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.
448607490C2	10/23/2014	From: 12/22/2014 To: 02/19/2015	IHHC-127	747682

6. Patient's Name and Address
Alsip, Jeromy
3831 MEHALIA DR.
Dallas, TX 75241
(469) 233-1544

7. Provider's Name, Address and Telephone Number
Integris Home Health Care, LLC
2735 VILLA CREEK PARKWAY, STE 142,
Dallas, TX 75234
Phone: (972) 249-4999 | Fax: (972) 468-6991
Email: sraju@integrishhc.com

8. Date of Birth 10/19/1983 **9. Sex** [X] M [ ] F

11. ICD-9-CM	Principal Diagnosis	Date
715.09	General osteoarthrosis	12/18/2014

12. ICD-9-CM	Surgical Procedure	Date

13. ICD-9-CM	Other Pertinent Diagnoses	Date
401.1	Benign hypertension	12/18/2014
728.87	Muscle weakness-general	12/18/2014
724.3	Sciatica	12/18/2014
333.99	Extrapyramidal dis NEC	12/18/2014

10. Medications: Dose/Frequency/Route (N)ew (C)hanged (U)nchanged
THORAZINE 100 MG ORAL TABLET ONE TAB THREE TIMES DAILY By mouth (PO) N
AMLODIPINE 10 MG ORAL TABLET daily By mouth (PO) U
TRAZODONE 100 MG ORAL TABLET 1 tab at bedtime prn By mouth (PO) U
HALOPERIDOL 10 MG ORAL TABLET 10 mg twice daily By mouth (PO) U
DIPHENHYDRAMINE 50 MG ORAL CAPSULE 50 mg QID By mouth (PO) C
DEPAKOTE DR 1000 MG 1000 MG TWICE DAILY By mouth (PO) U

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

15. Safety Measures:
Emergency Plan Developed, Fall Precautions, Keep Pathway Clear,

16. Nutritional Req. Heart Healthy.

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

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

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

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

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

21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)
SN Frequency: 1W9.
PT Frequency: Physical therapist to evaluate and submit plan of treatment.
MSW Frequency: EVAL AND CONSULT. MSW to assess psychosocial needs, environment and assist with community referrals and resources every 60 days.
SN to notify MD of: Temperature greater than (>) 100.5 or less than (<) 96.0.
Pulse greater than (>) 100 or less than (<) 60.
Respirations 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.
O2 Sat (percent) less than (<) 90.
Weight Gain/Loss (lbs/7 days) Greater than 5.
Homebound Status: Unable to safely leave home unassisted; Unsafe to leave home due to cognitive or psychiatric impairments;
SN to develop individualized emergency plan with patient.
SN to assess pain level, report to physician if patient experiences pain level not acceptable to patient, pain level greater than a 5 out of 10 pain scale, and educate and guage effectiveness of pain relief measures instruct patient on nonpharmacologic pain relief measures, including relaxation techniques, massage, stretching, positioning, and hot/cold packs.
SN to assess skin for breakdown every visit.

22. Goals/Rehabilitation Potential/Discharge Plans
The Patient/Caregiver will verbalize understanding of individualized emergency plan by the end of the episode.
Patient will have absence or control of pain as evidenced by 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 verbalize an understanding of energy conserving measures by end of

23. Nurse's Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by: Monica Todd RN 12/18/2014

25. Date HHA Received Signed POT

24. Physician's Name and Address
Ketha, Sumana MD NPI: 1962447805
2925 Skyway Cir N
Irving TX 75038
Phone: (972) 247-3060 | Fax: (888) 841-3651

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

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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ADDENDUM TO: PLAN OF TREATMENT

1. Patient's HI Claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
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6. Patient's Name:	7. Providers Name
Alsip, Jeromy	Integris Home Health Care, LLC

10. Medications
LORAZEPAM 2 MG ORAL TABLET 1 tab QID By mouth (PO) U
INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE prn Intramuscular (IM) U

13. Diagnoses
307.42 / Persistent insomnia / 12/18/2014
296.90 / Episodic mood disord NOS / 12/18/2014
V58.69 / Long-term use meds NEC / 12/18/2014

15. Safety Measures
Safety in ADLs, Slow Position Change, Standard Precautions/Infection Control, Instructed on mobility safety, Instructed on disaster/emergency plan, Instructed on safety measures

18.A. Functional Limitations
concentration
ambulation challenged with EPS

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

SN to instruct patient on energy conserving measures including frequent rest periods, small frequent meals, avoiding large meals/overeating, controlling stress.
SN to perform weekly weights. SN to instruct patient on daily weight self-monitoring program, and to report weight gain of 2-3lbs/day, 5lbs/week. SN to assess patient's weight log every visit.
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 Patient/Caregiver on HEART HEALTHY diet. SN to assess patient for diet compliance.
SN to perform a neurological assessment each visit.
SN to instruct patient to wear proper footwear 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 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
the episode.
Patient to verbalize the importance and demonstrate proper foot wear use and daily foot /lateral leg exams.
The Patient/Caregiver will verbalize understanding of symptoms of cardiac complications and when to call 911 by 02/15/2015.
Patient will maintain HEART HEALTHY diet compliance during the episode.
Neuro status will be within normal limits and free of S&S of complications or further deterioration.
Patient's community resource needs will be met with assistance of social worker.
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 02/14/2015.
Eye and Dental exam prior to the end of the episode.
Rehab Potential: Fair for stated goals.
Discharge when goals met.

9. Signature of Physician:	10. Date:

11. Optional Name / Signature of Nurse / Therapist	12. Date
Electronically Signed by: Monica Todd RN	12/18/2014

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