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.
458081882A	07/12/2016	From: 07/12/2016 To: 09/09/2016	DEHS0000000024	747372

6. Patient's Name and Address
CANADY, TERRY
3405 WENDELKIN ST
Dallas, TX 75215
(214) 371-6968

7. Provider's Name, Address and Telephone Number
Divine Edge Health Services LLC
8330 LBJ FREEWAY Suite 345
Dallas, TX 75243
Phone: (214) 493-3118 | Fax: (888) 958-2383
Email: health@divineedgeservices.com

8. Date of Birth 12/15/1954

9. Sex ☐ M ☒ F

10. Medications: Dose/Frequency/Route (N)ew (C)hanged (U)nchanged
DEPAKOTE 500 MG ORAL DELAYED RELEASE TABLET 1 tab twice daily by mouth N
HALDOL 5 MG ORAL TABLET 5 mg 1 tab by mouth daily N

11.ICD-10-CM	Principal Diagnosis		Date
I27.9	Pulmonary heart disease, unspecified	O	07/12/2016
12.ICD-10-CM	Surgical Procedure		Date
13.ICD-10-CM	Other Pertinent Diagnoses		Date
F25.1	Schizoaffective disorder, depressive type	E	07/12/2016

14. DME and Supplies
Cane, Elevated Toilet Seat, Hospital Bed, Probe Covers, Sterile Glove

15. Safety Measures:
Fall Precautions, Safety in ADLs, Slow Position Change, Standard

16. Nutritional Req. Low Sodium.

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: 2W1,1W8, 2PRN as needed for exacerbations. SN to set up medication Minder every week..SN to notify MD of: Temperature greater than (>) 101 or less than (<) 95. Pulse greater than (>) 90 or less than (<) 60. Respirations greater than (>) 28 or less than (<) 12. Systolic BP greater than (>) 180 or less than (<) 90. Diastolic BP greater than (>) 100 or less than (<) 60. O2 Sat (percent) less than (<) 90. SN to assess patient for diet compliance. Pain greater than 6. Agency may accept orders from consulting Physicians, other doctors or specialist for the care of this Patient. Agency to Hold Home health services if patient transfers to inpatient facility and resume services when the patient returns home.SN to perform the following assessments every visit: EENT, CV Resp, Neuro, Skin, Musculoskeletal, GI, and GU status. Patients' home safety, fall risk and document deviations; Patients pain level every visit using the pain scale. 0= no pain, 10= unbearable pain.SN instruct pt. on pain and pain management. SN to instruct the Pt/Cg on Hypertensive heart disease, the disease process, pathophysiology , S/Sx such as Shortness of breath, Difficulty in sleeping flat on bed or suddenly waking up due to problems in breathing, Fatigue or weakness when doing ordinary or daily activities, Bloating and edema of the lower extremities, Nausea, Palpitations or irregular pulses, Coughing with frothy, pinkish secretion, Increased frequency of urination at night, headaches, dizziness ,elevated blood pressure, Exacerbations, medications, indications of usage with side effects, Treatments and prescribed instruct on prescribed diet of low fat, low

22. Goals/Rehabilitation Potential/Discharge Plans
The patient will have no hospitalizations and Vital signs will be within the normal limit during the episode. The Pt/cg will verbalize understanding of Hypertensive heart disease, the disease process, pathophysiology , S/Sx, Exacerbation's, medications, indications of usage with side effects, Treatments and prescribed instruct on prescribed diet of low fat, low cholesterol and low sodium, hearty diet by EOE. The Pt/cg will verbalize understanding of cardiac dysfunction and relieve complications by the end of the episode. Pt/Cg will verbalize understanding of 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 by the end of the

23. Nurse's Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by: Oluyemisi Akinode RN 07/12/2016

25. Date HHA Received Signed POT

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

26. Physician Certification Statement
I certify 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
S. Ketha Electronically signed by Ketha,Sumana M.D. on 10/04/2016

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.

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.
458081882A	07/12/2016	From: 07/12/2016 To: 09/09/2016	DEHS0000000024	747372

6. Patient's Name:	7. Providers Name
CANADY, TERRY	Divine Edge Health Services LLC

10. Medications
RISPERDAL 2 MG ORAL TABLET 2mg 1 tab once a day N
TRAZODONE 150 MG ORAL TABLET 1 tab by mouth at bedtime N
ZIPRASIDONE 80 MG ORAL CAPSULE 1 tab , twice daily by mouth N
HYDROCHLOROTHIAZIDE 25 MG ORAL TABLET 1 tab by mouth daily N
AMLODIPINE 5 MG ORAL TABLET 1 tab by mouth daily N
PROPRANOLOL 10 MG ORAL TABLET 1 tab by mouth, twice daily N

13. Other Diagnoses
F06.2 Psychotic disorder w delusions due to known physiol cond (E) 07/12/2016
M13.0 Polyarthritis, unspecified (O) 07/12/2016
R26.2 Difficulty in walking, not elsewhere classified (O) 07/12/2016
R32 Unspecified urinary incontinence (O) 07/12/2016

15. Safety Measures
Precautions/Infection Control, Use of Assistive Devices

21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)
cholesterol and low sodium, hearty diet. SN to instruct the Patient/Caregiver on measures to recognize cardiac dysfunction and relieve complications. SN to instruct patient on measures to detect and alleviate edema. SN to instruct Schizophrenia , mood disorder, home precautions/safety, fall/safety precautions 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 the Patient/Caregiver to remove clutter from patient's path 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. Homebound Status: Exhibits considerable & taxing effort to leave home; Severe Dyspnea; Unable to safely leave home unassisted; SN to develop individualized emergency plan with patient.

22. Goals/Rehabilitation Potential/Discharge Plans
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 will be free from respiratory distress signs and symptoms of during the episode. Patient will remain free from chest pain, or chest pain during the episode. The Patient/Caregiver will verbalize and demonstrate edema-relieving measures by the episode. Patient will remain free of adverse medication reactions during the episode. Pt/cg will be able be able to list 2 of 4 uses of hypertensive heart disease medications within 60 days. Pt/cg will be able to list 2 of 3 names of meds within 60 days. The patient will be free falls and injury during the episode The Patient/Caregiver will verbalize understanding of medication regimen, dose, route, frequency, indications, and side effects by .EOE. Patient will remain free from increased confusion and mood will be as stable as possible, (pt. has schizophrenia) during the episode. Rehab Potential: Fair for stated goals. Discharge Plan: 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

27a. Signature of Physician:	27b. Date:
S. Ketha Electronically signed by Ketha,Sumana M.D. on	10/04/2016
23. Optional Name / Signature of Nurse / Therapist	Date
Electronically Signed by: Oluyemisi Akinode RN	7/12/2016

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