Department of Health and Human Services
Centers for Medicare & Medicaid Services

Certification ☐ Recertification ☒ X

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.
452925064A	1/8/2014	From: 3/9/2014 To: 5/7/2014	MCR5064	679769

6. Patient's Name and Address
Banks, Betty A.
3622 S. Tyler St
Dallas TX 75224
Phone: 214 779 2106

7. Provider's Name, Address and Telephone Number
Integrity Home Care Services,Inc. Dallas
2695 Villa Creek Dr.Ste 105
Dallas , TX - 75234
Phone: 972 681 7777
Fax: 972 681 7779

8. Date of Birth 8/24/1949

9. Sex ☐ M ☒ X F

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
NOVOLIN 70/30 50 UNITS SQ EVERY MORNING
NOVOLIN 70/30 20 UNITS SQ EVERY NIGHT
HYDRALAZINE 50MG 1 TAB PO TID
METOPROLOL 100MG 1 TAB PO DAILY
SINGULAIR 10MG 1 TAB PO DAILY

11. ICD-9-CM	Principal Diagnosis	Date
401.9	Unspecified Essential Hyp (E)	
12. ICD-9-CM	Surgical Procedure	Date
13. ICD-9-CM	Other Pertinent Diagnoses	Date
250.60	Diabetes with neurologica (E)	-
428.0	Congestive heart failure, (E)	-
357.2	Polyneuropathy In Diabete (E)	-

14. DME and Supplies

15. Safety Measures:
SLOW POSITION CHANGE, KEEP

16. Nutritional Req. NCS, LOW NA, HEART HEALTHY

17. Allergies: PATIENT DENIES ANY ALLERGIES TO

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 ☒ X 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 ☐ Wheelchair
B ☐ 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 : 1W9
SN MAY MAKE UP TO 3 PRN VISITS FOR DISEASE PROCESS EXACERBATION, FALL WITH INJURY, S/S OF INFECTION OR MEDICATION CHANGES.
SN MAY ACCEPT ORDERS FROM OTHER CONSULTING PHYSICIAN.
SN TO ASSESS PATIENTS VITAL SIGNS AND ALL BODY SYSTEMS.
SN TO REPORT TO MD IF RESP >28 OR <12, TEMP >100 OR <96, SBP >166 OR <90, DBP >90 OR <60, PULSE >100 OR <60, RBS <60MG/DL OR >275MG/DL FOR FURTHER MD INTERVENTIONS.
SN TO INSTRUCT PATIENT/CG ON DISEASE PROCESS OF HTN, DM, NEUROPATHY, ALLERGIC RHINITIS AND ALL ASSOCIATED CARE & TREATMENT AS KNOWLEDGE DEFICIT INDICATES.
SN TO INSTRUCT PATIENT/CAREGIVER ON ALL ASPECTS OF DIABETIC MANAGEMENT TO INCLUDE FOOT ASSESSMENT, DIET, AND SIGNS & SYMPTOMS OF HYPO/HYPERGLYCEMIA.
SN TO INSTRUCT PATIENT/CAREGIVER ON MEASURES TO DETECT AND ALLEVIATE EDEMA.
SN TO ASSESS/INSTRUCT PATIENT/CG ON NEW OR CHANGED MEDICATION REGIMEN TO INCLUDE NAME, DOSAGE, SIDE EFFECTS, ROUTE, FREQUENCY, DESIRED ACTION AND ADVERSE REACTIONS.
SN TO INSTRUCT PATIENT/CAREGIVER ON NCS, LOW SODIUM, HEART HEALTHY DIET.
SERVICES WILL BE PLACE ONHOLD IF PATIENT IS HOSPITALIZED LONGER THAN 24 HRS OR IF PATIENT HAS BEEN

22. Goals/Rehabilitation Potential/Discharge Plans
PATIENT WILL MAINTAIN VITAL SIGNS WITHIN PARAMETERS DURING THIS CERT PERIOD.
PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE UNDERSTANDING OF DISEASE PROCESSES WITHIN 9 WEEKS OF CERTIFICATION PERIOD.
PATIENT/CAREGIVER WILL VERBALIZE AND DEMONSTRATE EDEMA-RELIEVING MEASURES WITHIN THREE WEEKS OF CERTIFICATION PERIOD.

23. Nurse's Signature and Date of Verbal SOC Where Applicable: EKORTARH MARIE, RN
3/6/2014

25. Date HHA Received Signed POT
3/11/2014

24. Physician's Name and Address
Dr. Ketha, Sumana
2925 Skyway Cir N
irving TX
75038
Phone:972 675 7313 NPI:1962447805

26. I certify/recertify 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. The 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

3/11/2014

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** [X] **MEDICAL UPDATE** [ ]

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8. Item No.

13b

ICD-9-CM	Other Pertinent Diagnoses	Date
110.1	Dermatophytosis Of Nail (E)	-
477.9	Allergic Rhinitis Cause Unspecifi (E)	-
V58.67	Long-Term (Current) Use Of Insuli (E)	-
V11.3	Personal History Of Alcoholism (E)	-
295.00	Simple type schizophrenia, unspec (E)	-

15 Safety Measures
PATHWAYS CLEAR, SAFETY IN ADL'S, STANDARD
PRECAUTIONS/INFECTION CONTROL, EMERGENCY PLAN DEVELOPED, FALL PRECAUTIONS, MOBILITY SAFETY

17 Allergies
DRUGS

21 Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)
TRANSFERED TO INPATIENT FACILITY.
SN TO RESUME SERVICES POST HOSPITALIZATION.
DISCHARGE PATIENT FROM SERVICES IF HOSPITALIZED THROUGHT END DATE OF CERTIFICATION PERIOD.
DISCHARGE SUMMARY TO BE AVAILABLE UPON REQUEST.
REHAB POTENTIAL FAIR TO ACHIEVE ABOVE GOALS

22 Goals/Rehabilitation Potential/Discharge Plans
PATIENT WILL BE FREE FROM SIGNS AND SYMPTOMS OF HYPO/HYPERGLYCEMIA.
PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF PROPER FOOT CARE AND SKIN CONDITIONS THAT MUST BE REPORTED TO SN OR PHYSICIAN IMMEDIATELY WITHIN FOUR WEEKS OF CERTIFICATION PERIOD.
PATIENT/CAREGIVER WILL VERBALIZE UNDERSTANDING OF MEDICATION DOSE, ROUTE, FREQUENCY, INDICATIONS AND SIDE EFFECTS WITHIN 5 WEEKS OF CERTIFICATION PERIOD.
PATIENT WILL REMAIN FREE OF ADVERSE MEDICATION REACTIONS DURING THE EPISODE.
PATIENT WILL MAINTAIN A NCS, LOW SODIUM, HEART HEALTHY DIET COMPLIANCE DURING THE EPISODE.

18a Functional Limitations, Others
DYSPNEA MOD

9. Signature of Physician	10. Date
S. Kotha M.D	3/11/2014
11.Optional Name/Signature of Nurse/Therapist	12. Date
EKORTARH MARIE, RN	3/6/2014