

HOME HEALTH CERTIFICATION AND PLAN OF CARE

1. Patient's HI Claim No. 543270878B		2. Start Of Care Date 06/20/2014		3. Certification Period From: 04/10/2016 To: 06/08/2016		4. Medical Record No. DT060336		5. Provider No. 747598	
6. Patient's Name and Address DE ALVARADO, TEODORA 2542 POINCIANA PL Dallas, TX 75212 (214) 634-2024					7. Provider's Name, Address and Telephone Number Jacop Healthcare Services Inc 3560 QUANNAH DRIVE Grand Prairie, TX 75052 Phone: (972) 325-1598 Fax: (972) 752-7087 Email: jacophcs@gmail.com				
8. Date of Birth 06/03/1936					9. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F				
10. Medications: Dose/Frequency/Route (N)ew (C)hanged (U)nchanged DICLOFENAC 75MG 1TAB TWICE A DAY WITH FOOD FOR PAIN PO N NICOTINIC AC 250MG 1TAB 1TAB ONCE DAILY PO N									
11. ICD- 10-CM I25.10		Principal Diagnosis Athscl heart disease of native coronary artery w/o ang pctrs						Date E 04/06/2016	
12. ICD- 10-CM		Surgical Procedure						Date	
13. ICD- 10-CM I10		Other Pertinent Diagnoses Essential (primary) hypertension						Date E 04/06/2016	
14. DME and Supplies Bedside Commode, Cane, Elevated Toilet Seat, Grab Bars,					15. Safety Measures: Emergency Plan Developed, Fall Precautions, Keep Pathway Clear,				
16. Nutritional Req. Heart Healthy and Diabetic Diets.					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 checked="" type="checkbox"/> Bowel/Bladder (Incontinence) 6 <input checked="" type="checkbox"/> Endurance A <input checked="" type="checkbox"/> Dyspnea With Minimal Exertion 3 <input type="checkbox"/> Contracture 7 <input checked="" type="checkbox"/> Ambulation B <input type="checkbox"/> Other (Specify) 4 <input checked="" type="checkbox"/> Hearing 8 <input type="checkbox"/> Speech					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 checked="" 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 checked="" type="checkbox"/> Cane D <input type="checkbox"/> Other (Specify) 5 <input type="checkbox"/> Exercises Prescribed				
19. Mental Status:		1 <input checked="" 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: 1W8. Patient Receives PHC SN to notify MD of: Temperature greater than (>) 100 or less than (<) 96. Pulse greater than (>) 100 or less than (<) 60. Respiration greater than (>) 24 or less than (<) 12. Systolic BP greater than (>) 160 or less than (<) 90. Diastolic BP greater than (>) 90 or less than (<) 60. Fasting blood sugar greater than (>) 160 or less than (<) 60. Random blood sugar greater than (>) 250 or less than (<) 70. Using aseptic technique, SN to perform FS blood sugar every visit using patient's glucometer to assess for s/sx of hypo/hyperglycemia. SN to teach disease process of CAD, to include pathophysiology, S/Sx, treatment and exacerbation. SN to assess knowledge of medication regimen and deficits and teach pt/cg CARDIAC medications, to include safety measures, purpose, action and S/E. SN to teach new or changed medications if any. SN to teach 2gm Na Diet, Low Fat Diet, and Low Cholesterol Diet. SN to assess pain every visit, Instruct on Pharmacological and Non-pharmacological pain management report pain level >5 to MD. Instruct on energy conservation, incontinent care and home safety measures. Instruct pt/cg to weigh patient and report weight gain or loss of 5lbs in 7 days. Homebound Status: Exhibits considerable & taxing effort to leave home. Requires the assistance of another to get up and move safely. Severe Dyspnea; Unable to safely leave home unassisted. SN to instruct patient on nonpharmacologic pain relief measures, including									
22. Goals/Rehabilitation Potential/Discharge Plans Patient BP will be 120/80 by 9 weeks. Patient/caregiver will verbalize understanding of measures, s/sx, factors, complications and exacerbation to report to SN/MD by 9 weeks. Patient/caregiver will verbalize understanding of Management of DM as evidenced by achieving and maintaining FBS between 70-130 by 9 weeks. PT/CG will verbalize knowledge of pain medication regimen and pain relief measures by the end of the episode. Patient/caregiver will verbalize understanding of managing pain by 9 weeks. Patient will be free from signs and symptoms of respiratory distress during the episode. Patient/Caregiver will verbalize knowledge of diabetes management, S&S of complications, hypo/hyperglycemia, foot care and management during illness or stress by the end of the episode. Patient will maintain Heart Healthy and									
23. Nurse's Signature and Date of Verbal SOC Where Applicable: Electronically Signed by: Angela Ananti RN						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) 791-8211 NPI: 1962447805					26. Physician Certification Statement I 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. I estimate the duration of continued Home Health services for this patient to be __60 Days____ (Days/weeks/Months)				
27. Attending Physician's Signature and Date Signed  Electronically signed by Ketha, Sumana M.D. on 05/03/2016					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.				

ADDENDUM TO: PLAN OF TREATMENT

1. Patient's HI Claim No. 543270878B	2. Start Of Care Date 06/20/2014	3. Certification Period From: 04/10/2016 To: 06/08/2016	4. Medical Record No. DT060336	5. Provider No. 747598
6. Patient's Name: DE ALVARADO, TEODORA		7. Providers Name Jacop Healthcare Services Inc		
<p>10. Medications</p> <p>FISH OIL 600MG SOFT GEL 3 TIMES A DAY PO N LOSARTAN/HCTZ 100/25MG 1TAB DAILY PO U ETODOLAC 400MG 1TAB TWICE DAILY PO U GABAPENTIN 100MG 1TAB DAILY PO U VESICARE 10 MG 1TAB AT BEDTIME PO U CLONAZEPARM 1MG 1TAB PO EVERY 8HOURS PRN FOR DEPRESSION PO U PRISTIQ 50MG 1TAB DAILY PO U ASPIRIN 81MG 1TAB DAILY PO U METORMIN 850MG 1TAB TWICE DAILY PO U IRON 65MG 1TAB DAILY PO U METOPROLOL ER 100MG 1TAB DAILY PO U SIMVASTATIN 20MG 1TAB AT BEDTIME PO U ARTIFICIAL TEARS EYE DROP 30ML 1-2GTT TWICE DAILY each eye or both eyes (O.U) U FERROUS SULFATE 140MG 1TAB 3 TIMES DAILY PO U OMEPRAZOLE 20MG 1TAB Twice DAILY PO C PIOGLITAZONE 45MG 1TAB DAILY PO C BIOFREEZE 4oz CREAM apply on affected area TWICE DAILY PRN FOR PAIN Topical (TOP) C</p>				
<p>13. Other Diagnoses</p> <p>E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unsp (E) 04/06/2016 E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy (E) 04/06/2016 K21.9 Gastro-esophageal reflux disease without esophagitis (E) 04/06/2016 E78.2 Mixed hyperlipidemia (E) 04/06/2016 D50.9 Iron deficiency anemia, unspecified (E) 04/06/2016 M81.0 Age-related osteoporosis w/o current pathological fracture (E) 04/06/2016 M06.9 Rheumatoid arthritis, unspecified (E) 04/06/2016 N32.81 Overactive bladder (E) 04/06/2016 F32.9 Major depressive disorder, single episode, unspecified (E) 04/06/2016</p>				
<p>14. DME and Supplies</p> <p>Tub/Shower Bench, Walker, Alcohol Pads, Exam Gloves, Probe Covers</p>				
<p>15. Safety Measures</p> <p>Sharps Safety, Slow Position Change, Standard Precautions/Infection Control, Use of Assistive Devices, Instructed on mobility safety, Instructed on sharps container, Instructed on disaster/emergency plan, Instructed on safety measures</p>				
<p>21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)</p> <p>techniques, massage, stretching, positioning, and hot/cold packs. . SN to assess/instruct on diabetic management to include: nail, skin & foot care, medication administration and proper diet. SN to instruct Patient/Caregiver on Heart Healthy and Diabetic diet. SN to instruct patient to change positions slowly. 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. Discharge Summary Available Upon Request.</p>				
<p>22. Goals/Rehabilitation Potential/Discharge Plans</p> <p>Diabetic diet compliance during the episode. Patient's strength, endurance and mobility will be improved. 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. Patient will receive adequate PHC from Attendant under the supervision of RN by 9 weeks. Rehab Potential: Fair for stated goals. Discharge Plan: Patient to be discharged to the care of Physician. Patient to be discharged to the care of Caregiver. Patient to be discharged to Self-care. Discharge when caregiver willing and able to manage all aspects of patient's care. Discharge when goals met.</p>				
27a. Signature of Physician:  Electronically signed by Ketha, Sumana M.D. on			27b. Date: 05/03/2016	
23. Optional Name / Signature of Nurse / Therapist Electronically Signed by: Angela Ananti RN			Date 4/6/2016	