Patient H Claim No. 2. Start of Care Date 3. Conflication Portion 4. Medical Record No. 5. Provider No. 452139		HOME HEALTH	CERTIF	ICATION AND PLAN OF	CARE			
Seatement Name and Address GOVAN, WILLIE PROSPERTY HEALTH SERVICES, LLC, 1615 N. HAMPTON RD., STE. 130 PROSPERTY HEALTH SERVICES, LLC, 1615 N. HAMPTON RD., STE. 1615 N. HAMPTON RD.,	1. Patient HI Claim No.	2. Start of Care Date 3.	Certification	Period	4. Medical Record No.	5. Provider No.		
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4. DNE and Supplies 16. Safely Measures: FALL PRECAUTIONS, ANTICOAGULATION, INFECTION CONTROL/STANDARD (Conted. 487)	E785 Hyperlipidemia, unspecified			PRO AIR INHALER 2 PU	FFS PRN SOB	(Contd. 487)		
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1	4 I Healing				, DII 0	mer (Specify)		
20. Prognosis: 1	19 Mental Status:			<u> </u>	atod.			
20. Prognosis: 1 Poor 2 Guarded 3 Fair 4 Good 5 Excellent 21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration) SKILLED NURSE TO EDUCATE ON HYPERTENSION, HYPOTHYROIDISM, CATARACT, OSTEOARTHROSIS, HYPERLIPIDEMIA, CHRONIC PAIN AND GLAUCOMA. SN: 1W9 SN TO ASSESS VITAL SIGNS AND PERFORM GENERAL SYSTEMS ASSESSMENT. VITAL SIGNS PARAMETERS OF SBP > 170 < 90 OR DBP > 100 < 50; PULSE < 55 OR > 100; RESP < 14 OR > 28; TEMP < 96.0 F OR > 100; F. SKILLED NURSE TO A SSESS ALL BODY SYSTEMS, KNOWLEDGE AND MANAGEMENT OF DISEASE PROCESS AND ITS ASSOCIATED CARE AND TREATMENT, MEDICATION REGIMEN KNOWLEDGE, SIDE EFFECTS AND SIGNS AND SYMPTOMS OF COMPLICATIONS NECESSITATING MEDICAL ATTENTION. SN TO ASSESS DIET, NUTRITIONAL INTAKE, PAIN MANAGEMENT AND SAFETY AND EMERGENCY MEASURES TO INCLUDE EMERGENCY CONTACT INFORMATION AND PATIENT EMERGENCY PLAN. SKILLED NURSE TO INSTRUCT PATIENTI/CAREGIVER ON STANDARD PRECAUTIONS, KNOWLEDGE DEFICIT RELATED TO ACTIVE DISEASE PROCESS, INFECTION CONTROL AND MEDICATION REGIMEN INCLUDING: DOSAGE, SIDE EFFECTS, NAME, ROUTE, FREQUENCY, DESIRED ACTION AND ADVERSE REACTIONS. (Contd. 487) 12. Goals//Rehabilitiation Potential/Discharge Plans ATTENT'S BLOOD PRESSURE TO BE WITHIN NORMAL LIMITS BY 8/1/2016. THE PATIENT'S PAIN WILL BE < 2 ON A SCALE OF 0 - 10 BY THE END OF THE CERT PERIOD. THE PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF THE DISEASE PROCESS AND ALL ASPECTS OF ASSOCIATED CARE THIS CERT PERIOD. THE PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF ALL MEDICATIONS TO NCLUDE THEIR ACTION/DOSAGE/ SIDE EFFECTS WITHIN THIS CERT PERIOD. 10. AUTHOR OF THE CERT PERIOD. THE PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF ALL MEDICATIONS TO NCLUDE THEIR ACTION/DOSAGE/ SIDE EFFECTS WITHIN THIS CERT PERIOD. 10. AUTHOR OF THE CERT PERIOD. THE PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF ALL MEDICATIONS TO NCLUDE THEIR ACTION/DOSAGE/ SIDE EFFECTS WITHIN THIS CERT PERIOD. 10. AUTHOR OF THE CERT PERIOD. THE PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF THE DISEAS		-						
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	Form CMS-485 (C-3) (02-94) (Form			or other policity under applicable re	AGIGITATA	Page 1 of 2		

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	nt HI Claim No.		2. Start of Care Date 04/04/2016	3. Certification From: 06/03/2016	To: 08/01/2016	4. Medical Record N 115-1	o. 5. Provider 453189			
6. Patier	nt's Name		V4/V4/ZV10	7. Provid	er's Name		1400 100			
GOV. 8. Item	AN, WILLIE			PROS	PERITY HEALTH S	ERVICES, LLC.	***************************************			
No.										
13.	ICD-10-CM		ertinent Diagnoses		Date					
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10.						•				
	TYLENOL ES		OMGM 1 TAB PO PRN MG 1 TAB PO BID F							
	ROBITUSSIN		1 TSP PO PRN B 0.83%/2.5MG 1 PUF							
15.			WARFARIN USE.	1 Q411110 F101 30D						
21.	Orders - Conti	•								
٠١٠	INSTRUCT	PATIENT/		RVENTIONS TO MONITO						
	PATIENT//CAREGIVER ON INTERVENTIONS TO REDUCE THE RISK OF FALLS SUCH AS ENVIRONMENTAL CHANGES, STRENGTHENING EXERCISES, USE OF SAFETY DEVICES AND NOTIFY PHYSICIAN OF SIGNS AND SYMPTOMS REQUIRING MEDICAL									
	ATTENTION	. INSTRU	CT ON DIET COMPLIA	ANCE, SIGNS AND SYMPT TENTION. INSTRUCT PAT	OMS, NUTRITIONA	L INTAKE AND NOTIFY P	HYSICIAN OF SIGNS			
	DYSFUNCTI	ON AND F	RELIEVE COMPLICAT	IONS. SN TO ASSESS//IN:	STRUCT ON NEUR	OLOGICAL STATUS, MUS	CULO-SKELETAL			
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	ADMINISTE	RING MED	DICATION AS NEEDED). SN MAY PERFORM 02 :	SAT PRN PER PUL	SE OX AS PART OF COMI	PREHENSIVE			
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	PHYSICIANS	S .				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
22.	Goals - Contin		ETY WILL BE ENHANC	ED THROUGHOUT THE H	OME CARE SERVI	CE AS EVIDENCED BY N	n			
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	REHABILITA	TION POT	ENTIAL: FAIR							
	DISCHARGE	PLAN:								
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. Signatu	re of Physiciag	· Ketha	Electronically	signed by Ketha,	Sumana M.D.	on	10. Date			
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11. Optional Name/Signature of Nurse/Therapist

06/10/2016

12. Date