Bonyl Healthcare Services, Inc.

Date: **SEPTEMBER 07, 2016**	
Send to: **TEXAS PHYSICIAN HOUSE CALLS**	From: **LATARSHA SIMON**
Attention: **DR. SUMANA KETHA**	Phone: **214.350.0075**
Fax Number: **972-675-7310**	Fax Number: **214.350.0095**
	Number of Pages (including cover sheet): **4**

☐ Urgent ☒ Reply ASAP ☒ Please Comment ☒ Please Review ☒ For Your Information

Comments:

RE: THELMA KING (PLAN OF CARE)

PLEASE SIGN AND FAX BACK AS SOON AS POSSIBLE.

YOUR COOPERATION IS GREATLY APPRECIATED

Fax Cover

Bonyl Healthcare Services, Inc.
2351 W. Northwest Hwy. Ste 2135 Dallas, TX 75220
214.350.0075 Fax 214.350.0095

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.
467822719A	08/13/2016	From: 08/13/2016 To: 10/11/2016	KT-2719	747161

6. Patient's Name and Address
KING, THELMA
535 BUCKINGHAM ROAD APT 8203
Richardson, TX 75081
(214) 664-5365

7. Provider's Name, Address and Telephone Number
Bonyl Healthcare Services
2351 W NORTHWEST HWY Ste 2135
Dallas, TX 75220
Phone: (214) 350-0075 | Fax: (214) 350-0095
Email: admin@bonylhealthcare.com

8. Date of Birth 10/23/1948

9. Sex [ ] M [X] F

10. Medications: Dose/Frequency/Route (N)ew (C)hanged (U)nchanged
TRIAMCINOLONE 0.1% TOPICAL OINTMENT 1 Application QD Topical (TOP) N
SILVER SULFADIAZINE 1% TOPICAL CREAM 1 Application QD Topical (TOP) N

11.ICD- 10-CM	Principal Diagnosis	E	Date
L40.9	Psoriasis, unspecified		08/12/2016
12.ICD- 10-CM	Surgical Procedure		Date
13.ICD- 10-CM	Other Pertinent Diagnoses	E	Date
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy		08/12/2016

14. DME and Supplies
, Exam Gloves, Kerlix Rolls, Probe Covers, Sharps Container, Tubigri

15. Safety Measures:
Fall Precautions, Safety in ADLs, Sharps Safety, Standard

16. Nutritional Req. Heart Healthy, 1800 Calorie ADA Diet. Renal Diet.

17. Allergies: Clindamycin, Codeine

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

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

19. Mental Status: 1 [X] Oriented 2 [ ] Comatose 3 [X] Forgetful 4 [ ] Depressed 5 [ ] Disoriented 6 [ ] Lethargic 7 [ ] Agitated 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: 1W1,3W8,1W1,and,3PRN,Visits,for,Exacerbation,of,Disease.
SN to obtain vital signs and notify MD of: Temperature greater than (>) 100.5 or less than (<) 95.0. Pulse greater than (>) 100 or less than (<) 50. Respirations greater than (>) 24 or less than (<) 18. Systolic BP greater than (>) 160 or less than (<) 90. Diastolic BP greater than (>) 100 or less than (<) 50. O2 Sat (percent) less than (<) 93%. Fasting blood sugar greater than (>) 250 or less than (<) 50. Random blood sugar greater than (>) 350 or less than (<) 60. Weight Gain/Loss (lbs/7 days) Greater than 5 lbs.
Homebound Status: Unable to safely leave home unassisted;
Assess cardiovascular system for signs/symptoms of elevated blood pressure and for effects of long-term hypertension
Assess circulatory status noting rate and rhythm of peripheral pulses, presence of cough or dyspnea and activity intolerance levels.
Assess renal status; hydration, peripheral edema, intake and output, and urine characteristics.
Assess dialysis access site; shunt for bruit/thrill and pulsation, signs/symptoms of infection, swelling and pain.
Assess patient's ability to ambulate and participate in ADLs, limitation of joint movement, presence and level of pain on movement and effectiveness of current pain medication, current pain management therapy and ambulatory aids. Assess joints for tenderness, stiffness and

22. Goals/Rehabilitation Potential/Discharge Plans
Verbalize understanding of disease processes of Psoriasis; and its management including signs and symptoms to notify the physician and when to seek emergent care.
Verbalize understanding of dietary requirement; diabetic and renal diet.
Verbalize understanding of Factors that contributes to shortness of breath and measures of energy conservation.
Verbalize understanding of medication for Psoriasis including potential side effects and safety precautions
Verbalize understanding of precautions for other high risk

23. Nurse's Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by: Godling Onyegbunwa RN 08/13/2016

25. Date HHA Received Signed POT

24. Physician's Name and Address
KETHA, SUMANA MD
2925 SKYWAY CIRCLE NORTH SUITE B
IRVING 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 09/12/2016

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.

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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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10. Medications
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 75 Units QAM subcutaneous (SQ) C
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 55 Units QPM subcutaneous (SQ) C
AMLODIPINE BESYLATE 10 MG ORAL TABLET 1 Tablet QD By mouth (PO) U
CARVEDILOL 25 MG ORAL TABLET 1 Tablet BID By mouth (PO) U
CRESTOR 40 MG ORAL TABLET 1 Tablet QD By mouth (PO) U
VALSARTAN 160 MG ORAL TABLET 1 Tablet QD By mouth (PO) U
LEVOTHYROXINE 0.075 MCG ORAL TABLET 1 Tablet QD By mouth (PO) U
HYDROCODONE/ACETAMINOPHEN 10/325 MG ORAL TABLET 1 Tablet Q6Hrs PRN for Pain By mouth (PO) U
NEXIUM 40 MG ORAL DELAYED RELEASE CAPSULE 1 Tablet QD By mouth (PO) U

13. Other Diagnoses
M79.7 Fibromyalgia (E) 08/12/2016
I12.0 Hyp chr kidney disease w stage 5 chr kidney disease or ESRD (E) 08/12/2016
N18.6 End stage renal disease (E) 08/12/2016
I50.9 Heart failure, unspecified (E) 08/12/2016
K21.9 Gastro-esophageal reflux disease without esophagitis (O) 12/01/2014
E78.5 Hyperlipidemia, unspecified (O) 12/01/2016
E03.9 Hypothyroidism, unspecified (O) 12/01/2014

15. Safety Measures
Precautions/Infection Control, Use of Assistive Devices, Instructed on disaster/emergency plan

21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)
swelling.
Assess gastrointestinal status for nausea/vomiting, indigestion, heartburn, acid reflux and bowel elimination patterns.
Perform FSBS every visit if patient/caregiver has not performed and report to physician if out of parameters; FBS <70 or>250; RBS<70 or>300.
Fill patient's medication box with prescribed drugs every week, establish reminders to alert patient to take medications at correct times and report to physician if drug therapy appears to be ineffective.
Assess living environment for safety hazards and instruct patient on measures of safety precaution and fall prevention if patient is at risk for fall and injuries.
SN to perform/instruct on wound care as follows: Clean psoriatic wound on both leg with normal saline, apply Siver Sulfadiazine cream, wrap with gauze and secure with Tubigrip..
Instruct on the disease processes of Psoriasis to include its meaning/definition, risk factors, signs/symptoms, measures of its management and possible complications including signs and symptoms to notify the physician and when to seek emergent care.
Instruct on medications for Psoriasis to include action; desired effects; side effects; contraindications; drug/drug interactions and importance of compliance with medication regimen.
Instruct on dietary requirement; Diabetic and Renal Diet
Instruct on foods that contributes to acid reflux/indigestion and to avoid eating 4 hours before bedtime to reduce acid reflux/indigestion.
Instruct on infection control measures, home safety and fall prevention.
Instruct on pharmacological and non-pharmacological measures of pain management and symptom relief.
Instruct on factors that contributes to shortness of breath and measures of energy conservation.
Instruct on incontinent care and prevention of skin breakdown.
SN to develop individualized emergency plan with patient.
Evaluate patient's compliance and effectiveness of prescribed medications and nutritional requirement.
Report all other significant assessment findings to the physician.
Home health agency to hold services if patient is admitted to inpatient facility and resume services when discharged.
Home health agency to re-certify patient for next certification period if there is continued need for skilled nursing care.

22. Goals/Rehabilitation Potential/Discharge Plans
medications.

27a. Signature of Physician:	27b. Date:
S. Ketha Electronically signed by Ketha,Sumana M.D. on	09/12/2016
23. Optional Name / Signature of Nurse / Therapist	Date
Electronically Signed by: Godling Onyegbunwa RN	8/13/2016

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

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22. Goals/Rehabilitation Potential/Discharge Plans

Patient's vital signs will remain within acceptable parameters.
Patient's pain will be managed at less than 2 on a scale of 0-10 with medication, pain relief measures and/or activity regimen.
Patient will be free of falls or injuries, adverse medication reactions and free of infection.
Patient will maintain a stable cardiac status as evidenced by BP remaining within specified parameters.
Patient will have stable diabetic status as evidenced by blood sugar levels staying within physician established parameters.
Patient will remain in home setting and not require hospitalization for complications/ exacerbation.
The Patient will verbalize understanding of individualized emergency plan by the end of the episode.
Wound(s) will heal without complication by the end of the episode.
Rehab Potential: Good for stated goals.Discharge Plan:Patient to be discharged to the care of Physician.
Patient to be discharged to the care of Caregiver. Discharge when goals met. Discharge when wound(s) healed.

27a. Signature of Physician:	27b. Date:
S. Ketha Electronically signed by Ketha,Sumana M.D. on	09/12/2016
23. Optional Name / Signature of Nurse / Therapist	Date
Electronically Signed by: Godling Onyegbunwa RN	8/13/2016

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