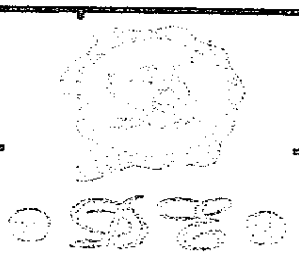

Divine Edge Health Services, llc

2591 Dallas Pkwy. Frisco, Texas. 75034
Phone: 972-999-3107 Fax: 888-958-2383
Email: Health@divineedgeservices.com

Fax

To: Kether Summer

From: Divine edge Health
Maria aqueda

Phone: 972-999-3107
Fax: 888-958-2383
E-mail: Health@Divineedgeservices.com

Urgent
For Review
Please Comment
Please Reply

Date sent:
Time sent:
Number of pages including cover page:

The information in this transmission is confidential and is intended only for the person named above. If you feel you have received this transmission in error please disregard this message and destroy all copies. If you did not receive all pages of this transmission please call the number listed at the top of this page.

Message:

Please see attached Home health Orders:

- ☒ Admission Order
- ☐ Discharge Order
- ☐ Communication Note
- ☐ PT Eval. Report
- ☐ Face-to-Face Encounter
- ☐ Discharge Summary
- ☒ 485 Start of Care Plan
- ☐ MSW Report
- ☐ Recertification Order
- ☒ 60 Days Patient Summary
- ☐ Lab Report
- ☐ Change Of Agency Form

Patient: Alice Williams

We will appreciate if you can sign and fax back to us @ 888-958-2383

Sincerely

Maria aqueda

Divine Edge Health Services LLC
2591 Dallas PkwySuite 300
Frisco, TX 75034
Phone: (972) 377-0007 | Fax: (888) 958-2383

60 DAY SUMMARY/ CASE CONFERENCE

Patient Name: Williams, Alice **MRN:** DEHS00068 **DOB:** 01/20/1946
Episode/Period: 1/2/2013 – 3/2/2013 **Physician:** Ketha, Sumana **DNR:** No

Homebound Status

- ☐ N/A
- ☒ Requires assistance of another to get up & moving safely
- ☒ Unable to safely leave home unassisted
- ☐ Unable to leave home due to medical restriction(s)
- ☒ Exhibits considerable & taxing effort to leave home
- ☐ Severe Dyspnea
- ☐ Unsafe to leave due to cognitive/psychiatric impairments
- ☐ Other

Patient Condition

☐ Stable ☒ Improved ☐ Unchanged ☐ Unstable ☐ Declined

Service(s) Provided

☐ SN ☐ PT ☐ OT ☐ ST ☐ MSW ☐ HHA ☐ Other

Vital Sign Ranges

	BPsys	BPdia	HR	Resp	Temp	Weight	BS	Pain
Lowest	104	53	66	16	97.7	256	110	0
Highest	140	86	90	22	99	256	290	5

Summary of Care Provided

PT IS A 67 YEARS OLD BLACK FEMALE ADMITTED LAST EPISODE FOR SKILL NURSING SERVICES AND PHYSICAL THERAPY. PT IS SEEN FOR SEVERAL DIAGNOSIS AND MULTIPLE MEDICATIONS. PATIENT RECEIVED SKILLED NURSING AND PHYSICAL THERAPY WEEKLY VISIT FOR ASSESSMENT, INTERVENTION, INSTRUCTIONS, AND TEACHING OF HEALTH STATUS. TRAINING AND TEACHING EMPHASIZED ON MEASURES TO MANAGE AND CONTROL DIABETES,OSTEOATHRITIS,COPD ,CHF,ASTHMA,CHF,OBESITY, HYPERLIPIDEMIA AND HIGH BLOOD PRESSURE. PATIENT IS INSTRUCTED ON FOODS TO AVOID, THAT IS FOODS WITH HIGH SODIUM, AND CONCENTRATED SWEETS. INSTRUCTED ON BETTER FOOD CHOICES SUCH AS FRESH FRUITS AND VEGETABLES. INSTRUCTED ON MEASURES TO MANAGE AND CONTROL PAIN TO INCLUDE NON-PHARMACOLOGICAL AND PHARMACOLOGICAL TECHNIQUES. INSTRUCTED ON SAFETY MEASURES, INFECTION CONTROL, FALL PRECAUTION MEASURES, MEDICATION AND NUTRITION AND COPING MECHANISM. INSTRUCTED ON APPROPRIATE INTERVENTIONS ON SIGNS AND SYMPTOMS OF COMPLICATIONS TO BE REPORTED TO THE PHYSICIAN AND/OR NURSE AND WHEN TO CALL 911.

Patient's Current Condition

PT CONDITION HAS TREMEDOUSLY IMPROVED AND STABILIZED COMPARED TO THE TIME OF ADMISSION. MRS SMITH IS PLEASANT AND PARTIALLY COOPERATIVE WITH HER CARE. HER LEGS ARE LESS EDEMATUS. PT IS COMPLIANT WITH HER MEDICATIONS AT THIS TIME BUT TOTALLY DISREGARDS HER DIET DESPITE TEACHING.

Signature: **Date:**

Signature: E-Signed By: Dr. Ketha **Date:**

Signature: Electronically Signed by: Oluyemisi Akinode RN **Date:** 2/21/2013

AXXESS

Divine Edge Health Services LLC
2591 Dallas PkwySuite 300
Frisco, TX 75034
Phone: (972) 377-0007 | Fax: (888) 958-2383

60 DAY SUMMARY/ CASE CONFERENCE

Patient Name: Williams, Alice **MRN:** DEHS00068 **DOB:** 01/20/1946
Episode/Period: 1/2/2013 – 3/2/2013 **Physician:** Ketha, Sumana **DNR:** No

Patient's Current Condition

SHE REMAINS OBESED DUE HER NON COMPLIANT TO HER DIET. PT SEEN BY THE PHYSICAL THERAPY THIS LAST CERTIFICATION PERIOD FOR GAITS TRAINING, PT GAITS IS STILL UNSTEADY, PT USES WALKER AND W/C PRN. SHE REMAINS ON LASIX FOR HER CHF, CARVEDOLOL, FOR HER HTN AND LISINOPRIL, PRO AIR INHALER AND OXYGEN FOR HER ASTHMA AND COPD. ASA 81MG DAILY AS PROPHYLACTIC TREATMENT. PANTROPRAZOLE 40MG DAILY FOR GERD AND SIMVASTATIN GOR HYPERCHOLESTEROLEMIA. PT CONTINUES TO PRESENT KNOWLEDGE DEFICIT AS RELATED TO HER CARE THUS REQUIRING SKILL NURSING SERVICES FOR MEDICATIONMANAGEMENT AND DISEASE PROCESS. PT CURRENTLY RESIDES IN AN APARTMENT WITH HER FAMILY, SHE REQUIRES HELP WITH ADLS , PT CURRENTLY HAVE STRONG FAMILY SUPPORT. NURSING WILLY CONTNUE TO RITERATE MEDICATION AND DISEASE PROCESS TEACHING WITH EACH SNV AND UPDATE THE DR.

Goals

Pt will remain functionally independent within limitations of pain within 60days.
Pt will have adequate working knowledge of disease process, patho, s/sx, TX and exacerbation within 60 days.
Pt will be able to list 3 of 5 non-pharmacological ways of managing pain within 60 days.
Pt will be able to list 2 of 3 S/E of pain medication within 60 days.
Pt will be able to list 1 of 2 uses of pain medication within 60 days.
Rehab Potential: Good for goals stated above
DC Plan: When goals are met or alternative care has been arranged.

Recomended Services

☒ SN ☒ PT ☐ OT ☐ ST ☐ MSW ☐ HHA ☐ Other

Notifications

☒ Summary Sent to Physician

Sent By Oluyemisi Akinode RN
Date Sent 02/21/2013

Signature: **Date:**

Signature: E-Signed By: Dr. Ketha **Date:**

Signature: Electronically Signed by: Oluyemisi Akinode RN **Date:** 2/21/2013

AXXESS

Divine Edge Health Services LLC
2591 Dallas PkwySuite 300
Frisco, TX 75034
Phone: (972) 377-0007 | Fax: (888) 958-2383

PHYSICIAN ORDER

Patient: Williams, Alice
7683 Ferguson Road
Apt 1088, Building 26
Dallas, Tx 75210
(214) 382-7560
HIC: 459740071A

MRN: DEHS00068
DOB: 1/20/1946

Physician: KETHA, SUMANA
2925 Skyway Cir ,
North, Irvin, Tx 75038
Phone: (972) 675-7313 | Fax: (972) 675-7310
NPI: 1962447805

Order Date: 2/22/2013 **Order #:** 10660925 **Episode Associated:** 1/2/2013—3/2/2013
Allergies: NKA (Food/Drugs/Latex/Environment)
Summary: RECERTIFICATION ORDER.

SKILL NURSE TO DO COMPREHENSIVE ASSESSMENT AND RECERTIFY PATIENT TO HOME HEALTH SERVICES.

☐ Order read back and verified.

Clinician Signature: **Date:**
Electronically Signed by: Oluyemisi Akinode RN 2/22/2013

Physician Signature: **Date:**
E-Signed By: Dr. Ketha

AXXESS

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

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.
459740071A	12/18/2012	From: 03/03/2013 To: 05/01/2013	DEHS00068	747372

6. Patient's Name and Address
WILLIAMS, ALICE
2912 Frazier
Dallas, TX 75210
(214) 382-7560

7. Provider's Name, Address and Telephone Number
Divine Edge Health Services LLC
2591 Dallas Pkwy Suite 300
Frisco, TX 75034
Phone: (972) 377-0007 | Fax: (888) 958-2383
Email: health@divineedgeservices.com

8. Date of Birth 01/20/1946 | 9. Sex ☐ M ☒ F

11. ICD-9-CM	Principal Diagnosis		Date
715.00	General osteoarthrosis	E	02/28/2013
12. ICD-9-CM	**Surgical Procedure**		**Date**
13. ICD-9-CM	**Other Pertinent Diagnoses**		**Date**
249.01	Sec DM wo comp uncontrld	E	02/28/2013
401.9	Hypertension NOS	E	02/28/2013
428.0	CHF NOS	E	02/28/2013
493.22	Ch obst asth w (ac) exac	E	02/28/2013

10. Medications: Dose/Frequency/Route (N)ew (C)hanged (U)nchanged
CARVEDILOL 6.25 MG ORAL TABLET 40MG 1 TAB TWICE DAILY By mouth (PO) N
ASPIR 81 ORAL DELAYED RELEASE TABLET Daily By mouth (PO) N
PROAIR HFA 90 MCG/INH INHALATION AEROSOL EVERY 6 HRS AS NEEDED By mouth (PO) N
HYDROCODONE 5-325MG EVERY 6 YHRS FOR PAIN BY MOUTH N
GLUCOPHAGE 500 MG ORAL TABLET Twice/day By mouth (PO) C
OXYGEN 2 TO 4 LITRES NASAL CANNULA NASAL N

14. DME and Supplies
Walker, Alcohol Pads, Diabetic Supplies, Exam Gloves, Probe Covers

15. Safety Measures:
Anticoagulant Precautions, Emergency Plan Developed, Fall

16. Nutritional Req. Low Cholesterol. Low Fat. Low Sodium. No Added

17. Allergies: NKA (Food/Drugs/Latex/Environment)

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

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

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

20. Prognosis: 1 ☐ Poor 2 ☐ Guarded 3 ☒ Fair 4 ☐ Good 5 ☐ Excellent

21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)
SN Frequency: 1 W 9 &PRN. SN to notify MD of: Temperature greater than (>) 100 or less than (<) 95. Pulse greater than (>) 100 or less than (<) 60. Respirations greater than (>) 28 or less than (<) 12. Systolic BP greater than (>) 160 or less than (<) 100. Diastolic BP greater than (>) 100 or less than (<) 60. O2 Sat (percent) less than (<) 96%. Fasting blood sugar greater than (>) N/A or less than (<) N/A. Random blood sugar greater than (>) N/A or less than (<) N/A. Weight Gain/Loss (lbs/7 days) Greater than 5 LBS. SN to instruct patient on the signs, symptoms and osteoathritis disease process. SN to instruct patient on signs and symptoms of Hypertension. SN to develop individualized emergency plan with patient. SN to instruct patient on importance of receiving influenza and pneumococcal vaccines. 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 hot/cold packs. SN to report to physician if patient experiences pain level greater than 6, pain medications not effective, patient unable to tolerate pain medications, pain affecting ability to perform patient's normal activities. SN to perform/instruct on wound care as follows: . SN to instruct the Patient/Caregiver on factors that contribute to SOB. SN to instruct the Patient/Caregiver to avoid smoking or allowing people to smoke in patient's home. Instruct patient to avoid irritants/allergens known to increase SOB. 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/Caregiver ability to manage diabetic disease process. SN to perform BG checks every visit & PRN. SN to assess/instruct on diabetic management to include: nail, skin & foot care, medication administration and proper diet. SN to instruct patient on daily weight self-monitoring program, and to report weight 0 of 2 Llbs/day, 5 Llbs/week. SN to instruct patient on

22. Goals/Rehabilitation Potential/Discharge Plans
The patient will have no hospitalizations during the episode. The Patient/Caregiver will verbalize understanding 2 signs and symptoms of osteoathritis and the disease process. The patient/care giver verbalize understanding of individualized emergency plan by the end of the episode. Patient will verbalize understanding of proper use of pain medication by the end of the episode. PT/CG will verbalize knowledge of pain medication regimen and pain relief measures by the end of the episode. Patient will have absence or control of pain as evidenced by

23. Nurse's Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by: Oluyemisi Akinode RN 02/28/2013

25. Date HHA Received Signed POT

24. Physician's Name and Address
KETHA, SUMANA NPI: 1962447805
2925 SKYWAY CIR ,
NORTH, IRVIN TX 75038
Phone: (972) 675-7313 | Fax: (972) 675-7310

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
E-Signed By: Dr. Ketha

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.

Department of Health and Human Services
Centers for Medicare Medicaid Services

Form Approved
OMB No. 0938-0357

ADDENDUM TO: PLAN OF TREATMENT

1. Patient's HI Claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
459740071A	12/18/2012	From: 03/03/2013 To: 05/01/2013	DEHS00068	747372

6. Patient's Name:
WILLIAMS, ALICE

7. Providers Name
Divine Edge Health Services LLC

10. Medications
PANTOPRAZOLE 40 MG ORAL DELAYED RELEASE TABLET Twice/day By mouth (PO) C
LISINOPRIL 10 MG ORAL TABLET 1 TAB DAILY By mouth (PO) C
SIMVASTATIN 40 MG ORAL TABLET 1 TAB DAILY 1 – PO By mouthmouth C
FUROSEMIDE 40 MG 3 TABS twice daily By mouth C
ADVAIR DISKUS 100 MCG-50 MCG INHALATION POWDER 2 INHALATION TWICE DAILY By mouth (PO) N

13. Diagnoses
493.90 / Asthma NOS (E) / 02/28/2012
272.4 / Hyperlipidemia NEC/NOS (E) / 02/28/2013
530.81 / Esophagoal roflux (E) / 02/28/2013
278.01 / Morbid obesity (E) / 02/28/2013
V15.88 / Personal history of fall (E) / 02/28/2013

15. Safety Measures
Precautions, Keep Pathway Clear, Safety in ADLs, Slow Position Change, Standard Precautions/Infection Control, Support During Transfer and Ambulation, Use of Assistive Devices, Instructed on safe utilities management, Instructed on mobility safety, Instructed on disaster/emergency plan, Instructed on safety measures

16. Nutritional Requirements
Salt.

21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)
measures to detect and alleviate edema. 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 perform a neurological assessment each visit. SN to instruct Patient/Caregiver on LOW CHOLESTEROL, LOW SDOIUM, LOW FAT, NO ADDED SALT diet. SN to assess patient for diet compliance. SN to assess/instruct on pain management, proper body mechanics and safety measures. SN to assess for patient adherence to appropriate activity levels. SN to instruct the Patient/Caregiver on proper ROM exercises and body alignment techniques. 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 instruct the Patient/Caregiver to contact agency to report any fall with or without minor injury and to call 911 for fall resulting in serious injury or causing severe pain or immobility. 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 assess the Patient/Caregiver administering injectable medications to determine if proper technique is utilized. SN to instruct the Patient/Caregiver on precautions for high risk medications, such as, hypoglycemics, anticoagulants/antiplatelets, sedative hypnotics, narcotics, antiarrhythmics, antineoplastics, skeletal muscle relaxants.

22. Goals/Rehabilitation Potential/Discharge Plans
optimal mobility and activity necessary for functioning and performing ADLs by the end of the episode. 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: 60 DAYS. Patient will verbalize an understanding of energy conserving measures by: 60 DAYS. Patient will be free from signs and symptoms of hypo/hyperglycemia during the episode. Patient/Caregiver will be independent with glucometer use by the end of the episode. The Patient/Caregiver will verbalize understanding of symptoms of cardiac complications and when to call 911 by 60 DAYS. The Patient/Caregiver will verbalize and demonstrate edema-relieving measures by . Patient will be without signs/symptoms of UTI (pain, foul odor, cloudy or blood-tinged urine and fever) during this episode. Patient will verbalize understanding not to eat 4 hours before bedtime to reduce acid reflux/indigestion by: 60 DAYS. Patient will not develop any signs and symptoms of dehydration during the episode. Patient will exhibit stable neuro status evidenced by increased alertness, mobility and self-care by the end of the episode. Patient will have optimal cognitive functioning within parameters established for the stage of disease by the end of the episode. Patient will maintain prescribed. diet compliance during the episode. Patient will have increased mobility, self care, endurance, ROM and decreased pain by the end of the episode. Patient will maintain optimal joint function, increased mobility and independence in ADL's by the end of the episode. Patient's strength, endurance and

9. Signature of Physician:	10. Date:
E-Signed By: Dr. Ketha	
11. Optional Name / Signature of Nurse / Therapist	12. Date
Electronically Signed by: Oluyemisi Akinode RN	2/28/2013

Form CMS-487 (U4)(4-87)

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

Form Approved
OMB No. 0938-0357

ADDENDUM TO: PLAN OF TREATMENT

1. Patient's HI Claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
459740071A	12/18/2012	From: 03/03/2013 To: 05/01/2013	DEHS00068	747372

6. Patient's Name:	7. Providers Name
WILLIAMS, ALICE	Divine Edge Health Services LLC

22. Goals/Rehabilitation Potential/Discharge Plans

mobility will be improved. The Patient/Caregiver will demonstrate proper ROM exercise and body alignment techniques. The patient will be free from falls during the episode. The patient will be free from injury during the episode. Patient will remain free of adverse medication reactions during the episode. The Patient/Caregiver will verbalize understanding of medication regimen, dose, route, frequency, indications, and side effects by 60 DAYS. Rehab Potential: Fair for stated goals.Discharge when caregiver willing and able to manage all aspects of patient's care. Discharge when goals met.

9. Signature of Physician	10. Date:
E-Signed By: Dr. Ketha	
11. Optional Name / Signature of Nurse / Therapist	12. Date
Electronically Signed by: Oluyemisi Akinode RN	2/28/2013

Form CMS-487 (U4)(4-87)