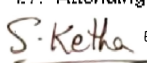



HOME HEALTH CERTIFICATION AND PLAN OF CARE

1. Patient's HI Claim No. 543270878B		2. Start Of Care Date 08/20/2014		3. Certification Period From: 10/07/2016 To: 12/05/2016		4. Medical Record No. DT060336		5. Provider No. 747598	
6. Patient's Name and Address DE ALVARADO, TEODORA 2542 POINCIENA 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 / 972-674-2923 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 D/CLOFENAC 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 E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unsp								Date 10/03/2016	
12. ICD-10-CM Surgical Procedure								Date	
13. ICD-10-CM Other Pertinent Diagnoses E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy								Date 10/03/2016	
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						18.B. Activities Permitted			
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)						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 type="checkbox"/> Depressed 5 <input type="checkbox"/> Disoriented 6 <input type="checkbox"/> Lethargic 7 <input type="checkbox"/> Agitated 8 <input type="checkbox"/> Other 9 <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			
20. Prognosis:									
21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration) SN Frequency: 1W9 and no visit on 12/5/16. HHA Frequency: Five days a week. 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 DM to include pathophysiology, s/sx, treatment, and exacerbation. 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; Patient is homebound due to advanced age and debility. The patient does not drive. The patient requires the assistance of at least one person to leave home safely.; SN to assess/instruct on diabetic management to include: nail, skin & foot care, medication administration, and proper diet. SN to assess pain every visit, instruct patient on Pharm/nonpharmacologic pain relief measures, including relaxation techniques, massage, stretching, positioning, hot/cold packs, and report pain of >5/10 to MD. Instruct patient to avoid irritants/allergens known to increase SOB. SN to instruct Patient/Caregiver on Heart Healthy and									
22. Goals/Rehabilitation Potential/Discharge Plans Patient/caregiver will verbalize understanding of disease process of Diabetes to include: Patho, factors, measures, s/sx, Neuropathy, and complications to report to SN/MD by 9 weeks. Pt will achieve normal BS between 70-120 by 9 weeks. Pt BP will be 120/80 or better by 9 weeks. Patient/Caregiver will verbalize understanding of proper diabetic foot care by the end of the episode. Patient/Caregiver will verbalize knowledge of diabetes management, S&S of complications, hypo/hyperglycemia, foot care and management during illness or stress by the end of the episode. PT/CG will verbalize knowledge of pain medication regimen and pain relief measures by the end of the episode. Patient will be free from signs and symptoms of respiratory distress during the episode. Patient will maintain Heart Healthy and Diabetic diet									
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  Electronically signed by Ketha, Sumana M.D. on 10/13/2016						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: 10/07/2016 To: 12/05/2016	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 IRON 65MG 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 METFORMIN 850MG 1TAB TWICE DAILY PO C METFOPROLOL ER 100MG 1TAB DAILY PO C				
13. Other Diagnoses I10 Essential (primary) hypertension (E) 10/03/2016 I25.10 Athscl heart disease of native coronary artery w/o ang pctrs (E) 10/03/2016 E78.2 Mixed hyperlipidemia (E) 10/03/2016 K21.9 Gastro-esophageal reflux disease without esophagitis (E) 10/03/2016 F32.9 Major depressive disorder, single episode, unspecified (E) 10/03/2016 M06.9 Rheumatoid arthritis, unspecified (E) 10/03/2016 M81.0 Age-related osteoporosis w/o current pathological fracture (E) 10/03/2016 N132.81 Overactive bladder (E) 10/03/2016				
14. DME and Supplies Tub/Shower Bench, Walker, Alcohol Pads, Diabetic Supplies, Exam Gloves, Probe Covers, Sharps Container				
15. Safety Measures 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) 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. Discharged Summary Available Upon Request.				
22. Goals/Rehabilitation Potential/Discharge Plans 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 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: 10/13/2016	
23. Optional Name / Signature of Nurse / Therapist Electronically Signed by: Angela Ananti RN			Date 10/3/2016	