication administration, and proper diet. SN to instruct Patient/Caregiver on Heart Healthy and Diabetic diet. 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. Patient has PHC which helps with ADL/IADL. Discharge Summary Available Upon Request.				
22. Goals/Rehabilitation Potential/Discharge Plans medication reactions during the episode. Rehab Potential: Fair for stated goals. Discharge Plan: Patient to be discharged to the care of Physician. Patient to be discharged to the care of Caregiver. Patient to be discharged to Self-care. Discharge when caregiver willing and able to manage all aspects of patient's care. Discharge when goals met.				
27a. Signature of Physician:  Electronically signed by Ketha, Sumana M.D. on			27b. Date: 08/16/2016	
23. Optional Name / Signature of Nurse / Therapist Electronically Signed by: Angela Ananti RN			Date 8/3/2016	