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NO Concentrate 18:A: Punational Cimila 1. [ ] Amputation	d Sweets, Heart Healthy	<i>,</i>		17. Allergies
18 A. Punctional Cimita 1. [ ] Amputation	lian -	<b>/</b>		ACE Inhibitors - rash, throat swelling
18 A. Punctional Cimita 1. [ ] Amputation	lian -			Mer villialial a transfer and trug
t. [ ] Amputation				
	2. I Paralysia	1		10.E. Azilviles Permited
i, lYi Bowel/Blødder in			egally Blind	1. [7] Complete bed 2. [7] Up as telerated 3. [8] Exercise rest
		6. (📝) 🗅		
7. L.J. Contracture	ย. 🕍 Ambulation	9. f.l H	éating	nome
A. M. Speech	B. L.) Othor			7. T Bod rest with 5. M Transfer bed- 9.   Parilal weigh
				phair bearing
				A. [1] Crutchee B. [1] Wheelcheld C. [1] Other (specify):
19: Montal Status	1. I i Orlentad	2. ( ) Cor	malana	3 M Forgetful 4. M Aprilated
6. ["] Depressed	g. M Disoriented	7. (   Lett	•	5. FT Other 9. FT Additional Orders
- · · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	The state of the s
iQ. Prognosis II Gu	arded TiRopr ⊠ Pair TiGo			But with the first that the state of the sta
11. Orders for Disciplin	e and Treatments (Specify Amount/ F	Frequency/ Dura	i(lon)	
sn: 2wl,1w4, 1 PT: <b>e</b> val and t	I gow for 4 weeks			
ATL OT TA BEEC	see OT eache			
Homebound due	'to: The parients illne	ss require	s the use of	walker for support, bue to the patients eir place of residence, The patient is ity to leave home and leaving home require
illness, need	the assistance of anot	her person	to leave the	eir place of residence. The parient is
confined to be	me because with there	exists a n	ormal inabili	ity to leave nome and leaving nome require
a considerable	e and taxing effort.	r leaving	their home is	s medically contraindicated.
	in Polential/Discharge Plans	r 16001110	Litati Home 1.	a menter of the second
2. Godis/ Ronabilitalis The patrions: wo	ill have no hospitaliza	rions duci	no the certi-	fication pariod.
The Patient Wi	ill verbalize understan	ding of in	dividualized	emergency plan by: 05/10/2016.
Patient will v	verbalize understanding	of proper	use of pain	medication by 06/30/2016.
Patient will a	achieve pain level less	than 6 wi	thin 7 weeks	•
wound(s) will	heal without complicat	ton by: 06	/20/2016.	duntas 60 day codesda
Mound(s) Will	be free from signs and integrity will remain in	symptoms	or intection	ode.
rationt 9KIN 1 Bationt will v	integrity will remain il Zenbaliza understandino	of avoids	ng too hot o	r too cold temperatures to skin.Patient w
be free from s	aigns and symptoms of r	espiratory	distress du	r too cold temperatures to skin.Patient w ring the episode .
3. Nurse Slansture er	d Date of Verbal SOC Where Applica	able		25. Date HFIA Received Signed POT
	ned by: Jamis Livsey		.0/2016	
		- 121 - A. A. A. A.		26. Certify/ Recently that this patient is confined to his/her home
M. Physician's Name ( or. Sumana Ket				needs intermittent skilled nursing care, physical therapy and/or spe
	r N IRVING TX 75038-			- Therapy or continue to need occupational thorapy. The patient is w
(972) 675-7313	Phone NPI: 1967			my care, and I have authorized the services on this plan of care at will periodically review the plan.
(972) 675-7310	) Facsimile UPIN: G86	5756		
	n's Signature and Date Signed			26. Anyone who misrepresents, felsifies, or conceale essential Information required for payment of Federal funds may be subject
S. Ketha E	lectronically signed by Ketha,Si	umana M.D. or	n 06/02/2016' '	line, imprisonment, or civil penalty under applicable Federal laws. Page 1. c

Department of Fleetth and Human	Services Health Care Financia	ng Adminisyation	Form Approved QI		Order Number# 276474304	
1. Pationi's HI Claim No.	2. Sport of Care Date	3. Ceriffoation Period	lan of Care	4. Medical Repord No.	6. Provider No.	
457504949D	05/10/2016	From: 05/10/2016 To:		6487-A	1295876829	
8. Pallonis Name WHITE, VESSIE L	•		7. Providor's Name Agape Home Hea	lthcare		
10. Medications	(	<del>a - aggrego ( ) o o ogganomik</del>	<del>,,, ., ., ., ., ., ., ., ., ., .</del>	COLUMN TO THE PERSON OF THE PE		
every 8 hours as n Fluticasone Propio	\$00 MG 1 Tab(5) 50 MG 1-2 Tab(5) eeded) (N) nate (Inhal) Inha	PO two times a day PO every 8 hours a	s needed for pa	in (use 2 tablets fo lation in one mostri		
rotate nostrils wh panuvia oral 50 MG Multivitamins oral Clanitin Oral 10 M Trazopana HG oral	Tab(s) FO ever 1 Cap(s) FO ever G 1 Cap(s) FO eve G 1 Cap(s) FO eve 50 MG 1/2 tab Ta	y day ry day (N) b(s) PQ oyeny nigh	t			
cymbalta Oral 30 mg 1 Cap(s) PO two times a day (N) Tylenpl oral 325 mg 1 Tab(s) PO every 12 hours as needed for mild pain senokot oral 8.6 mg 2 Tab(s) PO two times a day (N) Miralax Oral 17 g BO two times a day Amlopinine Besylate Oral 10 mg 1 Tab(s) PO systy day (N)						
13. Omer Perlinent Diagnosia		A CALL TO THE STATE OF THE STAT	2 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		· · · · · · · · · · · · · · · · · · ·	
	, unspecified ( )		94/17/2	1016		
ZZZ.O Tobaceo	use ( )					
(4) DIME		Case Dishabic Sun	ediae	aleman geographic service services and production of the file	* *** ********************************	
Grab Bars, walker.	Elevated 10116t	Seat, pranegic Sup	D.(.) 69			
Safety in ADLs. Pr  Fail Precautions.	oper Position Dur Standard Precauti	ing Meals. Support ons/Infection Cont	During Transfe rol	er and Ambulation, Sh	arps Safoty.	
21. Ordera		* . 1 1			we and leaving	
home requires a co Home Health may ac additional benefit physician orders r	nsiderable and ta cept orders from period if skille gcaived. Home Mea artions is admitte	xing effort, all referring phys d need exists, pat lth agency provide d to an inpatient	icians. Home He ient meets Home s services that facility during	nability to leave ho palth may recertify p Health Criteria Hom are allowed by the the episode, the Ho parge from hospital w	atient for e and insurance me Health	
Services may be di patient remains in outpatient therapy the plan of care, services, if patie patient's needs ar insurance coverage	the inpatient far, if the patient if patient reache if patient reache it is no longer he above and beyon or authorization	cility at the end transfers to a Nur d maximum rehab po ome bound (Homeboud what the agency from any insuranc	of the episode, sing Home or Ho tential benefit nd not required can provide, if a provider, bis	or patient's request if patient will recuspice care, if goals is from all of the difference the patient no long charge summary will	elve are met in scipline's s), if er has be available	
Assessment of patient with myopathy, unspecified.Contuston of right hip, subsequent encounter.Type 2 diabetes mellitus with diabetic polyneuropathy.Rheumatoid arthritis with rheumatoid factor, unspecified.Chronic pain syndrome.Obesity, unspecified.Tobacco use.  Is the Patient DNR (Do Not Resuscitate)? No. Homebound Status: Confusion, unsafe to go out of home alone.Other - walker.Requires max assistance/taxing effort to leave home.Residual weakness.Unable to safely leave home unassisted.Need assistance for all activities.Severe SOB or SOB upon exertion.  Notify physician of: Temperature greater than (>) 100.5 or less than (<) 96.0  Respirations greater than (>) 120 or less than (<) 50  Respirations greater than (>) 24 or less than (<) 12						
Systolic BP greater than (>) 160 or less than (<) 90 plastolic BP greater than (>)90 or less than (<) 50						
9 Signature of Physician			a management with the second s	10. Date		
S. Ketha Elec	ctronically sign	ned by Ketha,Su	ımana M.D. o	06/02/20	016	
11. Optional Name/ Stonething		A	· Andrew State of the State of	06/02/20 12. Dale	Table Color of the Art of the Color of the C	
pigitally Signed	by: Janis Livse)	/ , RN		05/10/20	16	

Department of Health and Hum	an Berylces i leath Caro Financ	ing Administration Addendum to P	Form Approved CMD N	19 (13-0-03E)	Order Numbert 2/04/130/	
1. Patient's HI Claim No. 457504949D	2. Start of Care Date 05/10/2016	3. Certification Period From: 05/10/2016 To:	07/08/2016	4. Medical Record No. 6487-A	5. Provider No. 1295876829	
6. Patient's Name WHITE, VESSIE L			7. Provider's Name Agape Home Healt	hcare		
21, Orders				· · · · · · · · · · · · · · · · · · ·		
Q2 Sat less than  Easting blood suc	(<) 90% our greater than (	ج)_250 or_less than	(∢) 60			
lrandom blood sugs	ur areater than (>	) 350 or less than	(≼) 70			
SN to develop individualized emergency plan with patient. SN to assess pain level and effectiveness of pain medications and current pain management therapy						
every visit.						
SN to instruct patient to take pain medication before pain becomes severe to achieve better pain centrol.						
SN to report to physician if patient experiences pain level not acceptable to patient, pain level greater than 7, pain medications not effective, patient unable to tolerate pain medications, pain affecting ability to perform patient's normal activities.						
arracting ability  SN to instruct th	/ to perform patie ne Patient/Caregiv	er on methods to re	duce friction and	shear.		
ISN to assess skir	ı for breakdown ev	erv visit.			afaction Report	
to physician incl	eased temp >100.5	each dressing chang , chills, increase	in drainage, "out	odor, redness, (	inrelieved pain	
L 7 on 0.10 camle	s and any other c	ignificant changes. er on signs/symptom				
linclude increased	l temp >100.5. chi	lis, increase in dr	ainage, foul odor	, redness, unrel	leved pain > 7	
lassess right inno	nd any other signi er thigh burn site	for healing, no wo	und gare orders a	at this time.		
Teaching on impor	tance of avoiding	too hot or too coll air (freg)each vis	d temperatures to	skin.,		
ISN to instruct ti	o Patient/Carediv	ar on factors that	contribute to SQE	s, including avoic	ding outdoors on	
locor ate quality.	ives from aver	na windows open whe	ın outside tempera	iture is above mo		
lmaala svoidinu 1	SN to instruct patient on energy conserving measures including frequent rest periods, small frequent meals, avoiding large meals/overeating, controlling stress, Report to physician 02 saturation less than 90%. SN to instruct Patient/Caregiver on all aspects of					
diskotic manageme	ant to include dis	ease process, foot	assessments. Slor	is and symptoms o		
hypo/hyperglycem	la, glucometer use	and preparation ar	d administration	of diabetic madi	cations ordered	
by physician. SN to instruct Patient/Caregiver to inspect patient's feet daily and report any skin or nail problems						
to SN. SN to instruct Patient/Caregiver that patient should elevate feet when sitting. SN to instruct Patient/Caregiver to protect patient's feet from extreme heat or cold.						
SN to instruct Pa	atient/Caregiver t noer stick for fas	o protect pathent's ting blood sugar/ra	; reet trom extrem Indom blood sugar	ne near or cold. during visit if	it has not been	
ldone or if nation	ur renorts sions a	nd symptoms of hypo	/hvneralvcemia.			
lcomplications.		er on measures to r		dystunction and	rerrave	
SN to instruct p	atient on measures	to detect and alleged	viate edema .			
SN to instruct patient to increase activity to alleviate constipation. SN to instruct the Patient/Caregiver on signs and symptoms of constipation to report to SN or						
lphysician. SN to	instruct Patient/	Caregiver on NCS H	i diet.			
IGN TO SEERS FOR	ient for diet comp changes in neurol	odical status éverv	visit.			
SN to instruct caregiver on orientation techniques to use when patient becomes disoriented. SN to instruct patient to use prescribed assistive device when ambulating.						
SN to instruct patient to change positions slowly.						
ICH to persee days	a of nationt's lac	t eye exam. er to contact agend	to report any	Fall with or with	our minor injury	
land to call 911 :	for fall resulting	i in serious injury	or causing severe	pain or immobil	ity.	
ICM to convoct the	reical Thecapy 6VS	luation order from	DDV51C1AD.			
SN to determine if the Patient/Caregiver is able to identify the correct dose, route, and frequency of each medication.						
Bach medication. SN to assess if the Patient/Caregiver can verbalize an understanding of the indication for each medication. SN to instruct the Patient/Caregiver on medication regimen dose, indications, side effects, and						
SN to instruct t	he Patient/Caregiv	er on medication re	egimen dese, indic	ations, side off	ects, and	
o gignature of Physician Electronically signed by Ketha, Sumana M.D. on						
D. Ketha			Control of the Association of the Control of the Co	06 12, <b>Da</b> li	/02/2016	
Ti: Opgoner (veme) opgoett		DNI			7 2/2016	
Digitally Signer	d by: Janis Livso		akuntun agami kilagoni hija tente et kaluari ar u		** ***********************************	
Ferm CMS-487 (C4) (4-97)		ga	ge 3 of 4			

Debartment of Houlth and Linuary	Savicas Leanth Cate Lineucii	Addengum t	o Plan of Caro	140.0034-0007	Order Mullibaria 270474304		
1. Petion's Hi Claim No.	2. Start of Care Date	3. Cortification Period	, ,	4. Medical Record			
4575049490	05/10/2016	From: 05/10/2016	To: 07/08/2016	6487-A	1295876829		
6. Patient's Name							
HITE, VESSIE L AGAPE Home Healthcare							
21. Orders				<del></del>	· · · · · · · · · · · · · · · · · · ·		
interactions.							
ISN to instruct the	Patient/Caregive	er on precautions	; for high risk med	dications, such	as, hypoglycemics.		
sn to instruct the Patient/Caregiver on precautions for high risk medications, such as, hypoglycemics, anticoagulants/antiplatelets, sedative hypnotics, narcotics, antiarrhythmics, antineoplastics,							
skalatal muscla relaxants.							
sw to instruct the Patient/Careniver on medication side effects to report to \$N or physician,							
SN to instruct the Patient/Caregiver on medication reactions to report to SN or physician.							
22. Qosle							
patient and caregive	yer will verbaliz	e an underständi	ing of factors that	t contribute to	shortness or		
breath by: 05/20/20	),6,			a by 05/30/201	6		
Patient will verba Patient will be fro	itze an understan	iging of energy ( Leventone of byo	onserving measure:	meing the enico	ide		
The Patient/Caregiv	ae rrum olyna enu Jer will be inden	aymysyma yr nyr Ollo dtiwith ollo	cometer use by: 07	/03/2016.	14.34		
The Patient/Caregiv	ver will verbaliz	e an understandi	ing of skin conditi	lons that must	be reported to SN		
lor physician immedi	lateľv .						
The Patient/Caregiv	ver will verbaliz	ze understanding	of proper diabetic	c foot care by:	07/03/2016,		
Patient's blood pro	assure will remai	in within establi	ished parameters du	uring the episo	)Ge.		
Patient's pulse wi The Patient/Caregiv	ll remain within	estabilshed para	meters ouring the	episode. rdiac complicat	done and when to		
The Patient/Caregiv	/er will veroaliz	re understanding	or symptoms or car	rurac compricat	, Tolis Alia what co		
call 911 by: 06/30/2016. Patient will be free from signs and symptoms of constipation during the episode.							
lestient will mainta	Patient will maintain NCS, HH diet compliance during the episode.						
lpartent will remain free from increased confusion during the episode.							
caregiver will ver	Caregiver will verbalize understanding of proper orientation techniques to use when patient becomes						
disoriented. Home exercise program will be established by physical therapist.							
Home exercise progr  Patient's mobility	ram will be estab	olisnea by physic	ar therapist.	anter			
The patient will be	will be improved a from falls	, with assistante during the cert	ification period.	HH 1-3 % 1			
ITHA Datient/Caregiv	ver will verbaliz	ze understandino.	of need for annua	ı eve examınatı	on by: 07/08/2016.		
lostiont will remain	n free of adverse	e medication rend	itions durina the (	episode.			
Patient will remain free of adverse medication reactions during the episode. The Patient/Caregiver will be independent with medication management by: 07/04/2016.							
The Patient/Caregiver will verbalize understanding of medication regimen, dose, route, frequency,							
indications, and side effects by: 07/04/2016.							
The Patient/Caregiver will be independent with medication administration by: 07/04/2016. The Patient/Caregiver will be able to verbalize an understanding of the indications for each							
medication by: 07/04/2016.							
The Ratient/Caregiver will be able to identify the correct dose, route, and frequency of each							
medication by 07/04/2016							
estions will demonstrate compliance with taking all medications as prescribed, family members will be							
brosont during all times medications are due to assure medications are all taken 45 grescribed							
Rehab potential: Fair to achieve stated goals with skilled intervention and patient's compliance with							
the plan of care. Discharge plans: Discharge when medical condition is stable and patient is no longer in need of							
skilled services.							
Signiture of Physician		<del> </del>	<del>-,, -, </del>		), Qale		
	Electronically	v signed by Ke	tha,Sumana M	D an	0.010.010.5 : -		
S. Ketha	•				06/02/2016		
14. Spligopi. Memar Signalure of Niorge/ Therippis							
gigitally Signed				lo	5/10/2016		
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