EXIBIT 033

...MENT OF HEALTH AND HUMAN SERVICES
...H CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB No. 0938-0357

HOME HEALTH CERTIFICATION AND PLAN OF TREATMENT

1. Patie...'s Name and Address
...hene, Jane
Ottowa Ave.
St. Paul, MN 55118

2. Patient's HI Claim Number
471-04-5309

3. Medical Record Number
NA

4. Dates: Start of care and verbal order for SOC
2/11/86

5. Certification Period:
From: 2/11/86 To: 4/12/86

6. Home Health Agency Name and Address
HOME HEALTH PLUS
825 S 8th St. Suite M50
Minneapolis, MN 55404

7. Principal Diagnosis: Narrative, Dates of Onset/Exacerbation, ICD-9-CM Code
Bronchogenic Ca with pleural mets
162.9

8. Surgical Procedure(s) Relevant to Care: Narrative, Date, ICD-9-CM Code
thoracentesis
34.91

9. Other Pertinent Diagnosis — Narrative, Dates of Onset/Exacerbation, ICD-9-CM Code(s)
Insulin Dependent diabetes mellitus 10 yrs
250.00

10.

Functional Limitations
- ☐ Amputation
- ☐ Bowel/Bladder (incontinence)
- ☐ Contracture
- ☐ Hearing
- ☐ Paralysis
- ☐ Endurance
- ☐ Ambulation
- ☐ Mental
- ☐ Speech
- ☐ Vision
- ☐ Respiratory
- ☐ Other (Specify)

Activities Permitted
- ☐ Bedrest
  - ☐ Complete
  - ☐ BRP
- ☒ Up as tolerated
- ☐ Transfer Bed/Chair
- ☐ Exercises Prescribed
- ☐ Partial Weight Bearing
- ☐ Independent at Home
- ☐ Crutches
- ☐ Cane
- ☐ Wheelchair
- ☐ Walker
- ☒ No Restrictions
- ☐ Other (Specify)

11. Safety Measures: Grab Rail for tub

12. Orders for Services and Treatments (Specify modality, amt/freq/dura)
SN: Evaluate client for any increase in resp. distress or ex... ities. Evaluate VS, BP, HR, T. Monitor edema of lower & wt. ~~Monitor for Diabetes~~
HHA: Personal cares. Assist w/bath & shampoo.

13. Medications: Dose/Frequency/Route (N) New (C) Changed
Alpraz ~~o/dvn~~ .5mg po bid (N)
Lente 12U SQ AM (C)
Lente 4U SQ PM (C)
Metoclopramide 10mg po qid prn (N)

14. Mental Status:
- ☒ Oriented
- ☐ Forgetful
- ☐ Disoriented
- ☐ Agitated
- ☐ Comatose
- ☐ Depressed
- ☐ Lethargic
- ☐ Other

15. Nutritional Requirements: 2000 Cal, 5 feeding diet

16. Medical Supplies & DME Ordered
TED stockings

17. Allergies
None known

18. Goals/Rehabilitation Potential/Discharge Plans
GOAL: client will have stable resp. status with increased endurance in ADLs.
REHAB. POTEN: Fair/Good
D/C Plans: Client will be independent in ADLs at home.

19. Significant Clinical Findings/Summary from each discipline
SN: Frail appearing white female seen in home. Current wt 88 lbs. Ht. 5'4". Appetite poor w/occas. nausea. Legs noted to be edematous to mid-calf. 4+ pitting edema of R&L foot. Ct. answering all ques. appropriately. A&O. BS this AM in 200s. Checks by glucometer. Concerned about her appetite diabetes. BMs ok. Does tend to get constipated. Feels week Amb fairly steady when up. BP 94/40; HR 100 w/2 PVCs; R 16/min Lung sounds, Breath sounds absent on R side.

20. Prognosis:
- ☐ Poor
- ☐ Guarded
- ☒ Fair
- ☐ Good
- ☐ Excellent

21. Attending Physician's Name and Address
Dr. Victor Corbett
750 Doctor's Professional Bldg.
St. Paul, MN 55102

22. PHYSICIAN CERTIFICATION:
I ☒ certify ☐ recertify that the above home health services are required and are authorized by me with a written plan for treatment which will be periodically reviewed by me. This patient is under my care, is confined to his home, and is in need of intermittent skilled nursing care and/or physical or speech therapy or has been furnished home health services bas... such a need and no longer has a n... such care or therapy, but continues occupational therapy.

23. Attending Physician's Signature and Date
[signature] 3/1...

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Form HCFA-485(U4) (4-85)