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

Certification [ ] Recertification [X]

Form Approved
OMB No. 0938-0357

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.
467645802A	9/6/2012	From: 11/5/2012 To: 1/3/2013	ADB3319	1083711261

6. Patient's Name and Address
ADAMS, BETTY
272 W. LAWSON RD., #28
DALLAS TX 75253
Phone: 214 772 6005

7. Provider's Name, Address and Telephone Number
Prolink Home Health
8500 N. Stemmons Frwy
Dallas, TX - 75247
Phone: 214 267 1985

8. Date of Birth 10/30/1939 **9. Sex** [ ] M [X] F

11. ICD-9-CM	Principal Diagnosis	Date
493.20	CHRONIC OBSTRUCTIVE ASTHMA NO STA	

12. ICD-9-CM	Surgical Procedure	Date

13. ICD-9-CM	Other Pertinent Diagnoses	Date
278.00	OBESITY, UNSPEC ()	-
402.10	BENIGN HYPERTENSIVE HEART DISEASE ()	-
530.81	ESOPHAGEAL REFLUX ()	-

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
LEVOTHYROXINE SODIUM TABLET 0.05MG 1 TAB QD PO E
CITALOPRAM 40MG 1 TAB QD PO E
MECLIZINE HCL TABLET 25MG 1 TAP BID PRN PO E
OMEPRAZOLE DELAYED-RELEASE CAPSULE 20MG 1 TAB QD PO N
CALCIFEROL TAB 50,000IU 1 TAB Q MONTH PO E
HYDROXYZINE HCL TAB 25MG 1 TAB Q 8HR PRN PO E
HYDROCODONE 5/325MG 1 TAB Q 4HR PRN PO E
SINGULAIR TABLET 10MG 1 TAB QD PO E

14. DME and Supplies
GLOVES

15. Safety Measures:
INFECTION CONTROL, HOME SAFETY, SECURE FOOTWEAR,

16. Nutritional Req. 2 GM NA

17. Allergies: NAPROXEN, ALPHAGEN, EGG, PILOCARPIN, CELEBREX,

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 [X] Legally Blind
A [X] Dyspnea With Minimal Exertion
B [X] Other (Specify)

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

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

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

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

SN: 1W9
OTHER SERVICES NEEDED:
PT: EVALUATION: SPECIFIC GOALS/ORDERS TO FOLLOW EVALUATION.THERAPEUTIC EXERCISES, GAIT TRAINING
SN TO ASSESS KNOWLEDGE DEFICITS AND INSTRUCT ACCORDINGLY: SN TO ASSESS AND EVALUATE: MUSCULOSKELETAL STATUS,
MEDICATIONS DE/SE, S/S OF COMPLICATIONS, DISEASE PROCESSES, FUNCTIONAL MOBILITY, RESP.STATUS, NEURO STATUS, EDEMA, LEVEL OF PAIN
SN TO INSTRUCT CLIENT: CARE GIVER, FOR NOTED DEFICITS IN: DISEASE PROCESSES, MEDS DE/ SE/ SCHEDULE, MANAGEMENT OF
EDEMA, COMFORT/ SAFETY MEASURES, THERAPEUTIC DIET, S/S COMPLICATION/EXACERBATION, INFECTION CONTROL, PAIN CONTROL,
MEASURES TO INITIATE TO PREVENT EXACERBATIONS/COMPLICATIONS OF: ASTHMATIC BRONCHITIS
ASSESS/SUPERVISE/INSTRUCT ON MEDICATION REGIMEN, SUPERVISE AND INSTRUCT ON INTERVENTIONS TO MONITOR AND MITIGATE PAIN, OTHERS: NOTIFY MD OF PAIN >7/10, ASSESS CARDIOVASCULAR STATUS AND COMPLICATIONS, ASSESS RESPIRATORY STATUS, ASSESS/SUPERVISE/INSTRUCT IN: O2 ADMINISTRATION @ 3 L/MIN: VIA NC CARE OF O2 EQUIPMENT; SAFETY PRECAUTIONS, ASSESS/SUPERVISE/ INSTRUCT NEBULIZER

22. Goals/Rehabilitation Potential/Discharge Plans
1. PT/CG WILL REPORT S/S OF PROBLEMS AFTER SN INSTRUCTIONS WITHIN 60 DAYS.
2. PT/CG WILL HAVE KNOWLEDGE RE: MEDICATION REGIMEN WITH COMPLIANCE NOTED BY PROPER ADMINISTRATION WITHIN 30 DAYS.
3. BP WILL ROUTINELY BE WITHIN PARAMETERS WITHIN 60 DAYS WITH MED REGIMEN.
4. PAIN WILL BE CONTROLLED WITH MEDICATION AND TREATMENT IN 60DAYS

23. Nurse's Signature and Date of Verbal SOC Where Applicable:
10/31/2012

25. Date HHA Received Signed POT
12/13/2012

24. Physician's Name and Address
Dr. Ketha, Sumana
2925 Skyway Cir N
irving TX
75038
Phone:972 675 7313 NPI:1962447805

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

12/13/2012

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.

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ADDENDUM TO: **PLAN OF TREATMENT** [X] **MEDICAL UPDATE** [ ]

1. Patient HI Claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Records	5. Provider No.
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8. Item No.

10 Medications: Dose/Frequency/Route (N)ew (C)hanged

ASPIRIN EXTRA STRENGTH TABLET 500MG 1 TAB QD PO E
NYSTATIN CREAM 100,000U/GM APPLY TO AFFECTED AREA BID TOPICALLY N
EYE LUBRICANT OPTH OIN BOTH EYES QD TOPICALLY E
GAS X 125MG 1 TAB QD PO E
LOPERAMIDE HCL TAB 2MG 1 TAB DIARRHEA PRN PO E
IPRATROPIUM BROMIDE SOLUTION 0.02% 1 TREATMENT QID PO N
PROAIR HFA ALBUTEROL SULFATE INHALATION AEROSOL 2 PUFFS TID PO E
ALBUTEROL SULFATE 1.25MG/3ML 1 NEBULIZER TREATMENT QID PRN PO E
ADVAIR DISKUS 250/50 DISK 1 PUFF BID PO E
ARTIFICIAL TEARS OPHTH SOLUTION 2 DROP TO BOTH EYES BID DROPS E
COSOPT OCUMETER OPHTH SOLUTION 1 DROP TO BOTH EYES BID DROPS E
ZOCOR TABLET 20MG 1 TAB QHS PO E
FLONASE 250/50MCG 1 PUFF EACH NOSTRIL Q 12HRS INHALANT N
POTASSIUM CITRATE 10MEQ 1 TAB QD PO E
XALATAN OPHTH SOLUTION 0.005% 1 DROP BOTH EYES BID DROPS E
LACTOSE ENZYME 1 TAB QD PO E
COLON HEALTH PROBIOTIC 1 TAB QD PO E
OXYGEN 3L QHS PO E
CALTRATE 600 TABLET 600MG 950 MG 1 TAB QHS PO C
NORVASC TABLET 10MG 1 TAB QD PO C

13b

ICD-9-CM	Other Pertinent Diagnoses	Date
296.20	MAJOR DEPRESSIVE DISORDER, SINGLE ()	-
369.20	LOW VISION, BOTH EYES, NOT OTHWIS ()	-

15 Safety Measures

ASSIST WITH ALL ACTIVITIES, CLEAR PATHWAYS/NIGHT LIGHTS, SLOW POSITIONING CHANGES, USE OF ASSISTIVE DEVICES, FALL PRECAUTIONS, SAFE O2 USE/NO SMOKING,

17 Allergies

PCN, CODEIN

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

INHALATION TREATMENT WITH ALBUTEROL AND IPRATOPIUM, SUPERVISE/INSTRUCT ON FALL PREVENTION, CONTACT MD FOR CHANGES IN PATIENT SPECIFIC PARAMETERS FOR CHANGES IN VITAL SIGNS OR OTHER CLINICAL FINDINGS. T >101 < 96, P> 120 < 60, R> 28 < 16, BPS > 180 < 90, BPD > 95 < 50
PAIN INTERVENTION: ON HYDROCODONE5/325MG 1 PO Q 4HRS PRN PAIN

15. Updated Information: New Orders/Treatments/Clinical Facts/Summary from Each Discipline

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 10/31/2012, BP: 144/86, PULSE 81.00, RESPIRATION 20.00, TEMPERATURE 98.00, WEIGHT: 220.00, SKIN DESCRIPTION: BILATERAL GRION AND PERINEAL AREA REDNESS AND ITCHING.. SN IS REQUIRED TO PERFORM TEACHING.
CLIENT,CG LACKS KNOWLEDGE IN THE FOLLOWING AREAS, DISEASE PROCESS, MEDICATION AND PAIN MANAGEMENT
CLIENT,CG MAY REQUIRE SLOW TEACHING BECAUSE OF , LIMITED EDUCATIONAL BACKGROUND, FORGETFULNESS, IMPAIRED VISION,.
TEMPERATURE 98.00, PULSE 81.00, RESPIRATION 20.00, BP: 144/86, WEIGHT: 220.00.
NARRATIVE – COMPREHENSIVE ASSESSMENT OF PT PERTINENT BODY SYSTEMS PERFORMED, V/S, AND REVIEWED CURRENT MEDICATIONS AS DOCUMENTED FOR THIS 60 DAYS RECERTIFICATION PERIOD. PT HAVE A NEW ORDER FOR NORVASC TABLET 10
MG 1TAB PO QD. PT WAS ON NORVASC 5 MG BEFORE. ALSO PT CALTRATE 600 MG 1 TAB PO QHS HAS NOW BEEN CHANGED TO 950
MG 1 TAB PO QHS BY PT DOCTOR ON 10/8/12. PT C/O PAIN AT 6 ON A SCALE OF 1-10 TO BIL KNEES. PT STATED SHE HAD TAKEN
HYDROCODONE 5/325MG 1 TAB PO PRN ABOUT AN HOUR PRIOR TO SN ARRIVAL. CURRENT PAIN LEVEL IS 3 STATED PT. SN INSTRUCTIONS GIVEN TO PT ON TAKING PAIN MED AT ON SET OF PAIN FOR BETTER EFFECT. SN INSTRUCTED PT ON THE

9. Signature of Physician	10. Date
S. Kotha M.D	12/13/2012
11.Optional Name/Signature of Nurse/Therapist	12. Date
[signature]	10/31/2012

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	USES OF NORVASC AS A MEDICATION USED IN TREATING HIGH BLOOD PRESSURE IN ORDER TO PREVENT STROKE, HEART ATTACK, AND KIDNEY PROBLEMS, IT WORKS BY RELAXING THE BLOOD VESSELS SO BLOOD CAN FLOW MORE EASILY. SN EDUCATED PT ON MEASURES TO CONTROL HIGH BLOOD PRESSURE INCLUDE TAKING MEDS EXACTLY AS PRESCRIBED, AVOID FOODS THAT ARE HIGH IN SODIUM / SATURATED FAT, AND LOOSE SOME WEIGHT IN ORDER TO BRING BLOOD PRESSURE TO WNL. PT VERBALIZED UNDERSTANDING.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 124 TO 139 AND DIASTOLIC FROM 70 TO 88. PULSE HAS BEEN IRREGULAR, HAS RANGED FROM 77 TO 89WITHIN PAST 60 DAYS. RESP HAS RANGED FROM 16 TO 20 WITHIN PAST 60 DAYS. PATIENT IS INCONTINENT OF BOWEL, BLADDER 70% OF THE TIME..
22	Goals/Rehabilitation Potential/Discharge Plans 5. BRONCHITIS WILL BE CONTROLLED WITH TREATMENT IN 60DAYS 6. NO SKIN BREAKDOWN IN 60 DAYS. 7. SPECIFIC GOALS TO FOLLOW 8. D/C TO FAMILY UNDER MD SUPERVISION WHEN GOALS MET REHAB POTENTIAL:GOOD.
	16. Functional Limitations (Expand From 485 and Level of ADL) Reason Homebound/Prior Functional Status 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. PRIOR FUNCTIONAL STATUS INCREASED DEPENDENCE WITH ADL'S, HAD PROGRESSIVE DEBILITATION.
	17. Supplementary Plan of Care of File from Physician Other than Referring Physician: No
	18. Unusual Home/Social Environment: OTHER GRANDAUTHER ASSISTS PT WITH ADLS.
18a	Functional Limitations, Others Visual Impairment Requires max. assistance/taxing effort to leave home
18b	Activities Permitted, Others Unable to leave home unassisted R/A c Ambulation HOSPITAL BED
19	Mental Status, Others Confusion

9. Signature of Physician	10. Date
S. Kotha M.D	12/13/2012
11.Optional Name/Signature of Nurse/Therapist	**12. Date**
[illegible]	10/31/2012