



LG CHARITY HOME HEALTH CARE SERVICES INC.
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TO:**FROM:****DATE:****PAGES (INCLUDING COVER SHEET)** _____**SENDER NAME AND COMMENTS:** _____**RECEIVER NAME:** _____**TIME FILE:** _____

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HOME HEALTH CERTIFICATION AND PLAN OF CARE

ADDENDUM TO :PLAN OF TREATMENT

1. Patients HI Claim No. 454256161A	2. Start Of Care Date 10/18/2016	3. Certification Period From: 10/18/2016 To: 12/16/2016	4. Medical Record No. LGCHHC6161	5. Provider No./NPI 747063/1336213537
6. Patients Name and Address MICHEAL JACKSON 12484 ABRAMS RD APT 2407 DALLAXS TX 75243 9727435175		7. Provider's Name, Address and Phone Number LG Charity Home Health Care Services, Inc 9535 Forest Lane Ste 246 Dallas TX 75243-5925 Phone: 4693720882 Fax: 4693720900		
10. Medication: Dose/Frequency/Route Mirtazapine 15MG 1 Tablet Oral at bedtime (L) Ondansetron 4MG 1 Tablet Oral Q8hrs Prn for N/V (L) Metformin 500MG 1 Tablet Oral Bld (N)				
13. Other Pertinent Diagnosis F32.9 Major depressive disorder, single episode, unspecified E 10/18/2016 F06.4 Anxiety disorder due to known physiological condition E 10/18/2016 I73.9 Peripheral vascular disease, unspecified E 10/18/2016 B20 Human immunodeficiency virus [HIV] disease E 10/18/2016 R11.2 Nausea with vomiting, unspecified E 10/18/2016 R26.2 Difficulty in walking, not elsewhere classified E 10/18/2016				
15. Safety Measures Ambulation, Keep Pathways Clear, Safety in ADLs, Standard Precautions/Infection Control, Instructed on DME&electrical safety/verb, Instructed on emergency/disaster plan/ve, Skin Protective measures protocol, Emergency care plan, Sharp container, Fall precautions, Mobility safety, Always wear eye glasses,				
21. Orders for Discipline and Treatments (Specify amount/Frequency/Duration) c. SN to instruct patient/caregiver on ways of coping with HIV disease d. SN to instruct patient/caregiver on diabetes diet e. SN to instruct patient/caregiver sick day rules f. SN to instruct patient/caregiver on Non pharmacology management of pain				
4. Skilled Nurse to perform: a. Skin assessment every visit and report any skin breakdown/abnormality to physician/RN. b. FSBS every visit if patient/caregiver have not perform FSBS. c. Diabetic foot assessment every visit and document pt/cg competency.				
5. Notify physician of the following: SBP>160 or <90, DBP>90 or <60, HR>100 or <60, Resp>22 or <12, Temp>100.5 or <96.1 or pain >5/10 on scale of 0-10 after pharm/non-pharm intervention, Fasting BS>200 or <60mg/dl or Non-fasting BS >250 or <70mg/dl				
6. May accept orders from alternate physicians. Patient/SN may hold visit due to MD appointment, client request, hospitalization, and move out of service area, hold service for inpatient admission and resume services upon discharge from inpatient facility. a. SN to use universal precautions at visit and during any procedures. b. SN may set up/administer medication if patient unable or caregiver unavailable. c. Discharge summary available upon request. d. SN to instruct patient/caregiver on any new diagnosis if patient is hospitalized. e. Patient family/friend assist patient with ADLs/IADLs and personal care due to self-care deficit.. Home Bound Status: Need assistance for all activities, Residual weakness, Req. Max. assistance/taxing effort to leave home, Confusion unsafe to go out alone, Unable to safely leave home unassisted, Patient unable to evacuate independently in an emergency, SN to notify Physician of: Temperature greater than (>) 100.5 or less than 96.1, Respirations greater than (>) 24 or less than 14, Systolic BP greater than (>) 160 or less than 90, Diastolic BP greater than (>) 90 or less than 60, Fasting Blood Sugar less than (<) 60mg/dl or greater than 200mg/dl, Non-Fasting Blood Sugar less than (<) 70mg/dl or greater than 250mg/dl, Pain Level greater than (>) 5 on a scale of 0 - 10, Weigh patient weekly and report weight gain/loss > 5lbs in one week to physician. Edema > 3+.. Next Visit Date: 10/24/2016. Care coordinated with MD, SN,				
22. Goals/Rehabilitation potential/Discharge Plans Rehab Potential: Good for goals stated above. Discharge Plan: Patient will be discharged to self/caregiver under physician care when goals are met or alternative care has been arranged.. Patient's vital signs will be maintained withing normal limits for conditions established by physician.. Rehab Potential: Patient rehab potential is good. Discharge Plans discussed with patient: Yes				
23. Optional Name/Signature Of Nurse/Therapist		Digitally Signed by: WAMBO MELVIES, RN		Date: 10/18/2016
27. Signature Of Physician: S. Ketha		Electronically Signed By Ketha, Sumana M.D.		Date: 12/31/2016