Home Health Certification and Plan of Care

Order ID: 1184/83

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5DG9YC0HT20	10/17/2024	From: 08/13/2025 To: 10/11/2025	1377	037804

6. Patient's Name and Address

Curtis Bahe
13820 S 44TH ST APT. 1054,
PHOENIX, AZ 85044-
5053399752

7. Provider's Name, Address and Telephone Number

Devotion Home Health Care, LLC
11201 N Tatum Blvd, Suite 300,
Phoenix, AZ 85028-6039
480-415-4423
1457998957

8. DOB 01/21/1975 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.815	Encntr for surgical aftcr following surgery on the dgstv sys	08/13/25

13. ICD	Other Pertinent Diagnoses	Date
L89.214	Pressure ulcer of right hip stage 4	08/13/25
L89.159	Pressure ulcer of sacral region unspecified stage	08/13/25
G82.52	Quadriplegia C1-C4 incomplete	08/13/25
E11.9	Type 2 diabetes mellitus without complications	08/13/25
E55.9	Vitamin D deficiency unspecified	08/13/25
N31.9	Neuromuscular dysfunction of bladder unspecified	08/13/25
Z43.5	Encounter for attention to cystostomy	08/13/25
Z43.3	Encounter for attention to colostomy	08/13/25
Z87.440	Personal history of urinary (tract) infections	08/13/25
Z79.4	Long term (current) use of insulin	08/13/25
Z90.49	Acquired absence of other specified parts of digestive tract	08/13/25

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Cephalexin - Cephalexin eq 500 mg base 1 tablet by mouth four times a day cephalexin 500mg capsules- take 1 capsule by mouth 4 times a day for wound infection for 10 days
Insulin - Insulin Pork 100 Unit/ML subcutaneous three times a day 15 units subQ injection TID with meals for diabetes
Basaglar - Insulin Glargine 100 Unit/ML subcutaneous at bedtime Insulin Glargine Solostar Subcutaneous Solution Pen-injector 100 UNIT/ML 40 units subQ injection QHS for diabetes
Metformin Hcl - Metformin Hydrochloride 500 mg tablets by mouth twice a day 2 Tab(s) PO BID for diabetes
Tramadol Hcl - Tramadol Hydrochloride 50 mg by mouth as necessary traMADol HCl Oral Tablet Disintegrating 50 MG High Risk 1 Tab(s) PO Q8HR PRN pain
Vit D - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1.25 MG , 1cap by mouth once a week Cholecalciferol Oral Capsule 1.25 MG (50000 UT) 1 Cap(s) PO weekly with food
Simvastatin - Simvastatin 40 mg 1 tab by mouth at bedtime 1 Tab(s) PO QHS
Fiber - Benefiber 1 scoop by mouth twice a day
Lactulose - Lactulose 10gm/15ml 15 ml by mouth as necessary lactulose 10gm/15ml - take 15 ml PO daily prn constipation
Senna - Senna 8.6 mg tablets by mouth as necessary senna 8.6 mg tablet-take 2 tablets PO QHS prn constipation

14. DME and Supplies:

ostomy supplies, wound care supplies, wheelchair, urinary/catheter supplies, hospital bed, Low air loss mattress

15. Safety Measures:

fall precautions, diabetic precautions, sharps precautions, transfer with assist, wheelchair precautions, standard precautions, infectious material management, aspiration precautions, smoke detectors

16. Nutrition:

low cholesterol, high protein, diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Contracture, Catheter and colostomy

18.B. Activities Permitted

Wheelchair, Transfer bed/Chair, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: patient homebound due to chair/bedbound status, quadriplegia, generalized weakness, dependence on assistive device and the assistance of caregiver when leaving the home

Clinical Condition Requiring Homecare: Diabetic patient with recent ostomy, surgical wound and quadriplegia requires skilled nursing for wound care 2 times a week and suprapubic catheter changes every 4 weeks, SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal, and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education.

SN Careplans

SN FREQUENCY: 2w8 and prn for wound or catheter complications

CLINICAL SUMMARY:

Recertification visit. Nurse reviewed medications with pt. Emptied urine drainage bag. Urine is yellow and clear. Next cathter change due by 8/23. Pt has ostomy (recently placed). Suprapubic catheter which requires silicone cathter only due to latex allergy. History of pressure ulcers but none currently. Mid-abdominal wound r/t colostomy placement. Midline incision w staples. There are 3 open areas. Wound care performed by SN today. Superior 2 opened areas are flush with slough tissue present. The inferior opening is still deep (approximately 0.5cm). No other signs of infection present. Physical assessment at baseline for pt. Heart sounds normal, lungs clear. Bowel sounds active x4 quadrants. Abdomen less distended than previously. No other wounds present. Pt reports good appetite. Output from colostomy wnl. Cg perform wound care daily when nurse not present. Nurse will see pt twice a week for wound care and every 4 weeks for suprapubic catheter changes.

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 96 > 101, heart rate < 50 > 120, respiratory rate < 12 > 29, blood pressure systolic < 85 > 171, blood pressure diastolic < 50 > 91, O2 saturation < 88 > 100, pain < 0 > 8, blood sugar < 60 > 300

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

SN Goals

PATIENT-STATED GOAL: suprapubic catheter changes, wound care

GOALS
patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 08/12/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

MICHAEL HUDSON
4212 N 16TH ST
PHOENIX, AZ 85016
PHONE: (602) 600-2684 FAX: 16022631665 NPI: 1811006059

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.

F2F date : 08/20/2025

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

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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more medications, 8. Currently reports exhaustion

STANDING ORDERS:

Infection control: hygiene, proper hand washing.;

Fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn.;

Emergency preparedness: plan for prn evacuation, resumption of home health visits.; Advance directive: plan if patient is unable to make healthcare decisions. No Advanced Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: muscle weakness, muscle spasms, limited endurance, limited range of motion, limited strength, headache, weak hand grips, balance deficit, #1 - Observable Surgical Wound - Anterior Midline -

PROCEDURES:

physician-ordered wound care: Mid-abdominal wound: cleanse area with wound cleanser, pat dry with 4x4 gauze, gently pack with sterile 1/4" packing strips, cover with gauze and tape until healed Frequency: daily and prn SN visits Tuesdays and Thursdays,

ostomy care & irrigation: SN to teach and assist pt/cg with ostomy care as needed,

monitor intake & output,

catheter change, care & irrigation: Direct Care Nurse to change Foley catheter SILICONE 16 size FR 10 ML/Balloon, to change every 4 wks and PRN for malfunction. OK to flush with sterile saline solution prn if clogged or to maintain patency.

TEACH PATIENT/CAREGIVER: * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * ostomy management including how to clean stoma change ostomy pouch, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule

* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* ostomy management including how to clean stoma
* change ostomy pouch
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	08/12/2025