Bonyl Healthcare Services, Inc.

Date: **NOVEMBER 22, 2016**	
Send to: **TEXAS PHYSICIAN HOUSE CALLS**	From: **LATARSHA SIMON**
Attention: **DR. SUMANA KETHA**	Phone: **214.350.0075**
Fax Number: **972-675-7310**	Fax Number: **214.350.0095**
	Number of Pages (including cover sheet): **4**

☒ Urgent ☒ Reply ASAP ☒ Please Comment ☒ Please Review ☒ For Your Information

Comments:

RE: THELMA KING (PLAN OF CARE)

PLEASE SIGN AND FAX BACK AS SOON AS POSSIBLE.

YOUR COOPERATION IS GREATLY APPRECIATED

Fax Cover

Bonyl Healthcare Services, Inc.
2351 W. Northwest Hwy. Ste 2135 Dallas, TX 75220
214.350.0075 Fax 214.350.0095

HOME HEALTH CERTIFICATION AND PLAN OF CARE

1. Patient's HI Claim No.	2. Start Of Care Date:	3. Certification Period	4. Medical Record No.	5. Provider No./NPI
A467822719	08/13/2016	From: 10/12/2016 To: 12/10/2016	KT-2719	747161/1760671341

6. Patients Name and Address
THELMA KING
535 BUCKINGHAM ROAD APT. #8203
RICHARDSON TX 75081 2146645365

7. Provider's Name, Address and Phone Number
Bonyl Healthcare Services, Inc.
2351 W. Northwest Hwy., Ste 2135 Dallas TX
Phone: (214) 350-0075 Fax: (214) 350-0095

8. Date Of Birth 10/23/1948 **9. Sex** [ ] M [X] F

11. ICD-CM	Principal Diagnosis		Date
L40.9	Psoriasis, unspecified	E	10/10/2016

12. ICD-CM	Surgical Diagnosis	Date

13. ICD-CM	Other Pertinent Diagnosis		Date
E11.42	Type 2 diabetes mellitus with	E	10/10/2016
I12.0	Hypertensive chronic kidney	E	10/10/2016
N18.6	End stage renal disease	E	10/10/2016
I50.9	Heart failure, unspecified	E	08/12/2016

10. Medication: Dose/Frequency/Route (N)ew (C)hange
APAP/Hydrocodone Bitartrate 325MG-10MG 1 Tablet Oral Q6Hrs PRN for pain (C)
Nexium 40MG 1 Capsule, Delayed Release Oral QD (C)
Novolin 70/30 70UNITS/ML-30UNITS/ML 75 Units Suspension Subcutaneous QAM (C)
Novolin 70/30 70UNITS/ML-30UNITS/ML 55 Units Suspension Subcutaneous QPM (C)
Silver sulfADIAZINE 1% 1 Application Cream Topical application QD (N)
Triamcinolone 0.1% 1 Application Cream

14. DME and Supplies Saline, Exam Gloves, Probe Covers, 4 x 4s Gauze,, Skin protectant

15. Safety Measures Use of Assistive Devices,Keep Pathways Clear,Safety in

16. Nutritional req. Diabetic Diet,Renal diet,

17. Allergies Clindamycin, Codeine

18.A Functional Limitations
1 [ ] Amputation
2 [X] Bowel/Bladder (Incontinence)
3 [ ] Contracture
4 [ ] Hearing
5 [ ] Paralysis
6 [X] Endurance
7 [X] Ambulation
8 [ ] Speech
9 [ ] Legally Blind
A [X] Dyspnea with Minimal Exertion
B [ ] Other Specify

18.B Activities Permitted
1 [ ] Complete Bed Rest
2 [ ] BedRest BRP
3 [X] Up As Tolerated
4 [ ] Transfer Bed/Chair
5 [ ] Exercise Prescribed
6 [ ] Partial Weight Bearing
7 [ ] Independent At Home
8 [ ] Crutches
9 [ ] Cane
A [X] Wheelchair
B [X] Walker
C [ ] No Restriction
D [ ] Other Specify

19. Mental Status 1 [X] Oriented 2 [ ] Comatose 3 [X] Forgetful 4 [ ] Depressed 5 [ ] Disoriented 6 [ ] Lethargic 7 [ ] Agitated 8 [ ] Other

20. Prognosis 1 [ ] Poor 2 [ ] Guarded 3 [ ] Fair 4 [X] Good 5 [ ] Excellent

21. Orders For Disciplines and Treatment (Specify Amount/Frequency/Duration)
Skilled Nursing (SN): 2W1, 3W8 and 2PRN Visits for Exacerbation of Disease Processes.
Home Bound Status: Req. Max. assistance/taxing effort to leave home, Severe SOB, SOB upon exertion,
SN to perform skilled assessment of all systems each visit and report vital signs that are outside the following parameters; Systolic BP; >160 < 90 ; Diastolic BP; >90 < 60 ; Temperature > 100.5 < 96.0 ; Rate of Respiration > 24 < 14; Pulse > 100 < 60; Pain level > 5 on a scale of 0-10; Weight loss or gain of 5 lbs in one week.
SN to perform the following actions/interventions as applicable;
Assess cardiovascular system for signs/symptoms of elevated blood pressure and for effects of long-term hypertension

22. Goals/Rehabilitation Potential/Discharge Plan
Rehab Potential: Patient rehab potential is fair.
Discharge Plans discussed with patient: Yes
Patient will verbalize understanding of the disease processes of psoriasis; and its management including signs and symptoms to notify the physician and when to seek emergent care.
Patient will verbalize understanding dietary requirement; diabetic and renal diet.
Patient will verbalize understanding of factors that contributes to shortness of breath and measures of energy conservation.
Patient will verbalize understanding of medication for psoriasis; including potential side

23. Nurse's Signature and Date of Verbal SOC Where Applicable
Digitally Signed by: ONYESUMAZU JEAN, RN 10/10/2016

25. Date HHA Received Signed POT

24. Physician Name and Address
KETHA, SUMANA MD
2925 SKYWAY CIRCLE NORTH SUITE B
IRVING TX 75038
NPI: 1962447805
Tel: 9726757313
Fax: 9726757310

26. I Certify/Recertify that this patient is confined to his or her home and needs intermittent nursing care, physical therapy and/or speech therapy or continous 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, I certify that in my estimation continued services will be required for 60-Days.

27. Attending Physician's Signature and Date signed
S. Ketha Electronically signed by Ketha,Sumana M.D. on 11/30/2016

28. Anyone who misrepresents, falsify or conceal essential information required for payment of federal funds may be subject to fine, imprisonment or civil penalty under applicable federal laws

Form CMS-485 (C-3) (02-94) (Formerly HCFA-485) Print Aligned

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ADDENDUM TO :PLAN OF TREATMENT

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10. Medication: Dose/Frequency/Route

Topical application QD (N)
amLODIPine Besylate 10MG 1 Tablet Oral QD (C)
Carvedilol 25MG 1 Tablet Oral BID (C)
Crestor 40MG 1 Tablet Oral QHS (C)
Valsartan 160MG 1 Tablet Oral QD (C)
Levothyroxine 0.075MG 1 Tablet Oral QD (C)

13. Other Pertinent Diagnosis

K21.9 Gastro-esophageal reflux disease without esophagitis E 08/12/2016
E78.5 Hyperlipidemia, unspecified E 08/12/2016
E03.9 Hypothyroidism, unspecified E 08/12/2016

14. DME and Supplies

15. Safety Measures

ADLs,Standard Precuations/Infection Control,Sharp container,Fall precautions,Mobility safety,

21. Orders for Discipline and Treatments(Specify amount/Frequency/Duration)

Assess circulatory status noting rate and rhythm of peripheral pulses, presence of cough or dyspnea and activity intolerance levels.
Assess renal status; hydration, peripheral edema, intake and output, and urine characteristics.
Assess dialysis access site; shunt for bruit/thrill and pulsation, signs/symptoms of infection, swelling and pain.
Assess patient's ability to ambulate and participate in ADLs, limitation of joint movement, presence and level of pain on movement and effectiveness of current pain medication, current pain management therapy and ambulatory aids. Assess joints for tenderness, stiffness and swelling.
Assess gastrointestinal status for nausea/vomiting, indigestion, heartburn, acid reflux and bowel elimination patterns.
Observe for sign/symptoms of urinary/fecal incontinence, assess skin integrity and report any problems to the physician.
Perform FSBS every visit if patient/caregiver has not performed and report to physician if out of parameters; FBS <70 or>250; RBS<70 or>300.
Assess skin integrity of lower extremities every visit and report any problems to the physician.
Fill patient's medication box with prescribed drugs every week, establish reminders to alert patient to take medications at correct times and report to physician if drug therapy appears to be ineffective.
Assess living environment for safety hazards and instruct patient on measures of safety precaution and fall prevention if patient is at risk for fall and injuries.
Perform wound dressing change as follows; clean wound on bilateral leg with normal saline, apply Silver Sulfadiazine, wrap to gauze and secure with Tubigrip.
Instruct patient on the disease processes of Psoriasis to include its meaning/definition, risk factors, signs/symptoms, measures of its management and possible complications including signs and symptoms to notify the physician and when to seek emergent care.
Instruct patient on medications for psoriasis to include action; desired effects; side effects; contraindications; drug/drug interactions and importance of compliance with medication regimen.
Instruct patient on dietary requirement; Diabetic and Renal; adequate nutrition, hydration, and elimination.
Instruct patient on foods that contributes to acid reflux/indigestion and to avoid eating 4

23. Optional Name/Signature Of Nurse/Therapist

Digitally Signed by: ONYESUMAZU JEAN, RN

Date: 10/10/2016

27. Signature Of Physician:

S. Ketha Electronically signed by Ketha,Sumana M.D. on

Date: 11/30/2016

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21. Orders for Discipline and Treatments (Specify amount/Frequency/Duration)

hours before bedtime to reduce acid reflux/indigestion.
Instruct patient on infection control measures, home safety and fall prevention.
Instruct patient on pharmacological and non-pharmacological measures of pain management and symptom relief.
Instruct patient on factors that contributes to shortness of breath and measures of energy conservation.
Instruct patient on incontinent care and prevention of skin breakdown.
Evaluate patient's compliance and effectiveness of prescribed medications and nutritional requirement.
Report all other significant assessment findings to the physician.
Home health agency to hold services if patient is admitted to inpatient facility and resume services when discharged.
Home health agency to re-certify patient for next certification period if there is continued need for skilled nursing care..

22. Goals/Rehabilitation potential/Discharge Plans

effects and safety precautions
Patient will verbalize understanding of precautions for other high risk medications.
Patient's vital signs will remain within acceptable parameters.
Patient's pain will be managed at less than 2 on a scale of 0-10 with medication, pain relief measures and/or activity regimen.
Patient will be free of falls or injuries, adverse medication reactions and free of infection.
Patient will maintain a stable cardiac status as evidenced by BP remaining within specified parameters.
Patient will have stable diabetic status as evidenced by blood sugar levels staying within physician established parameters.
Patient's wound will heal without complications.
Patient will remain in home setting and not require hospitalization for complications/ exacerbation.
REHAB POTENTIALS: Good to achieve stated goals with skilled intervention and patient's compliance with the plan of care.
DISCHARGE PLANS: Patient will be discharged when goals are met, when medical condition is stable and patient is no longer in need of skilled services or when patient is independent in managing medical needs or there is reliable caregiver available to assist with patient's medical needs.

23. Optional Name/Signature Of Nurse/Therapist

Digitally Signed by: ONYESUMAZU JEAN, RN

Date: 10/10/2016

27. Signature Of Physician:

S. Ketha Electronically signed by Ketha,Sumana M.D. on

Date: 11/30/2016