

OUR SAVIOUR HEALTHCARE SERVICES INC.

7205 High Point Dr, Sachse TX 75048

Phone: (469)2351576 Fax: (469)814-0990

Confidential

Fax

TO: DR sumana Ketha
FAX NUMBER: (972) 675 7310

FROM: Gertrude Akanna RN, DON.

BUSINESS PHONE: (469) 235-1576.
BUSINESS FAX: (469)814-0990.

Pages: 3 PAGES


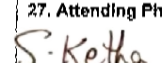
Date/Time 02/11/2015

Subject: 485 and recert order for Dorothy Adams

NOTE : Please have MD sign and fax back to our office urgently

NOTICE: The information contained in this message and document(s) may contain confidential, protected health information and is legally privileged by federal law. This message and the following document(s) are intended only for the use of the person or entity; you are notified that the message is NOT intended for you. If you are not the intended recipient, beware that any disclosure, copying, distributing or use of the contents of this message and document(s) is prohibited. Furthermore, if you are not the intended recipient, you are requested to immediately notify the sender by telephone or fax to arrange the return of the message and the document(s), at the senders expense.

HOME HEALTH CERTIFICATION AND PLAN OF CARE

1. Patient's HI Claim No. 450426255A		2. Start Of Care Date 10/21/2014		3. Certification Period From: 12/20/2014 To: 02/17/2015		4. Medical Record No. OS0929		5. Provider No./NPI 747641/1326274978	
6. Patients Name and Address Dorothy Adams 1407 BRAEWOOD PL DUNCANVILLE TX 75137					7. Provider's Name, Address and Phone Number Our Saviour Healthcare Services, Inc. 7205 High Point Dr Sachse TX 75048-2160 Phone: 4692351576 Fax: 4698140990				
8. Date Of Birth 09/04/1929 9. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F					10. Medication: Dose/Frequency/Route (N)ew (C)hange Metformin HCl 1000MG 1tab Tablet Oral twice a day diabetes (L) Amlodipine 10MG 1tab Tablet Oral once a Day HTN (L) Quetiapine Fumarate 25MG 1TAB Tablet Oral twice a day Psychosis (L) Tylenol Arthritis 650MG 2tabs Tablet Oral every 6 hours prn pain (L)				
11. ICD-9-CM Principal Diagnosis 250.02 Diabetes mellitus without E		Date		15. Safety Measures Slow Position Change, Use of Assistive Devices, Instructed on Emergency					
12. ICD-9-CM Surgical Diagnosis		Date							
13. ICD-9-CM Other Pertinent Diagnosis 357.2 Polyneuropathy In Diabete E 781.2 Abnormality Of Gait E 728.87 Muscle Weakness (General) E 298.0 Depressive Type Psychosis E		Date							
14. DME and Supplies Alcohol Pads, Chemstrips, Probe Covers, Diabetic Supplies, Exam Gloves,					16. Nutritional req. Low-Fat Diet Low Cholesterol Diet, 1800 ADA diet, 2gm NA diet,				
18.A Functional Limitations 1 Amputation 5 Paralysis 3 Legally Blind 2 <input checked="" type="checkbox"/> Bowel/Bladder (Incontinence) 6 <input checked="" type="checkbox"/> Endurance 4 <input checked="" type="checkbox"/> Dyspnea with Minimal Exertion 3 Contracture 7 <input checked="" type="checkbox"/> Ambulation 3 Other Specify 4 Hearing 8 Speech					18.B Activities Permitted 1 Complete Bed Rest 6 Partial Weight Bearing A <input checked="" type="checkbox"/> Wheelchair 2 Bed Rest BRP 7 Independent At Home B <input checked="" type="checkbox"/> Walker 3 Up As Tolerated 8 Crutches C <input type="checkbox"/> No Restriction 4 Transfer Bed/Chair 9 Cane D <input type="checkbox"/> Other Specify 5 Exercise Prescribed				
19. Mental Status 1 <input checked="" type="checkbox"/> Oriented 2 Comatose		3 <input checked="" type="checkbox"/> Forgetful 4 Depressed		5 Disoriented 6 Lethargic		7 Agitated 8 Other			
20. Prognosis 1 Poor		2 <input checked="" type="checkbox"/> Guarded		3 Fair		4 Good		5 Excellent	
21. Orders For Disciplines and Treatment (Specify Amount/Frequency/Duration) SN frequency lwk9 beginning week of 12/21/2014, HHA Frequency 5wk9, 3wkl beging week of 12/21/2014 SN to perform skilled assessment of the body system with vital signs at every visit, SN to assess all body systems. V/S parameter to report to MD-BP> 160/90 or 90/60, HR > 100 or <60, Resp. >24 or <12, Temp> 100.5 or <96. SN to assess pt's cardiac status for chest pain, peripheral edema, pulse irregularities, peripheral circulation and angina. Assess musculoskeletal status for level of joint pain, effectiveness of current pain regimen and report pain level greater than 5 to MD. SN also to assess respiratory status for dyspnea, abnormal breath sound, cough or sputum Using aseptic technique. SN may perform FS blood sugar every visit using patient's glucometer to assess for S/SX of hypo/hyperglycemia or accuracy of reported BS if not already done by patient. SN to report FBS >250 or <70 and RBS> 300 or <70 mg/dl to MD. Dispose sharps per OSHA guidelines. SN to assess pt's knowledge on energy conservation and home safety measures every visit, and instruct on areas of knowledge									
22. Goals/Rehabilitation Potential/Discharge Plan Goals/Rehabilitation Potential/Discharge Plans; Patient's BLOOD SUGAR level will be within Normal limits as established by MD within 60 days, Patient will have adequate working knowledge of disease process, patho, s/sx, and exacerbation OF DIABETES within 60 days. Patient will be able to list 3 out of 4 uses of DIABETIC medication within 60 days. Patient will be able to list 2 out of 4 treatment of DIABETES. Patient will be able to state when to go to ER, or What S/SX to report to MD within 60 days. Rehab potential: Good for goals stated above. HHA GOALS; Patient will achieve adequate ADL'S and IADL'S within 60 days. D/C Plans: Patient will be discharged when goals are met and pt no longer in need of skilled nursing services or alternative POC have been arranged									
23. Nurse's Signature and Date of Verbal SOC Where Applicable  12/19/14						25. Date HHA Received Signed POT			
24. Physician Name and Address KETHA, SUMANA MD 2925 SKYWAY CIRCLE IRVING TX 75038					26. I Certify/Reaffirm that this patient is confined to his or her home and needs intermittent nursing care, physical therapy and/or speech therapy or continuous 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. NPI: 1962447805 Tel: 9726757313 Fax: 9726757310				
27. Attending Physician's Signature and Date signed  Electronically signed by Ketha, Sumana M.D. on 02/17/2015					28. Anyone who misrepresents, falsify or conceal essential information required for payment of federal funds may be subject to fine, imprisonment, or civil penalty under applicable federal laws				

HOME HEALTH CERTIFICATION AND PLAN OF CARE

ADDENDUM TO PLAN OF TREATMENT

1. Patients HI Claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No./NPI
450426255A	10/21/2014	From: 12/20/2014 To: 02/17/2015	OS0929	747641/1326274978
6. Patients Name and Address			7. Provider's Name, Address and Phone Number	
Dorothy Adams 1407 BRAEWOOD PL DUNCANVILLE TX 75137			Our Saviour Healthcare Services, Inc. 7205 High Point Dr Sachse TX 75048-2160 Phone: 4692351576 Fax: 4698140990	

13. Other Pertinent Diagnosis

401.9 Unspecified Essential Hypertension E
716.50 Unspecified Polyarthropathy Or Polyarthrititis Site E

15. Safety Measures

Plan, Keep Pathways Clear, Safety in ADLs, Standard Precautions/Infection Control, Instructed on Fall Precautions, Instructed on mobility safety/verb. undo, Instructed on sharps containers/verb. un, Instructed caregiver to clear pathway, Emergency care plan, Sharp container, Fall precautions, Mobility safety, Always wear eye glasses,

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

deficit. SN to teach disease process of DIABETES, to include path physiology, S/SX, treatment and exacerbation. Assess knowledge of medication regimen and deficits, teach DIABETES medications to include action, scheduled S/E and safety measures and instruct or now on changed medications if any. SN to instruct on medication safety measures, ADA diet, importance of keeping daily BS log and other non-pharmacological management of DIABETES. Instruct on Pharmacological and Non-pharmacological pain management, skin care, incontinent care and home safety measures and all other areas of care where knowledge deficit noted. May collect Oasis data at any specific time point as required by CMS. Hold MMCS if patient transferred to inpatient facility. HHA to assist with personal care, ADL'S and IADL'S per POC under supervision of an RN.

23. Optional Name/Signature Of Nurse/Therapist

Amo Akance

Date:

12/19/14

27. Signature Of Physician:

Date:

S. Ketha

Electronically signed by Ketha, Sumana M.D. on 02/17/2015