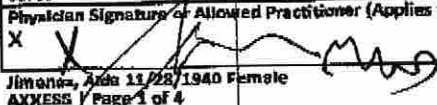


10/12/2022 10:43AM 9256914929

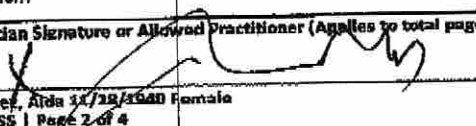
RECEIVED 10/11/2022 10:43PM
MARIE STAR HHS

PAGE 02/05

Agency Information: Marie Star Home Health Services 1849 Willow Pass Rd, Suite 306 Concord CA 94520-2524 9256914981 (Office), 9256914929 (Fax)		Order #: 50401380 HOME HEALTH CERTIFICATION AND PLAN OF CARE	
Patient HI Claim No. SHC9Q03NX40	Start of Care Date 10/8/2022	Certification Period 10/8/2022 - 12/06/2022	Medical Record No. 00343
Patient Name, Address, and Phone Number Jimenez, Aida 11/28/1940 Female 2517 Shamrock, drive SAN PABLO, CA 94806 Mobile: 5108370517		Attending Physician or Allowed Practitioner Name and Address CHEN, WILLIAM MD NPI: 1851498372 2089 Vale Rd #34 San Pablo CA 94806 (510) 235-9247 (Office), (510) 235-9248 (Fax)	
Prognosis Fair		Allergies No Known Medication, Food, Animal, Plants or Environmental Allergy	
Mental/Cognitive Status Oriented to self and place		Nutritional Requirements No Concentrated Sweets, No Added Salt, Mechanical Soft	
Functional Limitations Bladder incontinence		Activities Permitted/Restricted No restrictions, Up as tolerated, Walker, Wheelchair, Human assistance required	
Safety 24 Hour Supervision, Diabetic: Do Not Cut Nails, Fall Precautions, Safety in ADLs, Sharps Safety, Slow Position Changes, Support During Transfer and Ambulation, Use of Assistive Devices		DME and Supplies DME: Walker, Cane Durable Medical Equipment Provider: Name: Phone: DME/Supplies Provided:	
Advanced Directives This patient does not have an advanced care plan or a surrogate decision maker and is not able to provide legal documentation for the home health medical record.		Caregiver Status The patient's son Jeff is the primary caregiver. He works evening and other family members are available during the evening. The plan is to educate Jeff and the primary caregiver for the evening.	
Psychosocial Status No problems identified			
Emergency Preparedness Emergency Triage: 4. Visits could be postponed 72-96 hours without adverse effects (i.e., post op with no open wound, anticipated discharge within the next 10-14 days, routine catheter changes).			
Medications ACETAMINOPHEN 325 MG ORAL TABLET, DISINTEGRATING 325 mg Take two (2) tablets every six hours as needed for pain. Not to exceed 3 grams in 24 hours By mouth (PO) N FERROUS SULFATE 325 MG (65 MG ELEMENTAL IRON) ORAL TABLET 324 Mg Take two (2) tablets daily for anemia By mouth (PO) N ROSUVASTATIN-EZETIMIBE 10 MG-10 MG ORAL TABLET 10 Mg Take one tablet at bedtime for Dyslipidemia By mouth (PO) N HUMALOG KWIKPEN 100 UNITS/ML INJECTABLE SOLUTION 100 Units for ML Sliding Sc If Blood Sugar is less than 70 call MD If Blood Sugar is 70 to 150 give 0 Units If Blood Sugar is 151 to 200 give 1 If Blood Sugar is 201 to 250 give 2 Units If Blood Sugar is 251 to 300 give 3 Unit If Blood Sugar is 301 to 350 give 4 Units			
Nurse/Therapist Signature And Date Of Verbal SOC Where Applicable Electronically Signed by: Rilda Smith MSN RN 10/8/2022		Date HHA Received Signed 10/13/2022	
Certifying Physician or Allowed Practitioner Name and Address Chen, William MD NPI: 1851498372 2089 Vale Rd #34 San Pablo CA 94806 (510) 235-9247 (Office), (510) 235-9248 (Fax)			
Physician or Allowed Practitioner Statement I certify/re-certify that this patient is confined to his/her home (as outlined in section 30.1.1 in Chapter 7 of the Medicare Benefit Policy Manual) 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 services on this plan of care and will periodically review the plan. The patient had a face-to-face encounter with an allowed provider type on 10/06/2022 and the encounter was related to the primary reason for home health care.			
Physician Signature or Allowed Practitioner (Applies to total pages) X 		Signature Date 10/12/22	
Jimenez, Aida 11/28/1940 Female ACCESS Page 1 of 4			

MARIE STAR HHS

RECEIVED 10/13/2022 08:44AM 9256914929

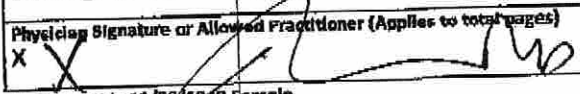
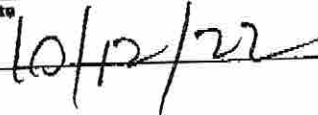
Agency Information: Marie Star Home Health Services 1849 Willow Pass Rd. Suite 306 Concord CA 94520-2524 9256914981 (Office), 9256914929 (Fax)	Order #: 50401380 HOME HEALTH CERTIFICATION AND PLAN OF CARE
If Blood Sugar is 351 to 400 give 5 Unit subcutaneous (SQ) N HUMALOG KWIKPEN 100 UNITS/ML INJECTABLE SOLUTION 100 units Sliding Scale (cont) If Blood Sugar is greater than 400, give 6 Units If Blood Sugar is greater than 400 call MD Take Blood Sugar before Breakfast, Lunch, Dinner and Bedtime subcutaneous (SQ) C LANTUS SOLOSTAR PEN 100 UNITS/ML SUBCUTANEOUS SOLUTION 10 Units Inject ten (10) at bedtime for Diabetes Mellitus 2. DO NOT MIX WITH ANY OTHER INSULIN subcutaneous (SQ) N ZOFRAN ODT 4 MG ORAL TABLET, DISINTEGRATING 4 MG Place one (1) tablet on tongue and let dissolve every eight (8) hours as need for nausea Lingual N SENNA (SENNOSIDES) 8.6 MG ORAL TABLET 8.6 Mg Take one (1) tablet daily If no bowel movement in 2 days. PRN By mouth (PO) N AMLODIPINE 5 MG ORAL TABLET 5Mg Take one (1) tablet daily By mouth (PO) N	
ICD-10 CM Principal Diagnosis E11.65 Type 2 diabetes mellitus with hyperglycemia ICD-10 CM Other Diagnosis M62.50 Muscle wasting and atrophy, NEC, unsp site R26.89 Other abnormalities of gait and mobility G93.49 Other encephalopathy N18.4 Chronic kidney disease, stage 4 (severe) I10 Essential (primary) hypertension N17.9 Acute kidney failure, unspecified E78.5 Hyperlipidemia, unspecified Z79.4 Long term (current) use of insulin Z74.1 Need for assistance with personal care	
Orders For Discipline and Treatment Notify Physician of vital sign parameters out of range: Heart Rate: Greater Than (>) 120 Less Than (<) 60 Temp: Greater Than (>) 100 Less Than (<) 97 Respirations: Greater Than (>) 22 Less Than (<) 12 Pain Level: Greater Than (>) 5 O2 Saturations: Less Than (<) 90 Systolic BP: Greater Than (>) 170 Less Than (<) 90 Diastolic BP: Greater Than (>) 90 Less Than (<) 60 Blood Sugar, Fasting: Greater Than (>) 200 Less Than (<) 60 Blood Sugar, Random: Greater Than (>) 250 Less Than (<) 60 Frequency: SN Frequency: 1w1, 3w2, 1w5, 3PRN diabetes and health problems PT Frequency: Eval HHA Frequency: 2w8 Nursing Patient assessed to be at high risk for emergency department visits and/or hospital readmission. All necessary interventions to address the underlying risk factors are as follows: Ensuring that medications/insulin is available. Educate the family in the signs and symptoms of hyperglycemia and hypoglycemia. Educate the family regarding dosage and time of medications and taking and recording blood glucose and blood pressures, especially prior to administration of medications. Physical Therapy for strengthen and safe mobility. SN to minimize/eliminate risk for hospitalization due to prior hospitalization. SN to minimize/eliminate risk for hospitalization due to identified problems with medications especially the use of insulin, risk associated with insulin. She is on four po medications, requiring help with managing medications and noncompliance with medication regimen.	
Physician Signature or Allowed Practitioner (Applies to total pages) X 	Signature Date 10/12/22

Jimenez, Aida 10/12/2022 Female
 ACCESS | Page 2 of 4

10/12/2022 10:43AM 9256914929

RECEIVED 10/11/2022 10:43PM
MARIE STAR HHS

PAGE 04/05

Agency Information: Marie Star Home Health Services 1849 Willow Pass Rd. Suite 306 Concord CA 94520-2524 9256914981 (Office), 9256914929 (Fax)	Order #: 50401380 HOME HEALTH CERTIFICATION AND PLAN OF CARE
SN to assess musculoskeletal status, identify any signs and symptoms of impaired functional status. SN to instruct patient on disease process, including who to contact if signs and symptoms persist or worsen as well as dietary measures, medication management and activities permitted. Assess joint pain/swelling and s/s of complications related to decreased mobility. Additional Musculoskeletal Orders: Home Health Aide to provide assistance with personal care and ADLs as indicated by limitations on functional and physical status impeding self-care. SN to assess diabetic status, identify any signs and symptoms of impaired diabetic function, report significant changes to physician. SN to instruct patient on self-management program to include, disease process, who to contact if signs and symptoms persist or worsen as well as dietary measures, medication management, foot care precautions, blood sugar monitoring, hypo/hyperglycemia management and long-term complications. SN to prepare/teach patient/caregiver to administer insulin [dosage and freq] using aseptic technique. SN to perform medication review each skilled nursing visit and reconcile medications as indicated. SN to instruct on all new and changed medications and reinforce teaching related to use of medications as part of disease process or demonstration of knowledge deficit. SN to instruct patient/caregiver on new and/or changed medications and any other identified knowledge deficits as it relates to management of medication regimen. Physical Therapy to assess functional status, home environment to eliminate structural barriers and improve safety and functional independence. PT to assess rehabilitation potential and determine need for gait training, safety precautions, pain management, strengthening/conditioning exercise, balance/coordination and transfers. PT to establish a home exercise program and plan of care as approved by physician. May obtain O2 saturation as needed for s/s of possible respiratory distress.	
Goals Patient's personal healthcare goal(s): The personal goals for the case is more of educating the family to enhance required care for the patient. Nursing Patient will demonstrate Adherence to Rehab program for Muscle weakness and fall potential, including compliance with HEP, identification of needed home modifications and use of adaptive devices by November 26, 2023. Patient will demonstrate return to stable musculoskeletal status related to muscle weakness with improvement/maintenance of maximal level of functioning by November 26, 2022. Patient will be free from falls/injury during this episode of care. Caregiver demonstrate ability to effectively manage medication regimen November 26, 2022. Patient will maintain blood sugar within normal range by end of episode as evidenced by reading within therapeutic range and Hemoglobin A1c at November 26, 2022. Physical Therapy evaluation will be performed and a plan of care to increase functional independence will be established and countersigned by physician. Patient will be free of skin breakdown during this episode of care. Patient will receive safe and effective personal care during this episode of care. Patient will be free of injury during this episode of care. Patient will have no acute care hospitalizations, ER visits nor readmissions during this episode of care.	
Rehabilitation Potential and Discharge Plan Nursing Rehabilitation Potential: Rehabilitation potential fair for treatment plan implementation Discharge To Care Of: Caregiver	
Physician Signature or Allowed Practitioner (Applies to total pages) X  Jimenez, Alda 11/29/1960 Female ACCESS Page 3 of 4	Signature Date  10/12/22

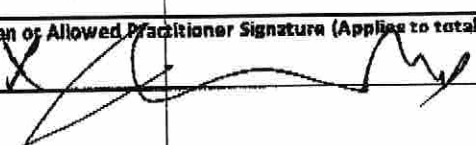
MARIE STAR HHS

RECEIVED 10/13/2022 08:44AM 9256914929

10/12/2022 10:43AM 9256914929

RECEIVED 10/11/2022 10:43PM
MARIE STAR HHS

PAGE 05/05

Agency Information: Marie Star Home Health Services 1849 Willow Pass Rd, Suite 306 Concord CA 94520-2524 9256914981 (Office), 9256914929 (Fax)		Order #: 50401380 HOME HEALTH CERTIFICATION AND PLAN OF CARE
Discharge When: Caregiver demonstrate necessary skills aid patient in managing disease process including medication management, when to notify physician, s/s necessitating emergent care, nutrition and activity. Caregiver able to perform Diabetic Care without prompting and demonstrate ability to manage care, medications, s/s to report and when to notify physician.		
Homebound Narrative Patient is exhibiting a considerable and taxing effort to leave home due to cognitive level and level of weakness.		
Medical Necessity Caregiver with identified knowledge deficits regarding medication regimen management thereby increasing risk for injury and/or hospital risk; requiring skilled observation/assessment and teaching/training skills to improve self-management.		
F2F Addendum (Admission Narrative) Common symptoms of diabetes: Urinating often Feeling very thirsty Feeling very hungry - even though you are eating Extreme fatigue Blurry vision Cuts/bruises that are slow to heal Weight loss - even though you are eating more (type 1) Tingling, pain, or numbness in the hands/feet (type 2) -		
Other Physicians On The Case		
Optional Name/Signature of Nurse/Therapist		Signature Date and Time
Physician or Allowed Practitioner Signature (Applies to total pages) X 		Signature Date 10/12/22

Jimenez, Aldo 11/28/1940 Female
AXXESS | Page 4 of 4

MARIE STAR HHS

RECEIVED 10/13/2022 08:44AM 9256914929