Home Health Certification and Plan of Care

Order ID: 1184/137

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9ND4H86XU76	08/29/2025	From: 08/29/2025 To: 10/27/2025	1384	037804

6. Patient's Name and Address

Corwyn Vega
11614 E HAZELWOOD PKWY,
SCOTTSDALE, AZ 85256-
480-572-9283

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 08/08/1956 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I95.3	Hypotension of hemodialysis	08/29/25

13. ICD	Other Pertinent Diagnoses	Date
N18.6	End stage renal disease	08/29/25
T82.591D	Mech compl of surgically created arteriovenous shunt subs	08/29/25
N49.3	Fournier gangrene	08/29/25
Z99.2	Dependence on renal dialysis	08/29/25

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

Synthroid - Levothyroxine Sodium 50mcg by mouth in the morning
Synthroid 50 mcg tablet
TAKE 1 TABLET BY MOUTH EVERY MORNING
BEFORE BREAKFAST
Pepcid - Famotidine 10mg by mouth twice a day Famotidine (PEPCID) 10 mg tablet
TAKE 1 TABLET BY MOUTH TWO TIMES A DAY
B complex-vitamin C-folic acid (DIALYVITE) 100-1 mg tab by mouth once a day Take 1 Tablet by mouth daily
Sensipar - Cinacalcet Hydrochloride eq 60 mg base by mouth once a day Cinacalcet (SENSIPAR) 60 mg tablet
Take 1 Tablet by mouth once daily To help regulate
calcium and parathyroid levels
Drisdol - Ergocalciferol 50,000 International Units 1,250mcg by mouth Monthly Ergocalciferol (DRISDOL) 1,250mcg (50,000 unit) capsule
Take 1 Capsule by mouth every 30 (thirty) days for Vitamin D
Cozaar - Losartan Potassium 25 mg 1 tablet by mouth four times per week Take medication on non dialysis days.
Renvela - Sevelamer Carbonate 800 mg 800mg tablets by mouth three times a day Sevelamer Carbonate (RENVELA) 800 mg tablet
Take 4 Tablets by mouth 3 (three) times daily with meals To help lower phosphorus and
1 tablet PO TID with snacks
Melatonin - Melatonin 3mg by mouth as necessary Take 1 Tablet PO QHS PRN insomnia
Colace - Docusate Sodium 100mg by mouth twice a day Docusate Sodium (Colace) 100 mg capsule
TAKE 1 CAPSULE BY MOUTH TWO TIMES A DAY prn constipation
Proamatine - Midodrine Hydrochloride 10 mg 10 mg tabet by mouth three times a day Midodrine (PROAMATINE) 10mg tablet
Take 10 mg by mouth 3 (three) times daily for low blood pressure. hold for SBP > 130
Chronulac - Lactulose 10gm/15ml 30mL by mouth as necessary Lactulose (CHRONULAC) 10gram/15mL solution
Take 30 mL by mouth 3 (three) times daily as needed for constipation

14. DME and Supplies:

wound care supplies, wheelchair, walker

15. Safety Measures:

wheelchair precautions, walker precautions, standard precautions, smoke detectors , medication safety, fall precautions, cardiac precautions, ambulates with device

16. Nutrition:

renal diet, diabetic

17. Allergies:

Amlodipine, Aspirin, Turkey

18.A. Functional Limitations

Ambulation, Endurance, Hearing

18.B. Activities Permitted

Walker, Wheelchair, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

Clinical Condition Requiring Homecare: <h5><span style="font-size: 13.5pt; font-family: Arial, sans-serif; color: rgb(0, 0, 0); background-color: rgb(255, 255, 255); font-variant-numeric: normal; font-variant-east-asian: normal; font-variant-alternates: normal; font-variant-position: normal; font-variant-emoji: normal; vertical-align: baseline; white-space-collapse: preserve;">Dialysis patient with right inguinal surgical wound requires SN assessment for Cardiopulmonary, Neuro, GI/GU, Musculoskeletal and Integumentary systems, Safety with ADLs and fall precautions, medication and diagnoses management and education. </h5>

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 08/29/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

MICHAEL TRUESDELL
10901 E MCDOWELL DR
SCOTTSDALE, AZ 85256
PHONE: 480-278-7742 FAX: 14803625831 NPI: 1144263377

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 :

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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SN FREQUENCY: 1w1

CLINICAL SUMMARY:

SOC visit completed. Joint visit with pt and tribal nurses. Pt referred to home health for wound care and PT and OT evaluation. Pt declines further SN visits and will have tribal nurses perform the wound care as they see him several times a week. OT evaluation scheduled later today and PT evaluation TBD. Pt is on dialysis and goes Tuesdays, Thursdays and Saturdays. He has an old fistual at left lower arm (non-functional) and a new fistula at his left upper arm which is not ready to be used yet. Bruising present at LUA due to the fistula being used prematurely. Dialysis port at RUC (dual lumen). Pt denies pain. Has an unstead gait. He wheeled himself in a rolling chair during visit instead of walking. He has a walker on order and also has a wheelchair. Blood pressure very low initially 71/46. Pt reported symptoms of dizziness. Later, SBP was 90 after tribal nurse assisted pt taking his midodrine. Nurse provided education to pt on fall prevention. Home safety assessment performed. Home is cluttered but there are paths to walk safely from room to room. Right inguinal wound (surgical site r/t hernia repair) appears wnl. The wound is 9x4.5x0.5cm. It has healed significantly since last week, per tribal nurses. Pt has all wound care supplies on-hand. The tribal nurses are changing his wound 3 times per week. No signs of infection present. Pt reports good appetite, Occasional constipation, bowel care meds are available. He no longer produces urine. Physical assessment normal other than items mentioned previously and he does also has a deformity of his left eye. Nurse reviewed all medications. Tribal nurses provide pt with weekly mediset. HH nursing discharge today but therapies will see pt per their evaluation.

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 96 > 101, heart rate < 50 > 120, respiratory rate < 12 > 29, blood pressure systolic < 85 > 170, blood pressure diastolic < 50 > 90, O2 saturation < 88 > 100, pain < 0 > 8

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

HOSPITALIZATION RISKS: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 7. Currently taking 5 or 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: M1745 - Behavioral Issues, M2020 - Oral Med Management, Home Safety, meal preparation, D0700 - Social Isolation, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, lightheadedness, dizziness/syncope, abnormal BS < 70/140 > mg/dL, constipation, decreased urine output, muscle weakness, limited range of motion, limited strength, limited endurance, B1000 - Vision Deficit, balance deficit, #1 - Observable Surgical Wound - Anterior Right Abdomen - Right inguinal hernia, vashe soak abd pad three times a week

PROCEDURES:

physician-ordered wound care: to be performed by tribal nurses,

monitor intake & output,

coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

PATIENT-STATED GOAL: improved strength, safety in home

GOALS
patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

PT Careplans

PT WK1: 1 (08/29/25-08/30/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PT Goals

OT Careplans

OT WK1: 1 (08/29/25-08/30/25)

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by JOHNSON, LAURA SN

Date
08/29/2025

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PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	08/29/2025