

# FAX

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<b>From:</b>	Gertrude Akanna
<b>Company:</b>	Our Saviour Healthcare Services Inc.
<b>Location:</b>	9550 Skillman St. Suite 105. Dallas Tx. 75243
<b>Phone number:</b>	2142383220
<b>Fax number:</b>	844 269-6859

<b>To:</b>	GERTRUDE AKanna
<b>Company:</b>	OUR SAVIOUR HEALTHCARE SERVICES INC.
<b>Location:</b>	DALLAS
<b>Phone number:</b>	2142383220
<b>Fax number:</b>	972 675-7310

**Regarding:** Alfonso Reese Recert Order and 485

**Comments:**

Please have MD , review, sign and fax back to our office in a timely manner

461920777A

08/03/2012

From: 01/09/2017 To: 03/09/2017

OS1245

747641/1326274978

**6. Patients Name and Address**

Alfonso Reese  
2265 Washington Ave #307  
Dallas TX 75223

4692067469

**7. Provider's Name, Address and Phone Number**

Our Saviour Healthcare Services, Inc.  
9550 Skillman St. Suite 105 Dallas TX 752438261  
Phone: 2142383220 Fax: 2145535649

**8. Date Of Birth** 12/16/1945 **9. Sex** ☒ M ☐ F

**11. ICD-CM** **Principal Diagnosis** **Date**

M15.0 Primary generalized (oste E

**12. ICD-CM** **Surgical Diagnosis** **Date**

**13. ICD-CM** **Other Pertinent Diagnosis** **Date**

M54.5 Low back pain E

F32.9 Major depressive disorder E

K21.9 Gastro-esophageal reflux E

M05.59 Rheumatoid polyneuropathy E

**14. DME and Supplies** Exam Gloves  
Probe Covers

**16. Nutritional req.** ,2gm NA diet, Low Cholesterol  
Diet, Low-Fat Diet

**18.A Functional Limitations**

1 ☐ Amputation 5 ☐ Paralysis 9 ☐ Legally Blind  
2 ☐ Bowel/Bladder 6 ☒ Endurance A ☒ Dyspnea with Minimal  
(Incontinence) Exertion  
3 ☐ Contracture 7 ☒ Ambulation B ☐ Other Specify  
4 ☐ Hearing 8 ☐ Speech

**10. Medication: Dose/Frequency/Route (N)ew (C)hange**

Trazodo 50MG 1tab Tablet Oral once daily at bedtime  
depression (L)  
Ibuprofen 800MG 1TAB Tablet Oral THREE TIMES DAILY  
PAIN (L)  
Lisinopril 5MG 1TAB Tablet Oral ONCE DAILY HTN (L)  
Norco 325MG-7.5MG 1TAB Tablet Oral TWICE DAILY  
PAIN (L)  
Norco 325MG-7.5MG 1TAB Tablet Oral PRN PAIN (L)  
Tramadol 50MG 1TAB Tablet Oral EVERY 8HRS PRN PAIN  
PAIN (N)  
Omeprazole 20MG 1CAP Capsule, Delayed Release Oral  
ONCE DAILY GERD (N)

**15. Safety Measures** ,Always wear eye  
glasses, Emergency care plan, Fall

**17. Allergies** NKDA FOOD, OR ENVIRONMENTAL ALLERGY

**18.B Activities Permitted**

1 ☐ Complete Bed Rest 6 ☐ Partial Weight Bearing A ☐ Wheelchair  
2 ☐ Bed Rest BRP 7 ☐ Independent At Home B ☒ Walker  
3 ☒ Up As Tolerated 8 ☐ Crutches C ☐ No Restriction  
4 ☐ Transfer Bed/Chair 9 ☒ Cane D ☐ Other Specify  
5 ☐ Exercise Prescribed

**19. Mental Status**

1 ☒ Oriented 3 ☒ Forgetful 5 ☐ Disoriented 7 ☐ Agitated  
2 ☐ Comatose 4 ☐ Depressed 6 ☐ Lethargic 8 ☐ Other

**20. Prognosis** 1 ☐ Poor 2 ☐ Guarded 3 ☒ Fair 4 ☐ Good 5 ☐ Excellent

**21. Orders For Disciplines and Treatment (Specify Amount/Frequency/Duration)**

Skilled Nursing (SN): 2wk2, 1wk7.

,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, wheezing and increase SOB. Assess pt's knowledge on energy conservation and home safety measures every visit, and instruct on areas of knowledge deficit. SN to teach disease process of OSTEOARTHRITIS, to include pathophysiology, s/sx, treatment and exacerbation. Assess knowledge of medication regimen and deficits, teach OSTEOARTHRITIS medications to include action, scheduled S/E and safety measures and instruct on new or changed medications if any. SN

**22. Goals/Rehabilitation Potential/Discharge Plan**

,Patient's PAIN 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 OSTEOARTHRITIS within 60 days. Patient will be able to list 3 out of 4 uses of OSTEOARTHRITIS medication within 60 days. Pt's maintain stable respiratory status AEB patient will be free of cough, will have decrease SOB. Patient will also have stable cardiac status AEB B/P WNL set by MD, Pt. will be free of chest pain and have decrease in frequency of SOB. Pt will be able to list foods to avoid.

Patient will be able to list 2 out of 4 treatment non pharmacological measures to manage and control OSTEOARTHRITIS. 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 .

**23. Nurse's Signature and Date of Verbal SOC Where Applicable**

Digitally Signed by: AKANNA GERTRUDE, RN

01/06/2017

**25. Date HHA Received Signed POT****24. Physician Name and Address**

KETHA, SUMANA MD  
2925 SKYWAY CIRCLE  
IRVING TX 75038

NPI: 1962447805

Tel: 9726757313

Fax: 9726757310

26. I Certify/Recertify 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. I certify that in my estimation continued services will be required for 60-Days.

**27. Attending Physician's Signature and Date signed**

*S. Ketha*

Electronically Signed By Ketha, Sumana M.D.

02/10/2017

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

<b>1. Patients HI Claim No.</b> 461920777A	<b>2. Start Of Care Date</b> 08/03/2012	<b>3. Certification Period</b> From: 01/09/2017 To: 03/09/2017	<b>4. Medical Record No.</b> OS1245	<b>5. Provider No./NPI</b> 747641/1326274978
<b>6. Patients Name and Address</b> Alfonso Reese 2265 Washington Ave #307 Dallas TX 75223 4692067469		<b>7. Provider's Name, Address and Phone Number</b> Our Saviour Healthcare Services, Inc. 9550 Skillman St. Suite 105 Dallas TX 752438261 Phone: 2142383220 Fax: 2145535649		
<b>10. Medication: Dose/Frequency/Route</b> Gabapentin 100MG 1tab Capsule Oral twice a day neuropathy (N) Singulair 10MG 1tab Tablet Oral once daily allergy (N) Fenofibrate 160MG Tablet Oral ONCE DAILY HIGH LIPID (N) Zolpidem 5MG Tablet Oral EVERY HOUR OF SLEEP SLEEP (N) Ammonium Lactate 12% Lotion Topical application two times daily PRN (N) Methocarbamol 500MG 1tab Tablet Oral twice daily spasm (N) Omega-3 Ethylester 2caps 1gm twice daily supplement (N) Alprazolam 2MG 1tab Tablet Oral every bedtime anxiety (N)				
<b>13. Other Pertinent Diagnosis</b> J45.41 Moderate persistent asthma with (acute) exacerbation E I10 Essential (primary) hypertension E M62.81 Muscle weakness (generalized) E M62.838 Other muscle spasm E E78.5 Hyperlipidemia, unspecified E				
<b>14. DME and Supplies</b>				
<b>15. Safety Measures</b> precautions, Instructed on Emergency Plan, Instructed on emergency/disaster plan/ve, Instructed on Fall Precautions, Instructed on fire safety measures/verb., Instructed on mobility safety/verb. unde, Keep Pathways Clear, Mobility safety, Proper Position During Meals, Safety in ADLs, Standard Precuations/Infection Control, Use of Assistive Devices				
<b>21. Orders for Discipline and Treatments (Specify amount/Frequency/Duration)</b> to instruct on medication safety measures, 2gram sodium diet, low fat and low chol diets, and pharmacological and non-pharmacological management of pain, 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 HHCS if patient transferred to inpatient facility... Home Bound Status: Req. Max. assistance/taxing effort to leave home, Unable to safely leave home unassisted, Patient unable to evacuate independently in an emergency, Patient/Caregiver to be instructed on medication/diet/treatment regimen compliance to prevent repeat hospitalizations. Patient/Caregiver require instruction on pain management using analgesics and non-pharmacological interventions. SN to notify Physician of: Temperature greater than (>) 100.0 or less than 96.0. Pulse greater than (>) 110 or less than 50. Respirations greater than (>) 26 or less than 12. Systolic BP greater than (>) 160 or less than 90. Diastolic BP greater than (>) 90 or less than 50. Pain Level greater than (>) 5 on a scale of 0 - 10. Patient/Caregiver require instruction on energy conservation r/t patient's declining functional status and frequent complaints of shortness of breath. Skilled nurse instructed patient that Osteoarthritis is the most common form of arthritis, affecting millions of people worldwide. It occurs when the protective cartilage on the ends of your bones wears down over time. Although osteoarthritis can damage any joint in your body, the disorder most commonly affects joints in your hands, knees, hips and spine. Osteoarthritis symptoms can usually be effectively managed, although the underlying process cannot be reversed. Staying active, maintaining a healthy weight and other treatments may slow progression of the disease and help improve pain and joint function. Next Visit Date: 01/09/2017. Next MD Visit Date: 01/17/2017. Care coordinated with MD, SN, SN to instruct on medications to include: purpose, timing, frequency, possible side effects and s/s of allergic reactions. SN to instruct Patient/Caregiver on fall precautions. SN to instruct on medication safety r/t increasing risk of falls and injuries. SN to instruct Patient/Caregiver on importance of using assistive devices. SN to instruct on Home Safety.				
<b>23. Optional Name/Signature Of Nurse/Therapist</b>		Digitally Signed by: AKANNA GERTRUDE, RN		<b>Date:</b> 01/06/2017
<b>27. Signature Of Physician:</b> 		Electronically Signed By Ketha, Sumana M.D.		<b>Date:</b> 02/10/2017

**Our Saviour Healthcare Services Inc.  
ADDENDUM TO PLAN OF TREATMENT**

<b>1. Patients HI Claim No.</b> 461920777A	<b>2. Start Of Care Date</b> 08/03/2012	<b>3. Certification Period</b> From: 01/09/2017 To: 03/09/2017	<b>4. Medical Record No.</b> OS1245	<b>5. Provider No./NPI</b> 747641/1326274978
<b>6. Patients Name and Address</b> Alfonso Reese 2265 Washington Ave #307 Dallas TX 75223 4692067469		<b>7. Provider's Name, Address and Phone Number</b> Our Saviour Healthcare Services, Inc. 9550 Skillman St. Suite 105 Dallas TX 752438261 Phone: 2142383220 Fax: 2145535649		
<b>22. Goals/Rehabilitation potential/Discharge Plans</b>				
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.				
Patient/Caregiver will demonstrate improved compliance with medication/diet/treatment regimen as evidenced by decreased exacerbations of disease process-es requiring visits to ER and/or hospitalizations throughout episode. Patient/Caregiver will verbalize/demonstrate improved understanding of pain management with analgesics and non-pharmacological interventions as evidenced by pain values remaining by end of episode. Patient's Vital signs will be maintained within normal limits for conditions established by physician. Patient will demonstrate improved understanding of energy conservation as evidenced by decreased reports of SOB during episode. Patient/Caregiver will				
<b>22. Goals/Rehabilitation potential/Discharge Plans</b>				
demonstrate improved understanding of strategies to decrease symptoms of GERD as evidenced by decreased reports of GERD symptoms by end of episode. Patient/Caregiver will verbalize improved understanding of medication regimen as evidenced by improved compliance by end of episode. Patient will demonstrate compliance with medication by 60days . Stabilization of cardiovascular pulmonary condition by 60days . Patient will verbalizes pain controlled at acceptable level by 60days . Patient will verbalize and demonstrate independence with care by 60days . Patient demonstrate competency in following medical regime by 60days .				
Rehab Potential: Patient rehab potential is fair.				
Discharge Plans: Patient will return to independent level of care (self-care). Patient will be able to remain in residence with assistance of primary caregiver. Patient medical condition will be stabilized. Patient will have support from community. Patient to be discharged when patient is knowledgeable about when to notify physician. Patient is able to understand medical regime and care related diagnoses. Patient to be discharged when maximum functional potential reached. Patient to be discharged at the end of the episode if patient is hospitalized. Discharge Plans discussed with patient: Yes				
Patient/Caregiver will verbalize/demonstrate understanding of fall precautions as evidenced by pt with no falls this episode. Patient/Caregiver will verbalize/demonstrate understanding of the importance of using assistive devices by the end of the episode. Patient/Caregiver will verbalize/demonstrate understanding of medication safety as evidenced by pt with no falls/injuries this episode. Patient/Caregiver will verbalize/demonstrate understanding of home safety as evidenced by pt with no falls/injuries this episode.				
<b>23. Optional Name/Signature Of Nurse/Therapist</b>		Digitally Signed by: AKANNA GERTRUDE, RN		<b>Date:</b> 01/06/2017
<b>27. Signature Of Physician:</b> 		Electronically Signed By Ketha, Sumana M.D.		<b>Date:</b> 02/10/2017

**PHYSICIAN ORDER**

<b>Patient's Name:</b>	Alfonso Reese	<b>MRN:</b>	OS1245
<b>Patient's Ctrl No.:</b>		<b>Patients's DoB:</b>	12/16/1945
<b>Patient's HIC No.:</b>	461920777A	<b>Date:</b>	01/04/2017
<b>Physician Name:</b>	KETHA SUMANA MD	<b>Time:</b>	10:00 am
<b>Physician</b>	2925 SKYWAY CIRCLE IRVING TX 75038	<b>Phone:</b>	9726757313
		<b>Fax:</b>	9726757310

<input type="checkbox"/> Start of Care	<input type="checkbox"/> Plan of Care Change	<input type="checkbox"/> Progress Report	<input type="checkbox"/> Medication Change
<input type="checkbox"/> Discharge	<input checked="" type="checkbox"/> Recertification	<input type="checkbox"/> Frequency Change	<input type="checkbox"/> Post Hospital
<input type="checkbox"/> Medical Supplies	<input type="checkbox"/> Other		

**Clinical Findings**

Patients is 69 YO AAM with multiple unstable disease, he continues to have unstable Polyneuropathy in collagen. He have knowledge deficit R/T disease process of his multiple disease process which requires Skilled nursing for skilled management of unstable unstable status. Patient is home bound, unable to leave home without assistant of another, have taxing effort to leave home unassisted, he have poor endurance, short of breath with min exertion.

**Order**

RN to assess and evaluate patient for recertification to home health care services due to an extended need for skilled nursing intervention for certification period of 1/09/2017 to 3/09/2017. SN frequency to be determined at the time of visit assessment by case manager. SN will assess, evaluate VS, instruct on all areas of knowledge deficit where noted r/t diagnosis , prescribed regimen and safety measures.

**Nurse Signature:** Digitally Signed by: AKANNA GERTRUDE, RN

**Date:** 01/04/2017

**Physician Signature:**  Electronically Signed By Ketha, Sumana M.D.

**Date:** 02/10/2017