Home Health Certification and Plan of Care

Order ID: 1184/149

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8HT1PM1QP14	09/08/2025	From: 09/08/2025 To: 11/01/2025	1391	037804

6. Patient's Name and Address

Foster Edens
20625 N 8th Street,
PHOENIX, AZ 85024-
317-332-7584

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 06/06/1940 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
T83.511A	I/I react d/t indwelling urethral catheter init	09/08/25

13. ICD	Other Pertinent Diagnoses	Date
N39.0	Urinary tract infection site not specified	09/08/25
B96.89	Oth bacterial agents as the cause of diseases classd elswhr	09/08/25
I48.91	Unspecified atrial fibrillation	09/08/25
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	09/08/25
S72.002D	Fx unsp part of nk of l femr subs for clos fx w routn heal	09/08/25
I11.9	Hypertensive heart disease without heart failure	09/08/25
I34.1	Nonrheumatic mitral (valve) prolapse	09/08/25
D64.9	Anemia unspecified	09/08/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/08/25
E78.5	Hyperlipidemia unspecified	09/08/25
I25.2	Old myocardial infarction	09/08/25
M19.049	Primary osteoarthritis unspecified hand	09/08/25
R33.9	Retention of urine unspecified	09/08/25
Z79.01	Long term (current) use of anticoagulants	09/08/25
Z86.0100	Personal history of colonic polyps	09/08/25
Z91.81	History of falling	09/08/25

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

Centrum Adult Multivitamins 2 Tabs by mouth twice a day Centrum Adult Multivitamins 2 tab Daily PO
Acetaminophen - Acetaminophen 500 mg - 1 tablet by mouth every 8 hours Acetaminophen
500mg
2 Tab q 8 hrs PO
Quetiapine Fumarate - Quetiapine Fumarate 25 mg by mouth as necessary Quetiapine Fumatrate 25mg
1 tab twice daily
PO PRN
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 1 Tablet by mouth once a day Ferrous Sulfate
1 Tab daily PO
Amiodarone - Amiodarone Hydrochloride 200 mg - 1 tablet by mouth twice a day Amiodarone 200mg
2 tab bid daily PO
14 days then 1 tab q after
Miralax - Polyethylene Glycol 3350 17gm/scoopful by mouth as necessary Miralax oral packet 17gm
17gm PO q 12 hrs
PRN
Eliquis - Apixaban 5 mg = 1 tab by mouth every 12 hours Apixaban 5mg tab
1 tab po q 12 hrs
(Eliquis)
Senna-S - Senna 8.6-50mg - 1 Tablet by mouth twice a day Senna-S 8.650mg (Docusate Sodium)
2 Tab twice daily
PO
Cefadroxil - Cefadroxil/Cefadroxil Hemihydrate eq 500 mg base by mouth twice a day Cefadroxil 500mg cap
1 Cap Twice Daily (8 days)

14. DME and Supplies:

urinary/catheter supplies - 18Fr. Coude tip catheter, 10ml balloon, drainage bags, velcro leg strap, insertion kit, irrigation kit, bath bench, walker, grab bars

15. Safety Measures:

fall precautions, bleeding precautions, ambulates with device, standard precautions, activity supervision

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Up As Tolerated, Walker

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, 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!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, 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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

patient to receive home care indefinitely.

Homebound status: Taxing effort to leave home, requires assistance from another person for supervision, dependence on assistive devices

Clinical Condition Requiring Homecare: Patient with history of severely enlarged prostate causing significant urinary retention and discomfort requiring indwelling catheter, recent hip fracture, generalized weakness, previous MI and stent placement, increasing cognitive and memory deficits requires SN assessment of cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and falls prevention, diagnoses and medication management and education and catheter care and support monthly and as needed for complications. Patient to receive evaluation and treatment plan development with OT and PT.

SN Careplans

SN FREQUENCY: 1W1 for SOC, monthly and PRN for complications.

CLINICAL SUMMARY: Patient seen today for SOC for assessment and indwelling catheter assessment and management. Patient to receive both PT and OT evaluations as well. Patient has prior medical history of recent left hip fracture with surgical intervention, severe prostate enlargement causing urinary retention, HTN, HLD, previous Stent placement and recent decline in memory and cognition. Patient resides in a group home where his spouse also resides. CG reports adequate PO intake and bowel movements consistent with normal patterns. Patient denies significant pain currently. Patient and caregiver deny recent falls or injuries. Patient had to have catheter placed in ER on Friday night due to severe prostate enlargement and urinary retention all

SN Goals

PATIENT-STATED GOAL: have catheter work, don't go back to the hospital

GOALS
patient/caregiver recalls
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by DELGADO, MELISSA SN on 09/08/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

JOEL COHEN
7010 E ACOMA DR SUITE 102
SCOTTSDALE, AZ 85254-3553
PHONE: 480-575-0576 FAX: 14805750512 NPI: 1700934684

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 **09/09/2025**: 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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day. Patient has increased agitation and anxiety today with SN related to issues with catheter placement, and doesn't want SN to talk about or touch catheter. SN assured him that SN will not be changing the catheter today. Urine output in drainage bag is bloody due to recent traumatic insertion at ER. Vital signs within normal limits for patient. Patient will be seen by SN monthly for catheter changes and as needed for complications. Patient to receive evaluations from OT and PT within the next week and plan of care to be established at that time.

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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

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: Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1745 - Behavioral Issues, M1700 - Cognition, D0700 - Social Isolation, M2020 - Oral Med Management, M1400 - Dyspnea, M1600 - UTI, M1610 - Urinary Catheter, decreased urine output, blood in urine, urine retention, dark-colored urine, muscle weakness, limited strength, limited endurance, withdrawal from conversations, Pain Interference with ADLs, tooth pain/decay/sensitivity

PROCEDURES: catheter change, care & irrigation: Change monthly and as needed for complications.

TEACH PATIENT/CAREGIVER: * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables.

* low cholesterol dietary guidelines, related medication(s) purpose, schedule.

* prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule.

* how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule.

* management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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.

* prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule.

* how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purpose, schedule.

* how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule.

* pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule.

* strategies to increase socialization, related medication(s) purpose, schedule

* cough etiquette
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising
* for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	09/08/2025