Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-0357

# HOME HEALTH CERTIFICATION AND PLAN OF CARE

| 1. Patient HI Claim No. | 2. Start of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 462769928A | 04/04/2016 | From: 06/03/2016 To: 08/01/2016 | 115-1 | 453189 |

6. Patient's Name and Address
GOVAN, WILLIE
760 MEADOW PARKWAY
DESOTO, TX 75115 (214) 207-7918

7. Provider's Name, Address and Telephone
PROSPERITY HEALTH SERVICES, LLC.
1615 N. HAMPTON RD., STE. 130
DESOTO,, TX 75115-2333
(972) 296-1901 Fax: (972) 296-5590

8. Date of Birth 12/31/1942 | 9. Sex ☐ M ☒ F

| 11. ICD-10-CM | Principal Diagnosis | Date |
|---|---|---|
| I10 | Essential (primary) hypertension | |

| 12. ICD-10-CM | Surgical Procedure | Date |
|---|---|---|
| | | |

| 13. ICD-10-CM | Other Pertinent Diagnoses | Date |
|---|---|---|
| E039 | Hypothyroidism, unspecified | |
| H268 | Other specified cataract | |
| M1990 | Unspecified osteoarthritis, unspecified site | |
| E785 | Hyperlipidemia, unspecified | |

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
SIMVASTATIN 40MG 1 TAB PO HS
HCTZ 25MG 1/2 TAB PO QAM
SYSTANE OPTH ULTRA 1 QTT BID BOTH EYES
LISINOPRIL 10MG 1 TAB PO QD
LEVOTHYROXINE 100MCG 1 TAB PO QD
MECLIZINE 25MG 1 TAB PO PRN DIZZINESS
ZYRTEC 1 TAB PO QD
FLUTICASONE NASAL SP 50MCG 2 SPRAYS QD
Q-VAR NFA 40 MCG 2 PUFFS PO PRN SOB
PRO AIR INHALER 2 PUFFS PRN SOB
(Contd. 487)

14. DME and Supplies
GLOVES, THERMOMETER COVERS

15. Safety Measures:
FALL PRECAUTIONS, ANTICOAGULATION, INFECTION CONTROL/STANDARD
(Contd. 487)

16. Nutritional Req. NAS

17. Allergies: ASA

18.A. Functional Limitations
1 ☐ Amputation
2 ☒ Bowel/Bladder (Incontinence)
3 ☐ Contracture
4 ☐ Hearing
5 ☐ Paralysis
6 ☒ Endurance
7 ☒ Ambulation
8 ☐ Speech
9 ☐ Legally Blind
A ☒ Dyspnea With Minimal Exertion
B ☒ Other (Specify) USE OF CANE, SHUFFLED GAIT

18.B. Activities Permitted
1 ☐ Complete Bedrest
2 ☐ Bedrest BRP
3 ☒ Up As Tolerated
4 ☐ Transfer Bed/Chair
5 ☐ Exercises Prescribed
6 ☐ Partial Weight Bearing
7 ☐ Independent At Home
8 ☐ Crutches
9 ☒ Cane
A ☐ Wheelchair
B ☐ Walker
C ☐ No Restrictions
D ☐ Other (Specify)

19. Mental Status:
1 ☒ Oriented
2 ☐ Comatose
3 ☒ Forgetful
4 ☐ Depressed
5 ☐ Disoriented
6 ☐ Lethargic
7 ☐ Agitated
8 ☐ Other

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 > 100.5 F. SKILLED NURSE TO ASSESS 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 PATIENT//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)

22. Goals/Rehabilitation Potential/Discharge Plans
PATIENT'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 INCLUDE THEIR ACTION/DOSAGE/ SIDE EFFECTS WITHIN THIS CERT PERIOD.
(Contd. 487)

23. Nurse's Signature and Date of Verbal SOC Where Applicable:
Peggy Stevenson RN

25. Date HHA Received Signed POT

24. Physician's Name and Address
SUMANA KETHA
2925 SKYWAY CIRCLE N.
IRVING, TX 75038 (972) 675-7313 Fax: (972) 675-7310
NPI: 1962447805
UPIN: G86756

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 continues 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 06/10/2016

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: [X] PLAN OF TREATMENT [ ] MEDICAL UPDATE

| 1. Patient HI Claim No. | 2. Start of Care Date | 3. Certification | 4. Medical Record No. | 5. Provider |
|---|---|---|---|---|
| 462769928A | 04/04/2016 | From: 06/03/2016 To: 08/01/2016 | 115-1 | 453189 |

| 6. Patient's Name | 7. Provider's Name |
|---|---|
| GOVAN, WILLIE | PROSPERITY HEALTH SERVICES, LLC. |

8. Item No.

13.

| ICD-10-CM | Other Pertinent Diagnoses | Date |
|---|---|---|
| G8929 | Other chronic pain | |
| H409 | Unspecified glaucoma | |

10.

TYLENOL ES 500MGM 1 TAB PO PRN
TRAMADOL 50MG 1 TAB PO BID PRN PAIN
ROBITUSSIN DM 1 TSP PO PRN COUGH
ALBUTEROL MED NEB 0.83%/2.5MG 1 PUFF Q4HRS PRN SOB

15. PRECAUTIONS, POST WARFARIN USE.

21. Orders - Continued

INSTRUCT PATIENT//CAREGIVER ON INTERVENTIONS TO MONITOR AND MITIGATE PAIN. SKILLED NURSE TO INSTRUCT 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. INSTRUCT ON DIET COMPLIANCE, SIGNS AND SYMPTOMS, NUTRITIONAL INTAKE AND NOTIFY PHYSICIAN OF SIGNS AND SYMPTOMS REQUIRING MEDICAL ATTENTION. INSTRUCT PATIENT//CAREGIVER OF MEASURES TO RECOGNIZE CARDIAC DYSFUNCTION AND RELIEVE COMPLICATIONS. SN TO ASSESS//INSTRUCT ON NEUROLOGICAL STATUS, MUSCULO-SKELETAL STATUS, RESPIRATORY STATUS AND INSTRUCT PATIENT//CAREGIVER ON METHODS TO RECOGNIZE PULMONARY AND CARDIAC DYSFUNCTIONS AND RELIEVE COMPLICATIONS.

SN TO PERFORM PAIN MANAGEMENT AND REPORT PAIN LEVEL > 4 ON A SCALE OF 0 - 10. SN MAY ASSIST WITH SETTING UP AND ADMINISTERING MEDICATION AS NEEDED. SN MAY PERFORM 02 SAT PRN PER PULSE OX AS PART OF COMPREHENSIVE ASSESSMENT OR PRN SIGNS AND SYMPTOMS OF INADEQUATE OXYGENATION AND NOTIFY PHYSICIAN OF SIGNS AND SYMPTOMS REQUIRING MEDICAL ATTENTION. NOTIFY PHYSICIAN OF 02 SAT < 90%. SN MAY WEIGH PATIENT EACH VISIT AND REPORT WEIGHT GAIN OF 5 LBS OR MORE. SKILLED NURSE TO PERFORM VITAL SIGNS EVERY VISIT AND REPORT ABNORMAL PARAMETERS TO PHYSICIAN, WHERE INDICATED. SN MAY PERFORM ADDITIONAL 1 - 2 VISITS PRN. MAY ACCEPT ORDERS FROM OTHER PHYSICIANS.

22. Goals - Continued

THE PATIENT'S SAFETY WILL BE ENHANCED THROUGHOUT THE HOME CARE SERVICE AS EVIDENCED BY NO FALLS/COMPLICATIONS WITHIN THE 60 DAY CERT PERIOD.

REHABILITATION POTENTIAL: FAIR

DISCHARGE PLAN:

THE CLIENT WILL BE DISCHARGED TO SELF/FAMILY UNDER MD SUPERVISION WHEN ALL GOALS ARE MET AND CONDITION STABLE.

9. Signature of Physician S. Ketha Electronically signed by Ketha,Sumana M.D. on — 10. Date

11. Optional Name/Signature of Nurse/Therapist — 12. Date 06/10/2016