

HOME HEALTH CERTIFICATION AND PLAN OF CARE				
1. Patient's HI Claim No. 460960813A	2. Start Of Care Date 07/02/2015	3. Certification Period From: 08/31/2015 To: 10/29/2015	4. Medical Record No. 1016	5. Provider No. 747807
6. Patient's Name and Address Thomas, Sandra M. 4925 HOVENKAMP DR Dallas, TX 75227 (214) 476-0165		7. Provider's Name, Address and Telephone Number Med Plus Home Healthcare Inc 609 N EBRITE ST. Suite 110 Meequite, TX 75149 Phone: (972) 998-8474 Fax: (972) 998-8475 Email: medpluscare@yahoo.com		
8. Date of Birth 11/22/1953		9. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F		
10. Medications: Dose/Frequency/Route (N)ew (C)hanged (U)nchanged HYDROCHLOROTHIAZIDE 25 MG ORAL TABLET 1 tab daily N DIPHENHYDRAMINE 25 MG ORAL TABLET 2 tabs qhs N				
11. ICD-9-CM 438.19	Principal Diagnosis Late ef-sph/lang df NEC			Date 07/02/2015
12. ICD-9-CM	Surgical Procedure			Date
13. ICD-9-CM 401.9	Other Pertinent Diagnoses Hypertension NOS			Date 07/02/2015
14. DME and Supplies Cane, Grab Bars, Walker, Wheelchair, Exam Gloves, Probe Covers		15. Safety Measures: Emergency Plan Developed, Fall Precautions, Keep Pathway Clear,		
16. Nutritional Req. Regular. Heart Healthy. Low Sodium.		17. Allergies: NKDA		
18.A. Functional Limitations		18.B. Activities Permitted		
1 <input type="checkbox"/> Amputation 5 <input type="checkbox"/> Paralysis 9 <input type="checkbox"/> Legally Blind 2 <input type="checkbox"/> Bowel/Bladder (Incontinence) 6 <input checked="" type="checkbox"/> Endurance A <input type="checkbox"/> Dyspnea With Minimal Exertion 3 <input type="checkbox"/> Contracture 7 <input checked="" type="checkbox"/> Ambulation B <input checked="" type="checkbox"/> Other (Specify) 4 <input checked="" type="checkbox"/> Hearing 8 <input checked="" type="checkbox"/> Speech Dyspnea when walking >20 ft.		1 <input type="checkbox"/> Complete Bedrest 6 <input type="checkbox"/> Partial Weight Bearing A <input type="checkbox"/> Wheelchair 2 <input type="checkbox"/> Bedrest BRP 7 <input type="checkbox"/> Independent At Home B <input type="checkbox"/> Walker 3 <input checked="" type="checkbox"/> Up As Tolerated 8 <input type="checkbox"/> Crutches C <input type="checkbox"/> No Restrictions 4 <input type="checkbox"/> Transfer Bed/Chair 9 <input type="checkbox"/> Cane D <input type="checkbox"/> Other (Specify) 5 <input type="checkbox"/> Exercises Prescribed		
19. Mental Status:		1 <input type="checkbox"/> Oriented 3 <input checked="" type="checkbox"/> Forgetful 5 <input checked="" type="checkbox"/> Disoriented 7 <input type="checkbox"/> Agitated 2 <input type="checkbox"/> Comatose 4 <input checked="" type="checkbox"/> Depressed 6 <input type="checkbox"/> Lethargic 8 <input type="checkbox"/> Other		
20. Prognosis:		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		
21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration) SN Frequency: 1W9. and 1-2 PRN exacerbation of HTN, Dementia, Late effect of CVA, Alzheimers Bipolar Disorder SN to observe and assess all body system, v/s parameter to report MD. Temperature > 100F or < 95F. Pulse > 110/min or < 60/min. Respiration > 26/min or < 12/min. Systolic BP > 160mm of Hg or < 90mm of Hg. Diastolic BP > 90mm of Hg or < 67mm of hg. O2 Sat < 90%. SN to fill medication reminder box weekly. SN to report if pain >5 on a scale of 0-10 after pharm /non-pharm interventions. SN to instruct CG on the following: 1. Nutritional information to decrease serum cholesterol levels 2. Important concepts in a sodium restricted diet 3. s/s of dementia, HTN.				
22. Goals/Rehabilitation Potential/Discharge Plans The patient will have no hospitalizations during the episode. Patient maintain low sodium and heart healthy diet compliance during the episode. The patient will be free from falls and injury during the episode. The Patient/Caregiver will verbalize understanding of medication regimen, dose, route, frequency, indications, and side effects by the end of this episode.				
23. Nurse's Signature and Date of Verbal SOC Where Applicable: Electronically Signed by: Anitha Sunil RN 8/26/16			25. Date HHA Received Signed POT	
24. Physician's Name and Address Ketha, Sumana MD 2925 Skyway Cir N Irving TX 75038 Phone: (972) 675-7313 Fax: (972) 675-7310 NPI: 1962447805		26. Physician Certification Statement 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. This 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  Electronically signed by: Sumana Ketha, M.D. on 08/25/2016		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.		

Med Plus Home Healthcare Inc
609 N Ebrlre St.Suite 110
Mesquite, TX 75149
Phone: (972) 996-6474 | Fax: (972) 996-6475

PHYSICIAN ORDER**Patient: Thomas, Sandra M**

4925 Hovenkamp Dr
Dallas, Tx 75227
(214) 476-0165
HIC: 460960813A

MRN: 1016**DOB:** 11/22/1953**Physician: Ketha, Sumana MD**

2925 Skyway Cir N
Irving, Tx 75038

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

Order Date: 8/26/2015 **Order #:** 13062802**Episode Associated:** 8/31/2015—10/29/2015**Allergies:** NKDA**Summary:** Recertification

Continue Home Health Service

Skilled Nursing Service

DX:

438.19 Late ef-spch/lang df NEC

401.9 Hypertension NOS

311. Depressive disorder NEC

781.2 Abnormality of gait

438.10 Late ef-spch/lng def NOS

715.16 Loc prim osteoart-l/leg

722.6 Disc degeneration NOS

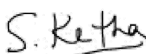
290.0 Senile dementia uncomp

272.0 Pure hypercholesterolem

☒ Order read back and verified.**Clinician Signature:****Date:**


Electronically Signed by: Anitha Sunil RN

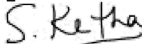
8/26/2015

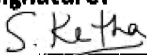
Clinician Co-Signature:**Date:****Physician Signature:****Date:**

Electronically signed by: Sumana Ketha, M.D. 08/25/2016

08/25/2016

Med Plus Home Healthcare Inc 809 N Ebrite St. Suite 110 Mesquite, TX 75149 Phone: (972) 996-6474 Fax: (972) 996-6475		60-Day Summary/Case Conference						
Patient Name: Thomas, Sandra M Episode/Period: 7/2/2015 – 8/30/2015 Physician Phone: (972) 875-7313		MRN: 1016 Physician: Ketha, Sumana Md Physician Fax: (972) 875-7310						
DOB: 11/22/1953 DNR: No								
Homebound Status								
<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Exhibits considerable & taxing effort to leave home <input checked="" type="checkbox"/> Requires assistance of another to get up & moving safely <input type="checkbox"/> Severe Dyspnea <input checked="" type="checkbox"/> Unable to safely leave home unassisted <input checked="" type="checkbox"/> Unsafe to leave due to cognitive/psychiatric impairments <input type="checkbox"/> Unable to leave home due to medical restriction(s) <input type="checkbox"/> Other _____								
Patient Condition								
<input type="checkbox"/> Stable <input type="checkbox"/> Improved <input checked="" type="checkbox"/> Unchanged <input type="checkbox"/> Unstable <input type="checkbox"/> Declined								
Service(s) Provided								
<input checked="" type="checkbox"/> SN <input checked="" type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> MSW <input type="checkbox"/> HHA <input type="checkbox"/> Other _____								
Vital Sign Ranges								
	BPsys	BPdia	HR	Resp	Temp	Weight	BS	Pain
Lowest	108	70	84	18	96	187	_____ 0	
Highest	154	85	100	20	97.8	187	_____ 2	
Summary of Care Provided								
SN completed review of body systems with weekly monitoring of medication, MD visits, patients behavior status, VS, according to POC. Patient remained free of hospitalization and falls/injury. Pt continue to have unstable episode evidence by fluctuating BP as above with SBP ranging 108-154 and DBP ranging 70-85. Pt remains confused, irritable at times, dementia. Patient had PT evaluation and treatment done. Pt requires around the clock supervision with daily self care. Skilled nurse educated patient's caregiver at the home regarding disease process, signs and , measures important in the management of disease process, potential complications, diet, safety, medications and areas of knowledge deficit as identified. Skilled nurse arranged seven day planner and evaluated compliance, educated/ CG (mainly due to pt is Aphasic and dementia) regarding expected actions and possible side effects of medication and to notify MD. Caregiver continue to have knowledge deficit related to home management of disease process and at high risk for potential complications. There has been changes in CG at home where pt resides which requires more SN education. Care coordination with physician and plan for rectification with skilled nursing discussed.								
Patient's Current Condition								
Patient with late effects of CVA: Dementia, Dysphagia, and Aphasia. Patient with 24 hour supervision due to self care deficit .Pt remains confused, irritable at times. SN instructed CG on home care safety on mobility, Fall prevention, safe use of mobility device. today's vital signs within parameter. Had episodes of elevated DBP. Pt does not communicate with SN or CG but alert and follow directions to ADL at times. Incontinent of bladder at times and needs assistance to maintain personal								
Signature:  Electronically signed by: Sumana Ketha, M.D.							Date: 08/25/2016	
Signature:							Date:	
Signature: Electronically Signed by: Anitha Sunil RN							Date: 8/26/2015	

Med Plus Home Healthcare Inc 609 N Ebrite St. Suite 110 Mesquite, TX 75149 Phone: (972) 998-6474 Fax: (972) 998-6475		60-Day Summary/Case Conference						
Patient Name: Thomas, Sandra M Episode/Period: 12/29/2015 – 2/26/2016 Physician Phone: (972) 675-7313		MRN: 1016 Physician: Ketha, Sumana Md Physician Fax: (972) 675-7310						
DOB: 11/22/1953 DNR: No								
Homebound Status								
<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Requires assistance of another to get up & moving safely <input type="checkbox"/> Unable to safely leave home unassisted <input checked="" type="checkbox"/> Unable to leave home due to medical restriction(s)								
<input checked="" type="checkbox"/> Exhibits considerable & taxing effort to leave home <input type="checkbox"/> Severe Dyspnea <input type="checkbox"/> Unsafe to leave due to cognitive/psychiatric impairments <input type="checkbox"/> Other _____								
Patient Condition								
<input type="checkbox"/> Stable <input checked="" type="checkbox"/> Improved <input type="checkbox"/> Unchanged <input type="checkbox"/> Unstable <input type="checkbox"/> Declined								
Service(s) Provided								
<input checked="" type="checkbox"/> SN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> MSW <input type="checkbox"/> HHA <input type="checkbox"/> Other _____								
Vital Sign Ranges								
	BPsys	BPdia	HR	Resp	Temp	Weight	BS	Pain
Lowest	101	73	66	16	95	160	_____ 0	
Highest	170	99	98	20	97.6	160	_____ 2	
Summary of Care Provided								
<p>SN completed review of body systems with weekly monitoring of medication, MD visits, patients behavior status, VS, according to POC. Patient has aphasia as a late effects of CVA and which make health education hard to patient, but giving to CG who will be available with patient 24X7. SN reviewed all medications with CG and instructed importance of compliance with medication regimen. Skilled nurse educated patient's caregiver at the home regarding disease process, signs and, measures important in the management of disease process, potential complications, diet, safety, medications and areas of knowledge deficit as identified. Skilled nurse arranged seven day planner and evaluated compliance, educated/ CG (mainly due to pt is Aphasic and dementia) regarding expected actions and possible side effects of medication and to notify MD. Caregiver continue to have knowledge deficit related to home management of disease process and at high risk for potential complications.</p> <p>Pt was free from any ER visits or hospitalizations or any falls during this episode. SN instructed pt/cg on on energy conserving measures, the important concepts in a sodium restricted diet, s/s of dementia, HTN, the measures to promote independence in Pt's selfcare, to maintain diet compliance, about the safety precaution, to wear proper footwear when ambulating. SN instructed pt/cg to use prescribed assistive device when ambulating.</p> <p>Instruct the 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.</p> <p>SN instructed pt/cg on non-pharmacological pain interventions and assist/encourage pt to establishing interventions that aid</p>								
Signature: 							Date: 08/25/2016	
Electronically signed by: Sumana Ketha, M.D.								
Signature:							Date:	
Signature: Electronically Signed by: Rahel Valson RN							Date: 2/23/2016	

Med Plus Home Healthcare Inc 609 N Ebrite St. Suite 110 Mesquite, TX 76149 Phone: (972) 996-6474 Fax: (972) 996-6475		60-Day Summary/Case Conference	
Patient Name: Thomas, Sandra M Episode/Period: 12/29/2015 – 2/26/2016 Physician Phone: (972) 675-7313		MRN: 1016 Physician: Ketha, Sumana Md Physician Fax: (972) 675-7310	
		DOB: 11/22/1953 DNR: No	
Summary of Care Provided			
In pain relief to augment/replace pharmacological interventions			
Patient's Current Condition			
Patient is alert and oriented X 2, but no effective verbal communication, has aphasia & HOH as a late effect of CVA. On assessment, pt skin integrity is good; has dyspnea when walking > 20 feet; Has abnormality of gait, but denies any falls or injuries. SN to fill medication reminder box each visit due to the inability of c/g to do the same. Pt cannot verbalize pain or discomfort, but CG understands from pt's facial expressions. Pt is under 24 X 7 supervision by CG, who prepares meals for patient. Pt's CG still has knowledge deficit regarding disease process and its proper management.			
Goals			
The patient will have no hospitalizations during 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 skin integrity will remain intact during this episode. Patient will be free from signs and symptoms of respiratory distress during the episode. Patient will be without signs/symptoms of UTI (pain, foul odor, cloudy or blood-tinged urine and fever) during this episode			
Recommended Services			
<input checked="" type="checkbox"/> SN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> MSW <input type="checkbox"/> HHA <input type="checkbox"/> Other			
Notifications			
<input checked="" type="checkbox"/> Summary Sent to Physician Sent By Sunil Philip Date Sent 02/23/2016			
Signature: 		Date: 08/25/2016	
Electronically signed by: Sumana Ketha, M.D.			
Signature:		Date:	
Signature:		Date:	
Electronically Signed by: Rahel Valson RN		2/23/2016	