

GOOD HEALTH SERVICES, INC.
9304 FOREST LANE, SUITE #S225
DALLAS, TX 75243
PHONE (214) 660-8828
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FAX COVER SHEET

Date: Tuesday, November 15, 2016

Company: Texas Physician House Calls

Attention: Dr. Sumana Ketha M.D.

Office Phone Number: 972-675-7313

Destination Fax Phone Number 972-675-7310

Sender Izzy

Department: GOOD HEALTH SERVICES INC

Office Phone Number: (214) 660-8828

Subject Matter: Please review

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Number of pages including cover sheet: 3

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If you have received this copy in error, please notify us immediately by telephone at (214) 660-8828 to arrange return of the faxed documents to us. Thank you.

1. Patient's HI Claim No. 449403608A		2. Start Of Care Date: 11/08/2016		3. Certification Period From: 11/08/2016 To: 01/06/2017		4. Medical Record No. GHS0752		5. Provider No./NPI 679337/1558302356	
6. Patients Name and Address ZULA CLEWIS 4820 CLEAR CREEK RD DALLAS TX 75232					7. Provider's Name, Address and Phone Number Good Health Services Inc. 9304 Forest Lane Suite S225 Dallas TX 75243- Phone: (214) 660-8828 Fax: (214) 660-8083				
8. Date Of Birth 09/19/1925 9. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F					10. Medication: Dose/Frequency/Route (New Change)				
11. ICD-CM		Principal Diagnosis		Date		Eliquis 5MG 1 Tablet Oral BID (N) Atorvastatin Calcium 40MG 1 Tablet Oral Qhs (N) tramadol 50MG 1 Tablet Oral Q 8HRS PRN PAIN (N) Vitamin D3 1000INTERNATIONAL UNITS 1 Tablet Oral QD (N) Ventolin HFA 0.09MG/Actuation 1-2 puffs Aerosol Powder Inhalation PRN SOB/WHEEZING (N) Nifedipine 60MG 1 Tablet, Extended Release Oral QD (N) Gabapentin 100MG 1 Capsule Oral QHS (N) Lisinopril 40MG 1 Tablet Oral QD (N) Pantoprazole 40MG 1 Tablet Oral QD (N)			
12. ICD-CM		Surgical Diagnosis		Date					
13. ICD-CM		Other Pertinent Diagnosis		Date					
J44.9		Chronic obstructive pulmo		00/00/00					
M06.9		Rheumatoid arthritis, uns		00/00/00					
E78.5		Hyperlipidemia, unspecifi		00/00/00					
G63		Polyneuropathy in disease		00/00/00					
M16.10		Unilateral primary osteoa		00/00/00					
14. DME and Supplies Temp probe cover, W/C, commode, Gloves, walker					15. Safety Measures Fall precautions, Standard Precautions, anticoagulant precaution,				
16. Nutritional req. Low NA, Low cholesterol, Low fat diets					17. Allergies PENICILLIN				
18.A Functional Limitations					18.B Activities Permitted				
1 <input type="checkbox"/> Amputation 5 <input type="checkbox"/> Paralysis 9 <input type="checkbox"/> Legally Blind					1 <input type="checkbox"/> Complete Bed Rest 6 <input type="checkbox"/> Partial Weight Bearing A <input checked="" type="checkbox"/> Wheelchair				
2 <input checked="" type="checkbox"/> Bowel/Bladder (Incontinence) 6 <input checked="" type="checkbox"/> Endurance A <input checked="" type="checkbox"/> Dyspnea with Minimal Exertion					2 <input type="checkbox"/> BedRest BRP 7 <input type="checkbox"/> Independent At Home B <input checked="" type="checkbox"/> Walker				
3 <input type="checkbox"/> Contracture 7 <input checked="" type="checkbox"/> Ambulation B <input type="checkbox"/> Other Specify					3 <input checked="" type="checkbox"/> Up As Tolerated 8 <input type="checkbox"/> Crutches C <input type="checkbox"/> No Restriction				
4 <input type="checkbox"/> Hearing 8 <input type="checkbox"/> Speech					4 <input checked="" type="checkbox"/> Transfer Bed/Chair 9 <input type="checkbox"/> Cane D <input type="checkbox"/> Other Specify				
5 <input type="checkbox"/> Exercise Prescribed									
19. Mental Status					20. Prognosis				
1 <input checked="" type="checkbox"/> Oriented 3 <input checked="" type="checkbox"/> Forgetful 5 <input type="checkbox"/> Disoriented 7 <input type="checkbox"/> Agitated					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				
2 <input type="checkbox"/> Comatose 4 <input type="checkbox"/> Depressed 6 <input type="checkbox"/> Lethargic 8 <input type="checkbox"/> Other									
21. Orders For Disciplines and Treatment (Specify Amount/Frequency/Duration)									
Skilled Nursing (SN): 2W1 1W8 1-2 PRN visits anticipated for Changes in condition reported and requiring SN assessment/management. Physical Therapy (PT): 1W1 2W6 1W1. Home Health Aide(HHA): 2W1 3W8. SN to perform assessments of body systems and instruct patient caregiver on all areas where knowledge deficit is noted.									
Home Bound Status: Need assistance for all activities, Residual weakness, Req. Max. assistance/taxing effort to leave home, Unable to safely leave home unassisted, Severe SOB, SOB upon exertion, Patient unable to evacuate independently in an emergency,									
Patient/Caregiver to be instructed on medication/diet/treatment regimen compliance to prevent repeat hospitalizations. SN to assess patient's pain and pain status and instruct patient/caregiver on management of pain with prescribed medications and comfort measures. SN to instruct patient/caregiver on measures important for Joint Protection. SN to instruct patient/caregiver on measures to prevent									
22. Goals/Rehabilitation Potential/Discharge Plan									
Patient/Caregiver will demonstrate improved compliance with medication/diet/treatment regimen as evidenced by decreased exacerbations of disease process-es requiring visits to ER and/or hospitalizations throughout episode. Patient/caregiver will verbalize/demonstrate improved understanding of management of pain with prescribed medications and comfort measures; including measures for joint protection as evidenced by minimal complain of pain affecting activities by the end of episode. Patient/caregiver will verbalize/demonstrate understanding of measures to minimize risk of developing Pressure Ulcers as evidenced by no new skin breakdown by the end of episode. Patient will demonstrate improved understanding of energy conservation as evidenced by decreased reports of SOB during episode. Patient/caregiver will verbalize/demonstrate improved understanding of modifiable and non modifiable risk factors of HTN and management measures as evidenced by patient's BP within therapeutic parameters									
23. Nurse's Signature and Date of Verbal SOC Where Applicable NN/mch/SL AN 11/08/2016								25. Date HHA Received Signed POT	
24. Physician Name and Address KETHA, SUMANA MD 2925 SKYWAY CIRCLE NORTH 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 continuous 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 11/24/2016						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			

HOME HEALTH CERTIFICATION AND PLAN OF CARE

ADDENDUM TO :PLAN OF TREATMENT

1. Patients HI Claim No. 449403608A	2. Start Of Care Date 11/08/2016	3. Certification Period From: 11/08/2016 To: 01/06/2017	4. Medical Record No. GHS0752	5. Provider No./NPI 679337/1558302356
6. Patients Name and Address ZULA CLEWIS 4820 CLEAR CREEK RD DALLAS TX 75232 2143724474		7. Provider's Name, Address and Phone Number Good Health Services Inc. 9304 Forest Lane Suite S225 Dallas TX 75243-6238 Phone: (214) 660-8828 Fax: (214) 660-8083		

10. Medication: Dose/Frequency/Route

ProAir HFA 0.09MG/Actuation 2 puffs Aerosol Powder Inhalation Q6hrs-Prn SOB/wheezing (N)

Vitamin B12 500MCG 1 Tablet Oral QD (N)

Polyethylene Glycol 3350 17GM/Dose 1 packet Powder for Solution Oral mix in 8oz liquid and drink QD (N)

13. Other Pertinent Diagnosis

I10 Essential (primary) hypertension 00/00/00

R06.02 Shortness of breath 00/00/00

G89.29 Other chronic pain 00/00/00

Z74.09 Other reduced mobility 00/00/00

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

pressure ulcers. SN to assess patient's BP and monitor closely q visit. SN to instruct patient/caregiver on modifiable and non modifiable risk factors of Hypertension and management measures. Patient require instruction on energy conservation for patient's declining functional status and frequent complaints of shortness of breath. SN to assess patient's O2 sats PRN complain of SOB and report O2 sats <94% on RA to MD. SN to instruct Patient/Caregiver on perineal hygiene and skin care. SN to instruct Patient/Caregiver on Heart Healthy diet compliance to include: Sodium restrictions; definitions of good "fat" and "bad" fat; fresh vs processed foods. SN to instruct Patient/Caregiver on strategies to decrease exacerbations of GERD symptoms to include: food choices; meal timing; portion control and medications. SN to instruct Patient/Caregiver on fall precautions. SN to instruct on Home Safety. Home Health Aide to assist patient with ADL's and personal care due to self care deficit. SN to review medications weekly and assist patient/caregiver with medication management. SN to instruct patient on precautions related to intake of anticoagulants. SN to notify Physician of: Temperature greater than (>) 100.4 or less than 95. Pulse greater than (>) 100 or less than 55. Respirations greater than (>) 14 or less than 26. Systolic BP greater than (>) 160 or less than 90. Diastolic BP greater than (>) 95 or less than 55. Pain Level greater than (>) 4 on a scale of 0 - 10. PT Referral: Physical Therapy required for gait training exercises, muscle and endurance strengthening exercises. There exists risks for exacerbation of condition and repeat hospitalization. Home Health Services required for 60days episode. Discharge patient from home health care by 01/06/2017 if all goals met and patient is stable for discharge.

22. Goals/Rehabilitation potential/Discharge Plans

by the end of episode. Patient/Caregiver will verbalize/demonstrate improved understanding of perineal hygiene and skin care as evidenced by no new skin breakdown this episode. Patient/Caregiver will demonstrate understanding of importance of compliance with ordered diet as evidenced by improved food choices by end of episode. Patient/Caregiver will demonstrate improved understanding of strategies to decrease symptoms of GERD as evidenced by decreased reports of GERD symptoms by end of episode. Patient/Caregiver will verbalize/demonstrate understanding of fall precautions as evidenced by pt with no falls this episode. Home Health Aide to assist patient with ADL's and personal care due to self care deficit. Patient will verbalize improved understanding of medication regimen as evidenced by improved compliance by end of episode. Rehab Potential: Patient rehab potential is fair.

Discharge Plans: Discharge patient under MD supervision when all established goals are met and SN is no longer needed Discharge Plans discussed with patient: Yes

23. Optional Name/Signature Of Nurse/Therapist

M. Mandilsh RN

Date:

11/08/2016

27. Signature Of Physician:

S. Ketha

Electronically signed by Ketha, Sumana M.D. on

Date:

11/24/2016