

**HOME HEALTH CERTIFICATION AND PLAN OF CARE**

1. Patient's HI Claim No. <b>467645802A</b>		2. Start Of Care Date <b>09/06/2012</b>		3. Certification Period From: <b>01/04/2013</b> To: <b>03/04/2013</b>		4. Medical Record No. <b>ADB3319</b>		5. Provider No. <b>677805</b>	
6. Patient's Name and Address: <b>ADAMS, BETTY</b> <b>272 W. LAWSON RD. LOT #28</b> <b>DALLAS, TX 75253 - (214) 772 6005</b>						7. Provider's Name, Address, Telephone Number and Fax Number: <b>Prolink Home Health Corporation</b> <b>8500 N. Stemmons Frwy. Suite 3000</b> <b>DALLAS TX 75247</b> <b>Tel: (214) 267 1985 Fax: (214) 267 1983</b>			
8. Date Of Birth: <b>10/30/1939</b>		9. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F		10. Medications: Dose / Frequency / Route / (N)ew (C)hanged					
11. ICD-9-CM 493.20		Principle Diagnosis <b>CHRONIC OBSTRUCTIVE ASTHMA NO STATUS</b> <b>ASTHMATICUS</b>		Date		<b>LEVOTHYROXINE 1 TAB QD PO E</b> <b>SODIUM TABLET 0.05MG</b> <b>CITALOPRAM 40MG 1 TAB QD PO E</b> <b>MECLIZINE HCL 1 TAB BID PRN PO E</b> <b>TAB 25MG</b> <b>OMEPRazole DELA 1 TAB QD PO E</b> <b>YED-RELEASE CAPSULE 20MG</b> <b>CALCIFEROL 1 TAB Q MONTH PO E</b> <b>TAB 50,000IU</b> <b>HYDROXYZINE 1 TAB Q 8HR PO E</b> <b>HCL TAB 25MG PRN</b>			
12. ICD-9-CM		Surgical Procedure		Date					
13. ICD-9-CM 278.00 402.10		Other Pertinent Diagnosis <b>OBESITY, UNSPEC</b> <b>BENIGN HYPERTENSIVE HEART DISEASE</b> <b>WITHOUT CONGESTIVE HEART FAILURE</b>		Date					
14. DME and Supplies: <b>GLOVES</b>						15. Safety Measure: <b>HOME SAFETY, SECURE FOOTWEAR, ASSIST WITH ALL ACTIVITIES,</b>			
16. Nutritional Reg.: <b>2 GM NA</b>						17. Allergies: <b>NAPROXEN, ALPHAGEN, EGG, PILOCARPIN, CELEBREX,</b>			
18.A Functional Limitations						18.B Activities Permitted			
1 <input type="checkbox"/> Amputation 7 <input checked="" type="checkbox"/> Endurance 13 <input checked="" type="checkbox"/> Visual Impairment 2 <input checked="" type="checkbox"/> Bladder Incontinence 8 <input checked="" type="checkbox"/> Ambulation 14 <input checked="" type="checkbox"/> Requires max. assistance/taxing effort to leave home 3 <input checked="" type="checkbox"/> Bowel Incontinence 9 <input type="checkbox"/> Speech 15 <input type="checkbox"/> Nonambulatory 4 <input type="checkbox"/> Contracture 10 <input checked="" type="checkbox"/> Legally Blind 16 <input type="checkbox"/> Tremors 5 <input type="checkbox"/> Hearing 11 <input checked="" type="checkbox"/> Dyspnea with Exertion 6 <input type="checkbox"/> Paralysis 12 <input type="checkbox"/> Other(Specify)						7 <input type="checkbox"/> Independent at Home A <input type="checkbox"/> Wheel Chair 8 <input type="checkbox"/> Crutches B <input checked="" type="checkbox"/> Walker 9 <input type="checkbox"/> Cane C <input checked="" type="checkbox"/> R/A c Ambulation <input type="checkbox"/> Confusion unsafe to leave home D <input checked="" type="checkbox"/> Other(Specify) <b>HOSPITAL BED</b> 5 <input checked="" type="checkbox"/> Exercise Prescribed <input checked="" type="checkbox"/> Unable to leave home unassisted 6 <input type="checkbox"/> Partial Weight Bearing			
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 9 <input type="checkbox"/> Anxious 10 <input checked="" type="checkbox"/> Confusion 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 & Treatments(Specify Amount/Frequency/Duration:If no Frequency & Duration Listed, that Specific Discipline has not been ordered) <b>SN: 1W8(STARTING WK 2)</b>									

**SN TO ASSESS KNOWLEDGE DEFICITS AND INSTRUCT ACCORDINGLY: SN TO ASSESS AND EVALUATE: MUSCULOSKELETAL STATUS, MEDICATIONS DE/SE, S/S OF COMPLICATIONS, DISEASE PROCESSES, RESPONSE TO MEDS, FUNCTIONAL MOBILITY, RESP.STATUS, NEURO STATUS, EDEMA, LEVEL OF PAIN**  
**SN TO INSTRUCT CLIENT: CARE GIVER, FOR NOTED DEFICITS IN: MEDS DE/ SE/ SCHEDULE, MANAGEMENT OF EDEMA, COMFORT/ SAFETY MEASURES, THERAPEUTIC DIET, POSITIONING, S/S COMPLICATION/EXACERBATION, INFECTION CONTROL, PAIN**

**22. Goals/Rehabilitation Potential /Discharge Plans**

- PT/CG WILL REPORT S/S OF PROBLEMS AFTER SN INSTRUCTIONS WITHIN 60 DAYS.**
- PT/CG WILL HAVE KNOWLEDGE RE: MEDICATION REGIMEN WITH COMPLIANCE NOTED BY PROPER ADMINISTRATION WITHIN 30 DAYS.**

23. Nurse's Signature and Date of Verbal SOC Where Applicable: Digitally Signed By <b>JOSEPHINE CHIDI, RN.</b>		25. Date HCA Recieved Signed POT <b>01/02/2013</b>	
24. Physician's Name and Address: <b>SUMANA KETHA 1356565865</b> <b>2925 SKYWAY CIRCLE NORTH</b> <b>IRVING TX - 75039- (972) 675 7313</b>		26 I 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		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.	

Physician: Dr. Ketha, Sumana

Clinician: Chidi, Josephine

Signature: *Sumana Ketha M.D.*

Signature: *Josephine Chidi*

Date: 1/22/2013

Date: 1/2/2013



**ADDENDUM TO:**
☒ **PLAN OF TREATMENT**
☐ **MEDICAL UPDATE**

1. Patient's HI Claim No. <b>467645802A</b>		2. SOC Date <b>09/06/2012</b>		3. Certification Period From: <b>01/04/2013</b> To: <b>03/04/2013</b>		4. Medical Record No. <b>ADB3319</b>		5. Provider No. <b>677805</b>																																																																																																															
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13	<p>530.81 ESOPHAGEAL REFLUX</p> <p>296.20 MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPEC DEGREE</p> <p>369.20 LOW VISION, BOTH EYES, NOT OTHERWISE SPEC</p>																																																																																																																						
15	CLEAR PATHWAYS/NIGHT LIGHTS, SLOW POSITIONING CHANGES, USE OF ASSISTIVE DEVICES, FALL PRECAUTIONS, SAFE O2 USE/NO SMOKING,																																																																																																																						
17	PCN, CODEIN																																																																																																																						
21	<p>CONTROL</p> <p>ASSESS/SUPERVISE/INSTRUCT ON MEDICATION REGIMEN, SUPERVISE AND INSTRUCT ON INTERVENTIONS TO MONITOR AND MITIGATE PAIN, OTHERS: NOTIFY MD OF PAIN &gt;7/10, ASSESS CARDIOVASCULAR STATUS AND COMPLICATIONS,</p> <p>ASSESS RESPIRATORY STATUS, ASSESS/SUPERVISE/INSTRUCT IN: O2 ADMINISTRATION @ 3 L/MIN: VIA NC CARE OF O2 EQUIPMENT; SAFETY PRECAUTIONS, ASSESS/SUPERVISE/ INSTRUCT NEBULIZER INHALATION TREATMENT WITH ALBUTEROL AND IPRATROPIUM, SUPERVISE/INSTRUCT ON FALL PREVENTION, CONTACT MD FOR CHANGES IN PATIENT SPECIFIC PARAMETERS FOR CHANGES IN VITAL SIGNS OR OTHER CLINICAL FINDINGS. T &gt;101 &lt; 96, P &gt; 110 &lt; 60, R &gt; 28 &lt; 16, BPS &gt; 170 &lt; 90, BPD &gt; 95 &lt; 50</p> <p>PAIN INTERVENTION: ON HYDROCODONES/325MG 1 PO Q 4HRS PRN PAIN</p>																																																																																																																						
22	<p>3. BP WILL ROUTINELY BE WITHIN PARAMETERS WITHIN 60 DAYS WITH MED REGIMEN.</p> <p>4. PAIN WILL BE CONTROLLED WITH MEDICATION AND TREATMENT IN 60DAYS</p> <p>5. BRONCHITIS WILL BE CONTROLLED WITH TREATMENT IN 60DAYS</p> <p>6. NO SKIN BREAKDOWN IN 60 DAYS..</p> <p>7. SPECIFIC GOALS TO FOLLOW</p> <p>8. D/C TO FAMILY UNDER MD SUPERVISION WHEN GOALS MET</p> <p>REHAB POTENTIAL:FAIR.</p>																																																																																																																						
SN: 1W8(STARTING \																																																																																																																							

9. Signature Of Physician		10. Date:	
11. Optional Name/Signature of Nurse/Therapist Digitally Signed By <b>JOSEPHINE CHIDI, RN.</b>		12. Date: <b>01/02/2013</b>	

Form CMS-485 (C4) (4-85) (Formerly HCFA-485)  
790-0067

\*\*Physician Signature applies to all 2 Pages of this Episodes 485,486 &487

Page 2 of 2

Physician: Dr. Ketha, Sumana

Clinician: Chidi, Josephine

Signature: 

Signature: 

Date: 1/22/2013

Date: 1/2/2013



**MEDICAL UPDATE AND PATIENT INFORMATION**

1. Patient's HI Claim No. <b>467645802A</b>	2. SOC Date <b>9/6/2012</b>	3. Certification Period From: <b>1/4/2013</b> To: <b>3/4/2013</b>	4. Medical Record No. <b>ADB3319</b>	5. Provider No. <b>677805</b>
6. Patient's Name and Address: <b>ADAMS, BETTY</b> <b>272 W. LAWSON RD. LOT #28, DALLAS, TX- 75253 - (214) 772 6005</b>			7. Provider's Name <b>Prolink Home Health Corporation</b>	
8. Medicare Covered: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	9. Date Physician Last Saw Patient: <b>12/14/2012</b>		10. Date Last Contacted Physician: <b>1/2/2013</b>	
11. Is the Patient Receiving Care in an 1861 (j)(1) Skilled Nursing Facility or Equivalent? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Do not Know			12. <input type="checkbox"/> Certification <input checked="" type="checkbox"/> ReCertification <input type="checkbox"/> Modified	
13. Dates of Last Inpatient Stay: Admission Discharge			14. Type of Facility:	
15. Updated Information: New Orders/Treatments/Clinical Facts/Summary from Each Discipline <p>CLIENT IS A 73 YEAR OLD FEMALE, WHO WAS REFERRED TO HOME HEALTH SERVICES FOR PROBLEMS RELATED TO CHRONIC OBSTRUCTIVE ASTHMA NO STATUS ASTHMATICUS, ASSESSMENT ON 1/2/2013, BP: 132/74, PULSE 74.00, RESPIRATION 23.00, TEMPERATURE 99.00, WEIGHT: 220.00, SKIN DESCRIPTION: BILATERAL GRON AND PERINEAL AREA REDNESS AND ITCHING.. SN IS REQUIRED TO PERFORM TEACHING.</p> <p>CLIENT,CG LACKS KNOWLEDGE IN THE FOLLOWING AREAS, DISEASE PROCESS, MEDICATION AND PAIN MANAGEMENT</p> <p>CLIENT,CG MAY REQUIRE SLOW TEACHING BECAUSE OF , LIMITED EDUCATIONAL BACKGROUND, FORGETFULNESS, IMPAIRED VISION,.</p> <p>TEMPERATURE 99.00, PULSE 74.00, RESPIRATION 23.00, BP: 132/74, WEIGHT: 220.00.</p> <p>NARRATIVE – COMPREHENSIVE ASSESSMENT OF PT BODY SYSTEMS PERFORMED, V/S, AND REVIEWED CURRENT MEDICATIONS AS DOCUMENTED. PT MADE GOOD PROGRESS THIS CERTIFICATION PERIOD. SN VISITED PT WEEKLY FOR SKILLED ASSESSMENT, AND INSTRUCTIONS. ASSISTED FAMILY MANAGE DISEASE AND PAIN. SN EDUCATED PT/CG ON AREAS OF NOTED KNOWLEDGE DEFICIT. P.T. WORKED WITH PT TO IMPROVE MOBILITY AND STRENGHT. PT D/CED AFTER SHE REACHED MAXIMUM REHAB POTENTIAL. PT STATED SHE VISITED DOCTOR LAST ON 12/14/12 FOR REGULAR MEDICAL CHECKUP AND CAME HOME WITH A NEW ORDER FOR LANOLIN HYDROUS TOPICAL LUBRICANT FOR ABDOMINAL BIL GROIN REDDNESS. NYSTATIN CREAM HAS NOW BEEN DISCONTINUED FOR TREATMENT OF ABDOMINAL FOLD REDDNESS. PT BLOOD PRESSURE NOTED TO BE 144/88. UPON SN INITIAL ASSESSMENT. PT'S CG STATED PT HAS NOT TAKEN HER BLOOD PRESSURE MEDICATION FOR THE DAY AS AT THIS TIME. SN INSTRUCTED PT TO TAKE HER BLOOD PRESSURE MEDICATION, SAME DONE. SN RECHECKED PT BLOOD PRESSURE AFTER 45 MINUTES AND NOTED IT TO BE 132/74. SN INSTRUCTED PT/CG TO TAKE MEDICATIONS EXACTLY AS ORDERED BY THE DOCTOR, CHECK EXPIRATION DATES ON MEDICATIONS, STORE MEDICATIONS SAFELY, DO NOT TAKE ANYONE ELSE'S PRESCRIPTION. PT/CG VERBALIZED UNDERSTANDING OF THE TEACHINGS. CARE PLAN REVIEWED WITH PT/FAMILY INVOLVEMENT. MEDICATION REGIMEN REVIEWED FOR POTENTIAL ADVERSE EFFECTS/DRUG INTERACTIONS, DUPLICATE DRUG THERAPY. VERBAL ORDER OBTAINED AND POC ESTABLISHED WITH PATIENT AND PHYSICIAN INVOLVEMENT. GOALS, REHAB POTENTIAL AND DISCHARGE PLANNING DISCUSSED WITH PT/FAMILY. CARE COORDINATION WITH PT/FAMILY, PHYSICIAN AND LVN.. BP HAS RANGED SYSTOLIC FROM 115 TO 132 AND DIASTOLIC FROM 70 TO 86. PULSE HAS BEEN IRREGULAR, HAS RANGED FROM 70 TO 88 WITHIN PAST 60 DAYS. RESP HAS RANGED FROM 18 TO 20 WITHIN PAST 60 DAYS. PATIENT IS INCONTINENT OF BOWEL, BLADDER 70% OF THE TIME..</p>				
16. Functional Limitations (Expand From 485 and Level of ADL) Reason Homebound/Prior Functional Status <p><b>FUNCTIONAL LIMITATIONS A PROBLEM DUE TO : SOB WITH MINIMAL EXERTION, LOWER EXTREMITY WEAKNESS, FREQUENT DYSPNEA, POOR VISUAL ACUITY, POOR BALANCE, LIMITED AMBULATION, TRANSFER ASSISTANCE, POOR PERIPHERAL CIRCULATION, DEPRESSION, PAIN, MORBID OBESITY, POOR ENDURANCE, O2 DEPENDENCE.REASON HOMEBOUND SOB, PAIN, UNSTEADY GAIT, REQUIRES ASSISTANCE OF 1-2 PERSONS TO LEAVE HOME.</b></p>				
17. Supplementary Plan of Care of File from Physician Other than Referring Physician: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (If Yes. Please Specify Giving Goals/Rehab. Potential/Discharge Plan)				
18. Unusual Home/Social Environment: <b>OTHER GRAND DAUGHTER ASSISTS PT WITH ADLS.</b>				
19. Indicate Any Time When the Home Health Agency Made a Visit and Patient was Not Home and Reason Why if Ascertainable <b>NONE</b>			20. Specify Any Known Medical and / or Non-Medical Reasons the Patient <b>None.</b>	
21. Signature of Physician**				Date (Mo.,Day, Yr.)
22. Nurse Completing or Reviewing Form Digitally Signed By <b>JOSEPHINE CHIDI, RN.</b>				Date (Mo.,Day, Yr.) <b>01/02/2013</b>

Form CMS-486 (C3)(02-94)(Formerly HCFA-486) (Print Aligned):

\*\*Physician's Signature Applies to all pages of this episode 485, 486 and 487.

790-0151

Physician: Dr. Ketha, Sumana

Clinician: Chidi, Josephine

Signature: 

Signature: 

Date: 1/22/2013

Date: 1/2/2013

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6. Patient's Name <b>ADAMS, BETTY</b>			7. Provider's Name <b>Prolink Home Health Corporation</b>		
8. Item No.					
16.	<b>PRIOR FUNCTIONAL STATUS INCREASED DEPENDENCE WITH ADL'S, HAD PROGRESSIVE DEBILITATION.</b>				
9. Signature of Physician**					
10. Date					
11. Optional Signature of Nurse					
Digitally Signed By <b>JOSEPHINE CHIDI, RN.</b>					
12. Date <b>01/02/2013</b>					

Physician: Dr. Ketha, Sumana

Signature: 

Date: 1/22/2013

Clinician: Chidi, Josephine

Signature: 

Date: 1/2/2013