Naaman Community Health Services, Inc.
115 Executive Way
Desoto, Texas 75115
Phone (972) 224-1633/Fax (972) 224-1647

LC 12/4/13

NAAMAN COMMUNITY HEALTH SERVICES, INC

Fax

To: Sumana Ketha

From: Alexis Bufford.

Phone: (972) 675-7313.

Pages: (21)

Fax: (972) 675-7310

Date: 12/03/2013

RE: Alene Harris.

CC: Dedeers / Correction

__ Urgent __ For Review __ Please Comment __ Please Reply __ Please Recycle

Comments:

This fax is confidential information and is intended for stated recipient only. IF received in error please disregard and or shred.

Physician Order: 12/02/2013
Patient: HARRIS, ALENE (003435)
Order #112295646
Date Received:

Naaman Community Health Services
115 Executive Way
Desoto, TX, 75115
Phone: (972) 224-1633 Fax: (972) 224-1647

Address: 800 RENNE DR
IRVING TX 75061

HIC#: 535345025D2
Phone: (972) 891 -4455
Date of Birth: 05/09/1934

Allergies: Allergic to:

NKA (Food/ Drug/ Latex)

Episode: 06/29/2013 - 08/27/2013

Diagnosis:	
Alzheimer's disease	331.0
Dementia w/o behav dist	294.10
Loc prim osteoart-1/leg	715.16

Physician: SUMANA KETHA
2925 Skyway Circle North
IRVING TX 75038

NPI: 1962447805
Phone: (972) 675-7313
Fax: (972) 675-7310

Orders:

OASIS REOPENED TO REFLECT SOC DATE CHANGED TO 11/01/2012 AND EPISODE DATE CHANGED TO 06/29/2013 TO 08/27/2013, SN FREQUENCY 1W9 EFFECTIVE WEEK OF 07/01/2013

Clinician Signature: Digitally Signed by: Olu Bakare (RN) ,	**Date** 12/02/2013
Clinician Co-Signature:	**Date**
Physician Signature: Sketha	**Date** 12/3/13

Physician Order: 12/02/2013
Patient: HARRIS, ALENE (003435)
Order #112294913
Date Received:

Naaman Community Health Services
115 Executive Way
Desoto, TX, 75115
Phone: (972) 224-1633 Fax: (972) 224-1647

Address: 800 RENNE DR
IRVING TX 75061

HIC#: 5353450250D2
Phone: (972) 891 -4455
Date of Birth: 05/09/1934

Allergies: Allergic to:

NKA (Food/ Drug/ Latex)

Episode: 04/30/2013 - 06/28/2013
Diagnosis: Alzheimer's disease 331.0
Dementia w/o behav dist 294.10
General osteoarthrosis 715.09

Physician: SUMANA KETHA
2925 Skyway Circle North
IRVING TX 75038

NPI: 1962447805
Phone: (972) 675-7313
Fax: (972) 675-7310

Orders:

OASIS REOPENED TO REFLECT SOC DATE CHANGED TO 11/01/2012 AND EPISODE DATE CHANGED TO 04/30/2013 TO 06/28/2013, SN FREQUENCY 1W8 EFFECTIVE WEEK OF 05/06/2013

Clinician Signature: Digitally Signed by: Olu Bakare (RN) ,	**Date** 12/02/2013
Clinician Co-Signature:	**Date**
Physician Signature: S. Ketha	**Date** 12/3/13

Physician Order: 12/02/2013
Patient: HARRIS, ALENE (003435)
Order #112294461
Date Received:

Naaman Community Health Services
115 Executive Way
Desoto, TX, 75115
Phone: (972) 224-1633 Fax: (972) 224-1647

Address: 800 RENNE DR
IRVING TX 75061

HIC#: 535345025D2
Phone: (972) 891 -4455
Date of Birth: 05/09/1934

Allergies: Allergic to:

NKA (Food/ Drug/ Latex)

Episode: 03/01/2013 - 04/29/2013

Diagnosis:

Osteoarthros NOS-l/leg	715.96
Difficulty in walking	719.7
Alzheimer's disease	331.0

Physician: SUMANA KETHA
2925 Skyway Circle North
IRVING TX 75038

NPI: 1962447805
Phone: (972) 675-7313
Fax: (972) 675-7310

Orders:

OASIS REOPENED TO REFLECT SOC DATE CHANGED TO 11/01/2012 AND EPISODE DATE CHANGED TO 03/01/2013 to 04/29/2013, SN FREQUENCY 1W9 EFFECTIVE WEEK OF 03/04/2013

Clinician Signature: Digitally Signed by: Olu Bakare (RN) ,	**Date** 12/02/2013
Clinician Co-Signature:	**Date**
Physician Signature: Sketha	**Date** 12/3/13

Physician Order: 12/02/2013
Patient: HARRIS, ALENE (003435)
Order #112294461
Date Received:

Naaman Community Health Services
115 Executive Way
Desoto, TX, 75115
Phone: (972) 224-1633 Fax: (972) 224-1647

Address: 800 RENNE DR
IRVING TX 75061

HIC#: 535345025D2
Phone: (972) 891 -4455
Date of Birth: 05/09/1934

Allergies: Allergic to:

NKA (Food/ Drug/ Latex)

Episode: 03/01/2013 - 04/29/2013

Diagnosis:

Osteoarthros NCS-1/leg	715.96
Difficulty in walking	719.7
Alzheimer's disease	331.0

Physician: SUMANA KETHA
2925 Skyway Circle North
IRVING TX 75038

NPI: 1962447805
Phone: (972) 675-7313
Fax: (972) 675-7310

Orders:

OASIS REOPENED TO REFLECT SOC DATE CHANGED TO 11/01/2012 AND EPISODE DATE CHANGED TO 03/01/2013 to 04/29/2013,SN FREQUENCY 1W9 EFFECTIVE WEEK OF 03/04/2013

Clinician Signature: Digitally Signed by: Olu Bakare (RN) ,	**Date** 12/02/2013
Clinician Co-Signature:	**Date**
Physician Signature: Sketha	**Date** 12/3/13

Physician Order: 12/02/2013
Patient: HARRIS, ALENE (003435)
Order #112291611
Date Received:

Naaman Community Health Services
115 Executive Way
Desoto, TX, 75115
Phone: (972) 224-1633 Fax: (972) 224-1647

Address: 800 RENNE DR
IRVING TX 75061

HIC#: 535345025D2
Phone: (972) 891 -4455
Date of Birth: 05/09/1934

Allergies: Allergic to:

NKA (Food/ Drug/ Latex)

Episode: 12/31/2012 - 02/28/2013

Diagnosis:

Alzheimer's disease	331.0
Dementia w/o behav dist	294.10
Osteoarthros NOS-unspec	715.90

Physician: SUMANA KETHA
2925 Skyway Circle North
IRVING TX 75038

NPI: 1962447805
Phone: (972) 675-7313
Fax: (972) 675-7310

Orders:

OASIS REOPENED TO REFLECT SOC DATE CHANGED TO 11/01/2012 AND EPISODE DATE CHANGED TO 12/31/2012 to 02/28/2013

Clinician Signature: Digitally signed by: Olu Bakare (RN) ,	**Date** 12/02/2013
Clinician Co-Signature:	**Date**
Physician Signature:	**Date** 12/3/13

Physician Order: 06/18/2013
Patient: HARRIS, ALENE (003435)
Order #100543516
Date Received:

Naaman Community Health Services
115 Executive Way
Desoto, TX, 75115
Phone: (972) 224-1633 Fax: (972) 224-1647

Address: 800 RENNE DR
IRVING TX 75061

HIC#: 535345025D2
Phone: (972) 891 -4455
Date of Birth: 05/09/1934

Allergies: Allergic to:

NKA (Food/ Drug/ Latex)

Episode: 06/29/2013 - 08/27/2013

Diagnosis:	
Alzheimer's disease	331.0
Dementia w/o behav dist	294.10
Loc prim osteoart-l/leg	715.16

Physician: SUMANA KETHA
2925 Skyway Circle North
IRVING TX 75038

NPI: 1962447805
Phone: (972) 675-7313
Fax: (972) 675-7310

Orders:

RECERTIFY PATIENT TO HOME HEALTH SERVICES FOR EPISODE 06/23/2013 TO 08/21/2013. SN FREQUENCY: 1W9.
SN TO ASSESS AND OBSERVE PATIENT'S CLINICAL STATUS AND REPORT FINDINGS TO PHYSICIAN.

Clinician Signature:	**Date**
Digitally signed by: Eileen Victor (RN) ,	06/18/2013
Clinician Co-Signature:	**Date**
Physician Signature:	**Date**
	12/3/13

Physician Order: 04/22/2013
Patient: HARRIS, ALENE (003435)
Order #83553392
Date Received:

Naaman Community Health Services
115 Executive Way
Desoto, TX, 75115
Phone: (972) 224-1633 Fax: (972) 224-1647

Address: 800 RENNE DR
IRVING TX 75061

HIC#: 535345025D2
Phone: (972) 891 -4455
Date of Birth: 05/09/1934

Allergies: ☐ Allergic to:

☐ NKA (Food/ Drug/ Latex)

Episode: 04/30/2013 - 06/28/2013
Diagnosis:

Alzheimer's disease	331.0
Dementia w/o behav dist	294.10
General osteoarthrosis	715.09

Physician: SUMANA KETHA
2925 Skyway Circle North
IRVING TX 75030

NPI: 1962447805
Phone: (972) 675-7313
Fax: (972) 675-7310

Orders:

RECERTIFY PATIENT TO HOME HEALTH SERVICES FOR EPISODE_04/24/2013_____TO 06/22/2013_____. SN FREQUENCY:_1W9_____.
SN TO ASSESS AND OBSERVE PATIENT'S CLINICAL STATUS AND REPORT FINDINGS TO PHYSICIAN.PRIMARY CARE TO ASSIST WITH ADL'S AND PERSONAL CARE

Clinician Signature: Digitally signed by: Eileen Victor (RN) ,	**Date** 04/22/2013
Clinician Co-Signature:	**Date**
Physician Signature: Sketha	**Date** 12/3/13

Physician Order: 02/18/2013
Patient: HARRIS, ALENE (003435)
Order #76341385
Date Received:

Naaman Community Health Services
115 Executive Way
Desoto, TX, 75115
Phone: (972) 224-1633 Fax: (972) 224-1647

Address: 800 RENNE DR
IRVING TX 75061

HIC#: 535345025D2
Phone: (972) 891 -4455
Date of Birth: 05/09/1934

Allergies: Allergic to:

NKA (Food/ Drug/ Latex)

Episode: 03/01/2013 - 04/29/2013
Diagnosis: Osteoarthros NOS-1/leg 715.96
Difficulty in walking 719.7
Alzheimer's disease 331.0

Physician: SUMANA KETHA
2925 Skyway Circle North
IRVING TX 75038

NPI: 1962447805
Phone: (972) 675-7313
Fax: (972) 675-7310

Orders:

RECERTIFY PATIENT TO HOME HEALTH SERVICES FOR EPISODE____02/23/2013_____TO _04/23/2013_____. SN FREQUENCY:__1W9_____.PRIMARY CARE TO ASSIST WITH ADL'S AND PERSONAL CARE.
SN TO ASSESS AND OBSERVE PATIENT'S CLINICAL STATUS AND REPORT FINDINGS TO PHYSICIAN.

Clinician Signature: Digitally Signed by: Eileen Victor (RN) ,	**Date** 02/18/2013
Clinician Co-Signature:	**Date**
Physician Signature: S. Ketha	**Date** 12/3/13

Department of Health and Human Services Health Care Financing Administration

Form Approved OHB No. 0938-0357

Order Number# 100543496

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.
535345025D2	10/26/2012	From: 06/23/2013 To: 08/21/2013	003435	1548382989

6. Patient's Name and Address
HARRIS, ALENE
800 RENNE DR
IRVING, TX 75061 (972) 891-4455

7. Provider's Name, Address and Telephone Number
Naaman Community Health Services
115 Executive Way
Desoto, TX 75115
Phone: (972) 224-1633
Fax: (972) 224-1647

8. Date of Birth: 05/09/1934

9. Sex ☐ M ☑ F

11. ICD-9-CM	Principal Diagnosis	Date
331.0	Alzheimer's disease (E)	06/18/2013
12. ICD-9-CM	Surgical Procedure	Date
N/A		
13. ICD-9-CM	Other Pertinent Diagnosis	Date
294.10	Dementia w/o behav dist (E)	06/18/2013
715.16	Loc prim osteoart-l/leg (E)	05/08/2013
530.81	Esophageal reflux (E)	05/28/2013
369.20	Low vision, 2 eyes NOS (E)	10/26/2012

10. Medications: Dose/Freq./Route (N)ew (C)hanged
AFAREJUVI CAPSULES 2 CAPS QD/PO
AMLODIPINE 10 MG TAB 1 TAB PO DAILY FOR BP
ASPIR-LOW 81 MG TAB 1 TAB PO DAILY
CALCIUM 600MG TWICE WEEK/PO FOUND IN HOME
HYDROCODONE W/ACET 5/500 MG TAB 1 TAB PO Q 4 HRS PRN PAIN
Continued on 487

14. DME and Supplies
Probe Covers. Cane. Exam Gloves. Chux/Underpads. Walker.

15. Safety measures
Keep Pathway Clear. Use of Assistive Devices. Slow Position Change. Emergency Plan Developed.

16. Nutritional Requirements
Heart Healthy. Low Cholesterol. Low Fat.

17. Allergies
NKA (Food / Drug / Latex / Environmental)

18.A. Functional Limitations
1. ☐ Amputation 2. ☐ Paralysis 3. ☐ Legally Blind
4. ☑ Bowel/Bladder Incontinence 5. ☑ Endurance 6. ☑ Dyspnea
7. ☐ Contracture 8. ☑ Ambulation 9. ☐ Hearing
A. ☐ Speech B. ☐ Other

18.B. Activities Permitted
1. ☐ Complete bed rest 2. ☑ Up as tolerated 3. ☐ Exercise prescribed
4. ☐ Independent at home 5. ☑ Cane 6. ☑ Walker
7. ☐ Bed rest with BRP 8. ☐ Transfer bed-chair 9. ☐ Partial weight bearing
A. ☐ Crutches B. ☐ Wheelchair
C. ☐ Other (specify):

19. Mental Status 1. ☐ Oriented 2. ☐ Comatose 3. ☑ Forgetful 4. ☐ Agitated
5. ☐ Depressed 6. ☑ Disoriented 7. ☐ Lethargic 8. ☐ Other 9. Additional Orders: ALZHEIMERS/DEMENTIA HX OF DEPRESSION

20. Prognosis ☐ Guarded ☐ Poor ☑ Fair ☐ Good ☐ Excellent

21. Orders for Discipline and Treatments (Specify Amount/ Frequency/ Duration)
SN Frequency: 1WK9.
PRIMARY CARE TO ASSIST WITH ADL'S AND PERSONAL CARE..
Assessment of patient with Alzheimer's disease,Dementia w/o behav dist,Loc prim osteoart-l/leg,Esophageal reflux,Low vision, 2 eyes NOS,Benign hypertension,Recurr depr psychos-unsp,Urinary incontinence NOS,Hyperlipidemia NEC/NOS.
Is the Patient DNR (Do Not Resuscitate)? Yes. TRIAGE 3 DISASTER 3
Homebound Status: Confusion, unsafe to go out of home alone,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.

22. Goals/ Rehabilitation Potential/ Discharge Plans
The patient will have no hospitalizations during the certification period.
The Patient/Caregiver will verbalize understanding of individualized emergency plan by: .
PAIN WILL NOT INTERFERE WITH DAILY ACTIVITIES.
Patient skin integrity will remain intact during this episode.
Patient will be free from signs and symptoms of respiratory distress during the episode .
Patient and caregiver will verbalize an understanding of factors that contribute to shortness of breath by: 07/18/2013.
Patient will verbalize an understanding of energy conserving measures by: 07/18/2013.
Patient's blood pressure will remain within established parameters during the episode.

23. Nurse Signature and Date of Verbal SOC Where Applicable
Digitally signed by: Eileen Victor (RN) , 06/18/2013

25. Date HHA Received Signed POT

24. Physician's Name and Address
SUMANA KETHA
2925 Skyway Circle North IRVING TX 75038-
(972) 675-7313 Phone NPI: 1962447805
(972) 675-7310 Facsimile UPIN: G86756

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 continue 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
12/3/13

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.

Form CMS-485 (U4) (2-94)

Department of Health and Human Services Health Care Financing Administration

Form Approved OHB No. 0938-0357

Order Number# 100543496

Addendum to Plan of Care

1. Patient's HI Claim No.	2. Start of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
535345025D2	10/26/2012	From: 06/23/2013 To: 08/21/2013	003435	1548382989

6. Patient's Name
HARRIS, ALENE

7. Provider's Name
Naaman Community Health Services

10. Medications

METOPROLOL TARTRATE 50 MG TAB 1 TAB PO DAILY FOR BP
NAMENDA 10 MG TABLET 1 TAB PO BID FOR ALZHEIMER'S
NITROSTAT 0.4 MG TABLET SL 1 TAB PO Q 5 MINUTES X 3 DOSES PRN CHEST PAIN, CALL 911 IF UNRELIEVED AFTER 3 DOSES
SIMETHICONE 80 MG TAB CHEW TID/PO PRN GAS(FOUND IN HOME)
SIMVASTATIN 20 MG TAB 1 TAB PO DAILY FOR CHOLESTEROL
TRAZODONE 50 MG TABLET 1 TAB PO AT BEDTIME FOR SLEEP
VIT D 400 IU QD/PO FOUND IN HOME
OMEPRAZOLE 20 MG CAPSULE DR QD/PO

13. Other Pertinent Diagnosis

401.1	Benign hypertension (E)	05/28/2013
296.30	Recurr depr psychos-unsp (E)	10/26/2012
788.30	Urinary incontinence NOS (E)	04/22/2013
272.4	Hyperlipidemia NEC/NOS (E)	10/26/2012

15. Safety Measures

Safety in ADLs. Proper Position During Meals. Support During Transfer and Ambulation. Fall Precautions. Standard Precautions/Infection Control

21. Orders

Notify physician of: Temperature greater than (>) 101 or less than (<) 96.
Pulse greater than (>) 100 or less than (<) 60.
Respirations greater than (>) 24 or less than (<) 13.
Systolic BP greater than (>) 160 or less than (<) 90.
Diastolic BP greater than (>)90 or less than (<) 60.
Weight greater than (>) 5LB/W lbs or less than (<) 5LB/W lbs.
SN to assist patient to obtain ERS button.
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 control.
SN to instruct patient on nonpharmacologic pain relief measures, including relaxation techniques, massage, stretching, positioning, and/or hot/cold packs.
SN to assess skin for breakdown every visit.
SN to assess O2 saturation on room air (freq)PRN.
SN to instruct the Patient/Caregiver or factors that contribute to SOB, including avoiding outdoors on poor air quality days. Avoid leaving windows open when outside temperature is above .
SN to instruct patient on energy conserving measures including frequent rest periods, small frequent meals, avoiding large meals/overeating, controlling stress .
SN to assess patient's weight log every visit.
SN to instruct patient when (s)he starts feeling chest pain, tightness, or squeezing in the chest to take nitroglycerin. Patient may take nitroglycerin one time every 5 minutes. If no relief after 3 doses, call 911 .
SN to instruct the patient the following symptoms could be signs of a heart attack: chest discomfort, discomfort in one or both arms, back, neck, jaw, stomach, shortness of breath, cold sweat, nausea, or dizziness. Instruct patient on signs and symptoms that necessitate calling 911.
SN to instruct the Patient/Caregiver on signs/symptoms of UTI to report to MD/SN. SN may obtain urinalysis and urine culture & sensitivity (C&S) test as needed for signs/symptoms of UTI, to include pain, foul odor, cloudy or blood-tinged urine and fever.
SN to instruct Patient/Caregiver on THERAPEUTIC diet.
SN to assess patient for diet compliance.

9. Signature of Physician
Sikeha

10. Date
12/3/13

11. Optional Name/ Signature of Nurse/ Therapist
Digitally Signed by: Eileen Victor (RN) ,

12. Date
06/18/2013

Form HCFA-487 (C4) (4-87)

Department of Health and Human Services Health Care Financing Administration

Form Approved OHB No. 0938-0357

Order Number# 100543496

Addendum to Plan of Care

1. Patient's HI Claim No.	2. Start of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
535345025D2	10/26/2012	From: 06/23/2013 To: 08/21/2013	003435	1548382989

6. Patient's Name	7. Provider's Name
HARRIS, ALENE	Naaman Community Health Services

21. Orders

SN to assess for changes in neurological status every visit.
SN to assess patient's communication skills every visit.
SN to instruct caregiver on orientation techniques to use when patient becomes disoriented.
SN to assess for patient adherence to appropriate activity levels.
CG REFUSES PHYSICAL THERAPY D/T PT MENTAL CAPACITY.
SN to instruct patient to wear proper footwear when ambulating.
SN to instruct patient to use prescribed assistive device when ambulating.
SN to instruct patient to change positions slowly.
SN to instruct the Patient/Caregiver to remove clutter from patient's path such as clothes, books, shoes, electrical cords, or other items that may cause patient to trip.
ADDITIONAL ORDERS: The agency may receive orders from consulting physicians. Pursuant to federal regulations a RN will make visits as needed to conduct OASIS assessments and HHA supervisory visits within federally required time frames. In the interest of efficiency and cost effective use of Medicare funds the HHA supervisory visit may be coupled with an OASIS visit which may mean that the supervisory visit may be >14 days. A patient that enters a facility for emergent/non-emergent care for >23 hours will be placed on hold. If the patient remains in the facility past the end of the episode of care the patient will be discharged. When the patient is discharged from the facility the agency may re-evaluate and may admit/re-admit for home health services. Physician discharge summary available upon request..
SN to determine if the Patient/Caregiver is able to identify the correct dose, route, and frequency of each 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 interactions.
SN to instruct the Patient/Caregiver on medication side effects to report to SN or physician.

22. Goals

Patient's pulse will remain within established parameters during the episode.
Patient will be without signs/symptoms of UTI (pain, foul odor, cloudy or blood-tinged urine and fever) during this episode.
Patient will maintain THEREPEUTIC diet compliance during the episode.
Patient will remain free from increased confusion during the episode.
Caregiver will verbalize understanding of proper orientation techniques to use when patient becomes disoriented.
The Patient/Caregiverwill demonstrate proper ROM exercise and body alignment techniques.
PRIMARY CARE TO ASSIST WITH ADL'S AND PERONAL CARE.
The patient will be free from injury during the certification period.
Patient will remain free of adverse medication reactions during the episode.
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.
Discharge when goals met.
60 DAY SUMMARY SOC Date: 10 / 26 / 2012 Episode: 04 / 24 / 2013 TO 06 / 22 / 203
Services Provided: [X]SN [X] PAC
Primary Diagnosis: ALZHEIMERS DISEASE Secondary Diagnosis:DEMENTIA
Current Condition: [X] Unstable
Comments: ELDERLY FEMALE WITH ALZHEIMERS/DEMENTIA ORIENTED TO NAME WITH FREQUENT REORIENTATION NEEDED.CG WITH C/O "SHE'S GETTING WORSE' PT W/O BEHAVIORAL PROBLEMS,PT WITH VISIT TO ER FOR C/O ABDOMINAL DISCOMFORT NO NEW MEDS OR ORDERS OBTAINED PER CG STATES "ITS ACID REFLUX LIKE BEFORE ,SHE HAS TO SIT UP AT LEAST ONE HOUR AFTER EATING"PT WITH FREQUWNT C/O KNEE DISCOMFORT.
Specific and Measurable Information on Condition: ,
PHYSICAN CLINICAL DATA INFORMATION AND NURSING THERAPY PLAN
Below describe treatments, interventions provided by each servic
SN:PROVIDE SKILLED INSTRUCTIONS AND SKILLED INTERVENTIONS REPORT ABNORMAL FINDINGS TO MD

9. Signature of Physician	10. Date
S. Kalh 12/3/13	
11. Optional Name/ Signature of Nurse/ Therapist	**12. Date**
Digitally signed by: Eileen Victor (RN) ,	06/18/2013

Department of Health and Human Services Health Care Financing Administration

Form Approved OHB No. 0938-0357

Order Number# 100543496

Addendum to Plan of Care

1. Patient's HI Claim No.	2. Start of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
535345025D2	10/26/2012	From: 06/23/2013 To: 08/21/2013	003435	1548382989

6. Patient's Name	7. Provider's Name
HARRIS, ALENE	Naaman Community Health Services

22. Goals

PAC:ASSIST WITH ADL'S AND PERSONAL CARE
Hospitalizations this Episode: X[ ] N/A
Vital Sign Ranges this Episode:
BP: 128/77 to 152/64

Temp: 96/1 to 98.2
Pulse: 62 to 82
Resp: 18 to 20
Wts: to
Frequency/Treatment Order Changes: NA
New Problems Identified: [X] No [ ]Yes (Specify):
Any Unusual Occurrences: NA .
Functional Limitations: [ ]Amputation [ ]Paralysis [ ]Bowel Incontinence [X]Bladder Incontinence [ ]
Endurance [X]Dyspnea with min. exertion

[ ] Contractures [X] Ambulation [ ] Other:
Homebound Status related to Primary Diagnosis:RESIDUAL WEAKNESS,CONFUSION,UNABLE TO SAFELY LEAVE HOME UNASSISTED .
Lab Results: [ ] None [X] Yes (Specify): PER PCP .
Pain level (scale 1-10) - Management and effectiveness of Meds/Treatment(s)34/10 HYDROCODONE 5/500MG PO Q4H PRN PAIN .
Pain related to:OSTEOARTHRITIS
New and Changed Medications [X] None [ ] Yes (Specify):
Patient or Caregiver Knowledge deficit of Disease of Medical Regimen (Specify): KNOWLEDGE DEFICIT R/T DISEASE PROCESS AND MEDICATION
.
Last Physician Visit: / / Next Scheduled Visit: / /

9. Signature of Physician	10. Date
S Patha	12/3/13
11. Optional Name/ Signature of Nurse/ Therapist	**12. Date**
Digitally Signed by: Eileen Victor (RN) ,	06/18/2013

Form CMS-487 (C4) (4-87)

Department of Health and Human Services Health Care Financing Administration

Form Approved OHB No. 0938-0357

Order Number# 83553391

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.
535345025D2	10/26/2012	From: 04/24/2013 To: 06/22/2013	003435	1548382989

6. Patient's Name and Address
HARRIS, ALENE
800 RENNE DR
IRVING, TX 75061 (972) 891-4455

7. Provider's Name, Address and Telephone Number
Naaman Community Health Services
115 Executive Way
Desoto, TX 75115
Phone: (972) 224-1633
Fax: (972) 224-1647

8. Date of Birth: 05/09/1934

9. Sex: M ☑ F

10. Medications: Dose/Freq./Route (N)ew (C)hanged
AFAREJUVI CAPSULES 2 CAPS QD/PO
AMLODIPINE 10 MG TAB 1 TAB PO DAILY FOR BP
ASPIR-LOW 81 MG TAB 1 TAB PO DAILY
CALCIUM 600MG TWICE WEEK/PO FOUND IN HOME
HYDROCODONE W/ACET 5/500 MG TAB 1 TAB PO Q 4 HRS PRN PAIN
Continued on 487

11. ICD-9-CM	Principal Diagnosis	Date
331.0	Alzheimer's disease (E)	04/22/2013

12. ICD-9-CM	Surgical Procedure	Date
N/A		

13. ICD-9-CM	Other Pertinent Diagnosis	Date
294.10	Dementia w/o behav dist (E)	04/22/2013
715.09	General osteoarthrosis (E)	04/09/2013
530.81	Esophageal reflux (E)	04/16/2013
401.9	Hypertension NOS (E)	03/12/2013

14. DME and Supplies
Probe Covers. Cane. Walker. , NON STERILE GLOVES

15. Safety measures
Keep Pathway Clear. Use of Assistive Devices. Slow Position Change. Emergency Plan Developed.

16. Nutritional Requirements
Heart Healthy. Low Cholesterol. Low Fat.

17. Allergies
NKA (Food / Drug / Latex / Environmental)

18.A. Functional Limitations
1. ☐ Amputation 2. ☐ Paralysis 3. ☐ Legally Blind
4. ☑ Bowel/Bladder Incontinence 5. ☑ Endurance 6. ☑ Dyspnea
7. ☐ Contracture 8. ☑ Ambulation 9. ☐ Hearing
A. ☐ Speech B. ☐ Other

18.B. Activities Permitted
1. ☐ Complete bed rest 2. ☑ Up as tolerated 3. ☐ Exercise prescribed
4. ☐ Independent at home 5. ☑ Cane 6. ☑ Walker
7. ☐ Bed rest with BRP 8. ☐ Transfer bed-chair 9. ☐ Partial weight bearing
A. ☐ Crutches B. ☐ Wheelchair
C. ☐ Other (specify):

19. Mental Status 1. ☐ Oriented 2. ☐ Comatose 3. ☑ Forgetful 4. ☐ Agitated
5. ☐ Depressed 6. ☑ Disoriented 7. ☐ Lethargic 8. ☐ Other 9. Additional Orders: ALZHEIMERS/DEMENTIA HX OF DEPRESSION

20. Prognosis ☐ Guarded ☐ Poor ☑ Fair ☐ Good ☐ Excellent

21. Orders for Discipline and Treatments (Specify Amount/ Frequency/ Duration)
SN Frequency: 1WK9.
PRIMARY CARE TO ASSIST WITH ADL'S AND PERSONAL CARE..
Assessment of patient with Alzheimer's disease,Dementia w/o behav dist,General osteoarthrosis,Esophageal reflux,Hypertension NOS,Low vision, 2 eyes NOS,Recurr depr psychos-unsp,Urinary incontinence NOS,Hyperlipidemia NEC/NOS.
Is the Patient DNR (Do Not Resuscitate)?YES TRIAGE 3 DISEASTER 3 Homebound Status: Confusion, unsafe to go out of home alone,Requires max assistance/taxing effort to leave home,Residual weakness,Unable to safely leave home unassisted,Need assistance for all

22. Goals/ Rehabilitation Potential/ Discharge Plans
The patient will have no hospitalizations during the certification period.
The Patient/Caregiver will verbalize understanding of individualized emergency plan by: 05/22/2013.
PAIN WILL NOT INTERFERE WITH DAILY ACTIVITIES.
Patient skin integrity will remain intact during this episode.
Patient will be free from signs and symptoms of respiratory distress during the episode .
Patient's blood pressure will remain within established parameters during the episode.
Patient's pulse will remain within established parameters during the episode.
Patient will be without signs/symptoms of UTI (pain, foul odor, cloudy or blood-tinged urine and fever) during this episode.

23. Nurse Signature and Date of Verbal SOC Where Applicable
Digitally Signed by: Eileen Victor (RN) , 04/22/2013

25. Date HHA Received Signed POT

24. Physician's Name and Address
SUMANA KETHA
2925 Skyway Circle North IRVING TX 75038
(972) 675-7313 Phone NPI: 1962447805
(972) 675-7310 Facsimile UPIN: G86756

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 continue 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
Sketh 12/3/13

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.

Form CMS-485 (U4) (2-94)

Department of Health and Human Services Health Care Financing Administration

Form Approved OHB No. 0938-0357

Order Number# 83553391

Addendum to Plan of Care

1. Patient's HI Claim No.	2. Start of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
535345025D2	10/26/2012	From: 04/24/2013 To: 06/22/2013	003435	1548382989

6. Patient's Name
HARRIS, ALENE

7. Provider's Name
Naaman Community Health Services

10. Medications

METOPROLOL TARTRATE 50 MG TAB 1 TAB PO DAILY FOR BP
NAMENDA 10 MG TABLET 1 TAB PO BID FOR ALZHEIMER'S
NITROSTAT 0.4 MG TABLET SL 1 TAB PO Q 5 MINUTES X 3 DOSES PRN CHEST PAIN, CALL 911 IF UNRELIEVED AFTER 3 DOSES
SIMETHICONE 80 MG TAB CHEW TID/PO PRN GAS(FOUND IN HOME)
SIMVASTATIN 20 MG TAB 1 TAB PO DAILY FOR CHOLESTEROL
TRAZODONE 50 MG TABLET 1 TAB PO AT BEDTIME FOR SLEEP
VIT D 400 IU QD/PO FOUND IN HOME
OMEPRAZOLE 20 MG CAPSULE DR QD/PO

13. Other Pertinent Diagnosis

369.20	Low vision, 2 eyes NOS (E)	10/26/2012
296.30	Recurr depr psychos-unsp (E)	10/26/2013
788.30	Urinary incontinence NOS (E)	04/22/2013
272.4	Hyperlipidemia NEC/NOS (E)	10/26/2012

15. Safety Measures

Safety in ADLs. Proper Position During Meals. Support During Transfer and Ambulation. Fall Precautions. Standard Precautions/Infection Control

21. Orders

activities,Severe SOB or SOB upon exertion.
Notify physician of: Temperature greater than (>) 101 or less than (<) 96.
Pulse greater than (>) 100 or less than (<) 60.
Respirations greater than (>) 24 or less than (<) 13.
Systolic BP greater than (>) 160 or less than (<) 90.
Diastolic BP greater than (>)90 or less than (<) 60.
Weight greater than (>) 5LB/W lbs or less than (<) 5LB/W lbs.
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 on nonpharmacologic pain relief measures, including relaxation techniques, massage, stretching, positioning, and/or hot/cold packs.
SN to assess skin for breakdown every visit.
SN to instruct patient on energy conserving measures including frequent rest periods, small frequent meals, avoiding large meals/overeating, controlling stress .
SN to assess patient's weight log every visit.
SN to instruct patient when (s)he starts feeling chest pain, tightness, or squeezing in the chest to take nitroglycerin. Patient may take nitroglycerin one time every 5 minutes. If no relief after 3 doses, call 911 .
SN to instruct the patient the following symptoms could be signs of a heart attack: chest discomfort, discomfort in one or both arms, back, neck, jaw, stomach, shortness of breath, cold sweat, nausea, or dizziness. Instruct patient on signs and symptoms that necessitate calling 911.
SN to instruct the Patient/Caregiver on signs/symptoms of UTI to report to MD/SN. SN may obtain urinalysis and urine culture & sensitivity (C&S) test as needed for signs/symptoms of UTI, to include pain, foul odor, cloudy or blood-tinged urine and fever.
SN to instruct Patient/Caregiver on THERAPEUTIC diet.
SN to assess for changes in neurological status every visit.
SN to assess patient's communication skills every visit.
SN to instruct caregiver on orientation techniques to use when patient becomes disoriented.
SN to assess for patient adherence to appropriate activity levels.
SN to instruct patient to wear proper footwear when ambulating.
SN to instruct patient to use prescribed assistive device when ambulating.

9. Signature of Physician
S. Keith 12/3/13

10. Date

11. Optional Name/ Signature of Nurse/ Therapist
Digitally Signed by: Eileen Victor (RN) ,

12. Date
04/22/2013

Form HCFA-487 (C4) (4-87)

Department of Health and Human Services Health Care Financing Administration

Form Approved OMB No. 0938-0357

Order Number# 83553391

Addendum to Plan of Care

1. Patient's HI Claim No.	2. Start of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
535345025D2	10/26/2012	From: 04/24/2013 To: 06/22/2013	003435	1548382989

6. Patient's Name	7. Provider's Name
HARRIS, ALENE	Naaman Community Health Services

21. Orders

SN to instruct patient to change positions slowly.
SN to instruct the Patient/Caregiver to remove clutter from patient's path such as clothes, books, shoes, electrical cords, or other items that may cause patient to trip.
ADDITIONAL ORDERS: The agency may receive orders from consulting physicians. Pursuant to federal regulations a RN will make visits as needed to conduct OASIS assessments and HHA supervisory visits within federally required time frames. In the interest of efficiency and cost effective use of Medicare funds the HHA supervisory visit may be coupled with an OASIS visit which may mean that the supervisory visit may be >14 days. A patient that enters a facility for emergent/non-emergent care for >23 hours will be placed on hold. If the patient remains in the facility past the end of the episode of care the patient will be discharged. When the patient is discharged from the facility the agency may re-evaluate and may admit/re-admit for home health services. Physician discharge summary available upon request..
SN to determine if the Patient/Caregiver is able to identify the correct dose, route, and frequency of each medication.
SN to assess if the Patient/Caregiver can verbalize an understanding of the indication for each medication.
SN to instruct the Patient/Caregiver or medication regimen dose, indications, side effects, and interactions.
SN to instruct the Patient/Caregiver on medication side effects to report to SN or physician.

22. Goals

Patient will maintain THEREPEUTIC diet compliance during the episode.
Patient will remain free from increased confusion during the episode.
Caregiver will verbalize understanding of proper orientation techniques to use when patient becomes disoriented.
The Patient/Caregiverwill demonstrate proper ROM exercise and body alignment techniques.
PRIMARY CARE TO ASSIST WITH ADL'S AND PERONAL CARE.
The patient will be free from injury during the certification period.
Patient will remain free of adverse medication reactions during the episode.
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.
Discharge when goals met.
60 DAY SUMMARY SOC Date: 10 / 26 / 2012 Episode: 02 / 23 / 2013 TO 04 / 23 / 2013
Services Provided: [X]SN [ ] HHA
Primary Diagnosis: OSTEOARTHRITIS Secondary Diagnosis:DIFFICULTY IN WALKING
Current Condition: [X] Unstable
Comments:ELDERLY FEMALE WITH HX OF ALZHEIMERS/DEMENTIA WITH CG C/O PT" GETTING WORST"PT WITH REPEATIVE QUESTIONS REQUIRING FREQUENT RE DIRECTIONS.PT WITH FORGETFULNESS ,COOPERATIVE WITH CARE.PT WITH FREQUENT C/O BACK AND KNEE DISCOMFORT AND WEAKNESS,RELIEVED WITH HYDROCODONE 5/500MG PO.
Specific and Measurable Information on Condition: ,
PHYSICAN CLINICAL DATA INFORMATION AND NURSING THERAPY PLAN
Below describe treatments, interventions provided by each service
SN:PROVIDE INSTRUCTIONS AND INTERVENTIONS ,REPORT ABNORMAL FINDINGS TO MD
PRIMARY CARE TO ASSIST WITH ADL'S AND PERSONAL CARE
:
Hospitalizations this Episode: [X] N/A
Vital Sign Ranges this Episode:
BP: 110/72 to 158/84

Temp:96.2 to 98.2
Pulse: 64 to 84
Resp:18 to 20

9. Signature of Physician	10. Date
S Kaffu	12/3/13
11. Optional Name/ Signature of Nurse/ Therapist	**12. Date**
Digitally Signed by: Eileen Victor (RN) ,	04/22/2013

Form CMS-487 (C4) (4-87)

Department of Health and Human Services Health Care Financing Administration

Form Approved OHB No. 0938-0357

Order Number# 03553391

Addendum to Plan of Care

1. Patient's HI Claim No.	2. Start of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
535345025D2	10/26/2012	From: 04/24/2013 To: 06/22/2013	003435	1548382989

6. Patient's Name	7. Provider's Name
HARRIS, ALENE	Naaman Community Health Services

22. Goals

Wts: 175
Frequency/Treatment Order Changes: NA
New Problems Identified: [X] No [ ]Yes (Specify):
Any Unusual Occurrences: .
Functional Limitations: [ ]Amputation [ ]Paralysis [ ]Bowel Incontinence [X]Bladder Incontinence
[X]Endurance [ ]Dyspnea with min. exertion

[ ] Contractures [X] Ambulation [ ] Other:
Homebound Status related to Primary Diagnosis: UNABLE TO SAFELY LEAVE HOME UNASSISTED.RESIDUAL WEAKNESS ,CONFUSION .
Lab Results: [ ] None [X] Yes (Specify): PER PCP .
Pain level (scale 1-10) - Management and effectiveness of Meds/Treatment(s): 2-4/10 HYDROCODONE 5/500MG PO .
Pain related to:DJD/ARTHRITIS
New and Changed Medications [ ] None [X] Yes (Specify): FOUND IN HOME
1. SIMETHICONE 80 MG PO TID PRN GAS [X]N
Patient or Caregiver Knowledge deficit of Disease of Medical Regimen (Specify): KNOWLEDGE DEFICIT R/T DISEASE PROCESS &PROGRESSION,MEDICATIONS
.
Last Physician Visit: 04 / 16 / 2013

9. Signature of Physician	10. Date
Sicath	12/3/13
11. Optional Name/ Signature of Nurse/ Therapist	**12. Date**
Digitally Signed by: Eileen Victor (RN) ,	04/22/2013

Form CMS-487 (C4) (4-87)

Department of Health and Human Services Health Care Financing Administration

Form Approved OHB No. 0938-0357

Order Number# 76341383

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.
535345025D2	10/26/2012	From: 02/23/2013 To: 04/23/2013	003435	1548382989

6. Patient's Name and Address
HARRIS, ALENE
800 RENNE DR
IRVING, TX 75061 (972) 891-4455

7. Provider's Name, Address and Telephone Number
Naaman Community Health Services
115 Executive Way
Desoto, TX 75115
Phone: (972) 224-1633
Fax: (972) 224-1647

8. Date of Birth: 05/09/1934

9. Sex: M ☑ F

11. ICD-9-CM	Principal Diagnosis	Date
715.96	Osteoarthros NOS-l/leg (E)	02/12/2013
12. ICD-9-CM	Surgical Procedure	Date
N/A		
13. ICD-9-CM	Other Pertinent Diagnosis	Date
719.7	Difficulty in walking (E)	02/12/2013
331.0	Alzheimer's disease (E)	02/18/2013
294.20	Demen NOS w/o behv dstrb (E)	02/18/2013
530.81	Esophageal reflux (E)	01/31/2013

10. Medications: Dose/Freq./Route (N)ew (C)hanged
AFAREJUVI CAPSULES 2 CAPS QD/PO
AMLODIPINE 10 MG TAB 1 TAB PO DAILY FOR BP
ASPIR-LOW 81 MG TAB 1 TAB PO DAILY
CALCIUM 600MG TWICE WEEK/PO FOUND IN HOME
HYDROCODONE W/ACET 5/500 MG TAB 1 TAB PO Q 4 HRS PRN PAIN
Continued on 487

14. DME and Supplies
Probe Covers. Walker. , NON STERILE GLOVES

15. Safety measures
Keep Pathway Clear. Use of Assistive Devices. Slow Position Change. Emergency Plan Developed.

16. Nutritional Requirements
Heart Healthy. Low Cholesterol. Low Fat.

17. Allergies
NKA (Food / Drug / Latex / Environmental)

18.A. Functional Limitations
1. ☐ Amputation 2. ☐ Paralysis 3. ☐ Legally Blind
4. ☑ Bowel/Bladder Incontinence 5. ☑ Endurance 6. ☐ Dyspnea
7. ☐ Contracture 8. ☑ Ambulation 9. ☐ Hearing
A. ☐ Speech B. ☐ Other

18.B. Activities Permitted
1. ☐ Complete bed rest 2. ☑ Up as tolerated 3. ☐ Exercise prescribed
4. ☐ Independent at home 5. ☑ Cane 6. ☑ Walker
7. ☐ Bed rest with BRP 8. ☐ Transfer bed-chair 9. ☐ Partial weight bearing
A. ☐ Crutches B. ☐ Wheelchair
C. ☐ Other (specify):

19. Mental Status
1. ☐ Oriented 2. ☐ Comatose 3. ☑ Forgetful 4. ☐ Agitated
5. ☐ Depressed 6. ☐ Disoriented 7. ☐ Lethargic 8. ☐ Other 9. Additional Orders: ALZHEIMERS/DEMENTIA

20. Prognosis ☐ Guarded ☐ Poor ☑ Fair ☐ Good ☐ Excellent

21. Orders for Discipline and Treatments (Specify Amount/ Frequency/ Duration)
SN Frequency: 1WK9.
PRIMARY CARE TO ASSIST WITH ADL'S AND PERSONAL CARE..
Assessment of patient with Osteoarthros NOS-l/leg,Difficulty in walking,Alzheimer's disease,Demen NOS w/o behv dstrb,Esophageal reflux,Hypertension NOS,Urinary incontinence NOS.
Is the Patient DNR (Do Not Resuscitate)? No. TRIAGE 3 DISEASTER 3
Homebound Status: Confusion, unsafe to go out of home alone,Requires max assistance/taxing effort to leave home,Residual weakness,Unable to safely leave home unassisted,Severe SOB or SOB upon exertion.
Notify physician of: Temperature greater than (>) 101 or less than (<) 96.
Pulse greater than (>) 100 or less than (<) 60.

22. Goals/ Rehabilitation Potential/ Discharge Plans
The patient will have no hospitalizations during the certification period.
The Patient/Caregiver will verbalize understanding of individualized emergency plan by: 04/18/2013.
PAIN WILL NOT INTERFERE WITH DAILY ACTIVITIES.
Patient skin integrity will remain intact during this episode.
Patient will be free from signs and symptoms of respiratory distress during the episode .
Patient's blood pressure will remain within established parameters during the episode.
Patient's pulse will remain within established parameters during the episode.
Patient will be without signs/symptoms of UTI (pain, foul odor, cloudy or blood-tinged urine and fever) during this episode.

23. Nurse Signature and Date of Verbal SOC Where Applicable
Digitally Signed by: Eileen Victor (RN) , 02/18/2013

25. Date HHA Received Signed POT

24. Physician's Name and Address
SUMANA KETHA
2925 Skyway Circle North IRVING TX 75038-
(972) 675-7313 Phone NPI: 1962447505
(972) 675-7310 Facsimile UPIN: G86756

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 continue 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
12/3/13

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.

Form CMS-485 (U4) (2-94)

Department of Health and Human Services Health Care Financing Administration

Form Approved OHB No. 0938-0357

Order Number# 76341383

Addendum to Plan of Care

1. Patient's HI Claim No.	2. Start of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
535345025D2	10/26/2012	From: 02/23/2013 To: 04/23/2013	003435	1548382989

6. Patient's Name
HARRIS, ALENE

7. Provider's Name
Naaman Community Health Services

10. Medications

METOPROLOL TARTRATE 50 MG TAB 1 TAB PO DAILY FOR BP
NAMENDA 10 MG TABLET 1 TAB PO BID FOR ALZHEIMER'S
NITROSTAT 0.4 MG TABLET SL 1 TAB PO Q 5 MINUTES X 3 DOSES PRN CHEST PAIN, CALL 911 IF UNRELIEVED AFTER 3 DOSES
SIMVASTATIN 20 MG TAB 1 TAB PO DAILY FOR CHOLESTEROL
TRAZODONE 50 MG TABLET 1 TAB PO AT BEDTIME FOR SLEEP
VIT D 400 IU QD/PO FOUND IN HOME
OMEPRAZOLE 20 MG CAPSULE DR QD/PO

13. Other Pertinent Diagnosis

401.9	Hypertension NOS (E)	01/22/2013
788.30	Urinary incontinence NOS (E)	02/18/2013

15. Safety Measures

Safety in ADLs. Support During Transfer and Ambulation. Fall Precautions. Standard Precautions/Infection Control

21. Orders

Respirations greater than (>) 24 or less than (<) 13.
Systolic BP greater than (>) 160 or less than (<) 90.
Diastolic BP greater than (>)90 or less than (<) 60.
Weight greater than (>) 5LB/W lbs or less than (<) 5LB/W lbs.
SN to assist patient to obtain ERS button.
SN to develop individualized emergency plan with patient.
ADDITIONAL ORDERS: The agency may receive orders from consulting physicians. Pursuant to federal regulations a RN will make visits as needed to conduct OASIS assessments and HHA supervisory visits within federally required time frames. In the interest of efficiency and cost effective use of Medicare funds the HHA supervisory visit may be coupled with an OASIS visit which may mean that the supervisory visit may be >14 days. A patient that enters a facility for emergent/non-emergent care for >23 hours will be placed on hold. If the patient remains in the facility past the end of the episode of care the patient will be discharged. When the patient is discharged from the facility the agency may re-evaluate and may admit/re-admit for home health services. Physician discharge summary available upon request..
SN to assess pain level and effectiveness of pain medications and current pain management therapy every visit.
SN to instruct patient on nonpharmacologic pain relief measures, including relaxation techniques, massage, stretching, positioning, and/or hot/cold packs.
SN to assess skin for breakdown every visit.
SN to instruct patient on energy conserving measures including frequent rest periods, small frequent meals, avoiding large meals/overeating, controlling stress .
SN to assess patient's weight log every visit.
SN to instruct patient when (s)he starts feeling chest pain, tightness, or squeezing in the chest to take nitroglycerin. Patient may take nitroglycerin one time every 5 minutes. If no relief after 3 doses, call 911 .
SN to instruct the patient the following symptoms could be signs of a heart attack: chest discomfort, discomfort in one or both arms, back, neck, jaw, stomach, shortness of breath, cold sweat, nausea, or dizziness. Instruct patient on signs and symptoms that necessitate calling 911.
SN to instruct the Patient/Caregiver on signs/symptoms of UTI to report to MD/SN. SN may obtain urinalysis and urine culture & sensitivity (C&S) test as needed for signs/symptoms of UTI, to include pain, foul odor, cloudy or blood-tinged urine and fever.
SN to instruct Patient/Caregiver on THERAPEUTIC diet.
SN to assess for changes in neurological status every visit.
SN to assess patient's communication skills every visit.

9. Signature of Physician
S. Keith 12/3/13

10. Date

11. Optional Name/ Signature of Nurse/ Therapist
Digitally Signed by: Eileen Victor (RN) ,

12. Date
02/18/2013

Form HCFA-487 (C4) (4-87)

Department of Health and Human Services Health Care Financing Administration

Form Approved OHB No. 0938-0357

Order Number# 76341383

Addendum to Plan of Care

1. Patient's HI Claim No.	2. Start of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
535345025D2	10/26/2012	From: 02/23/2013 To: 04/23/2013	003435	1548382989

6. Patient's Name	7. Provider's Name
HARRIS, ALENE	Naaman Community Health Services

21. Orders

SN to assess for patient adherence to appropriate activity levels.
SN to instruct patient to wear proper footwear when ambulating.
SN to instruct patient to use prescribed assistive device when ambulating.
SN to instruct patient to change positions slowly.
SN to instruct the Patient/Caregiver to remove clutter from patient's path such as clothes, books, shoes, electrical cords, or other items that may cause patient to trip.
SN to determine if the Patient/Caregiver is able to identify the correct dose, route, and frequency of each medication.
SN to assess if the Patient/Caregiver can verbalize an understanding of the indication for each medication.
SN to instruct the Patient/Caregiver or medication regimen dose, indications, side effects, and interactions.
SN to instruct the Patient/Caregiver on medication side effects to report to SN or physician.

22. Goals

Patient will maintain THEREPEUTIC diet compliance during the episode.
Patient will remain free from increased confusion during the episode.
The Patient/Caregiverwill demonstrate proper ROM exercise and body alignment techniques.
The patient will be free from injury during the certification period.
Patient will remain free of adverse medication reactions during the episode.
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.
Discharge when goals met.
60 DAY SUMMARY Date: 10 / 26 / 2012 Episode: 12 / 25 / 2012 TO 02 / 25 / 2013
Services Provided: [X]SN
Primary Diagnosis: ALZHEIMERS Secondary Diagnosis:DEMENTIA
Current Condition: [X] Unstable
Comments:ELDERLY FEMALE WITH ALZHEIMERS/DEMENTIA WITH FREQUENT C/O LOWER EXTREMITY DISCOMFORT,PT AMBULATES PER ASSIST OF CANE .PT INCONTINT OF URINE.PRESENTED TO ER THIS EPISODE C/O ABDOMINAL DISCOMFORT ,RESULTING IN DIAGNOSIS OF GERD,WITH NEW MEDICATION OMEPRAZOLE,ADDED.
Specific and Measurable Information on Condition: ,
PHYSICAN CLINICAL DATA INFORMATION AND NURSING THERAPY PLAN
Below describe treatments, interventions provided by each service
SN:PROVIDE INSTRUCTIONS AND INTERVENTIONS,REPORT ABNORMAL FINDINGS TO MD
PRIMARY CARE TON ASSIST WITH ADL'S AND PERSONAL CARE
Hospitalizations this Episode: [X] N/A
Vital Sign Ranges this Episode:
BP: 100/62 to 152/76

Temp:96.1 to 97.2
Pulse: 60 to 72
Resp: 18 to 20
Wts: 170 to 172
Frequency/Treatment Order Changes:

9. Signature of Physician	10. Date
S. Keth 12/3/13.	

11. Optional Name/ Signature of Nurse/ Therapist	12. Date
Digitally Signed by: Eileen Victor (RN) ,	02/18/2013

Form CMS-487 (C4) (4-87)

Department of Health and Human Services Health Care Financing Administration Form Approved OHB No. 0938-0357 Order Number# 76341383

Addendum to Plan of Care

1. Patient's HI Claim No.	2. Start of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
535345025D2	10/26/2012	From: 02/23/2013 To: 04/23/2013	003435	1548382989

6. Patient's Name	7. Provider's Name
HARRIS, ALENE	Naaman Community Health Services

22. Goals

New Problems Identified: [ ] No [X]Yes (Specify):GERD
Any Unusual Occurrences: NA .
Functional Limitations: [ ]Amputation [ ]Paralysis [ ]Bowel Incontinence [X]Bladder Incontinence [X]Endurance [X]Dyspnea with min. exertion

[ ] Contractures [X] Ambulation [ ] Other:
Homebound Status related to Primary Diagnosis: RESIDUAL WEAKNESS,UNABLE TO SAFELY LEAVE HOME UNASSISTED .
Lab Results: [ ] None [X] Yes (Specify): PER PCP .
Pain level (scale 1-10) - Management and effectiveness of Meds/Treatment(s): 2-4/10 HYDROCODONE 5/500MG PO .
Pain related to:OSTEOARTHRITIS
New and Changed Medications [ ] None [X] Yes (Specify):
1.OMEPRAZOLE 20MG PO QD [X] 2.VIT D 400IU PO QD (FOUND IN HOME) [N] 3.CALCIUM 600MG PO 2XWK (FOUND IN HOME) [N]
Patient or Caregiver Knowledge deficit of Disease of Medical Regimen (Specify): KNOWLEDGE DEFICIT R/T DISEASE PROCESS GERD AND MEDICATION .
Last Physician Visit: 01 / 31 / 2013 Next Scheduled Visit: /

9. Signature of Physician	10. Date
Sy 12/3/13	
11. Optional Name/ Signature of Nurse/ Therapist	**12. Date**
Digitally signed by: Eileen Victor (RN)	02/18/2013