

Home Health Certification and Plan of Care				Order ID: 1184/168	
1. Patient's HI claim No. DZ2FZR		2. Start Of Care Date 07/01/2025		3. Certification Period From: 08/30/2025 To: 10/28/2025	
				4. Medical Record No. 1386	
				5. Provider No. 037804	
6. Patient's Name and Address Felipe Tagaban 1411 E MOBILE LANE, PHOENIX, AZ 85040-0000 602-692-1065			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 11/21/1941			9. Sex Male		
11. ICD E11.22			Principal Diagnosis Type 2 diabetes mellitus w diabetic chronic kidney disease		
13. ICD N18.30 E11.40 I25.10 M21.372 Z79.84 Z79.85 Z79.82			Other Pertinent Diagnoses Chronic kidney disease stage 3 unspecified Type 2 diabetes mellitus with diabetic neuropathy unsp Athscr heart disease of native coronary artery w/o ang pctrs Foot drop left foot Long term (current) use of oral hypoglycemic drugs Lng trm (crnt) use injectable non-insulin antidiabetic drugs Long term (current) use of aspirin		
			10. Medications: Dose/Frequency/Route (N)ew (C)hanged Aspirin - Aspirin 81mg - 1 tablet by mouth once a day 1 Cap(s) PO daily to prevent clots Empagliflozin 10 mg- 1 tablet by mouth once a day 1 Tab(s) PO daily for diabetes SGLT2 INHIBITORS Atorvastatin Calcium - Atorvastatin Calcium 40 mg = 1 tab by mouth at bedtime 1 Tab(s) PO QHS Atorvastatin Calcium Oral Tablet 40 MG Calcitrate/Vitamin D Oral Tablet 315-200 MG-UNIT 315-200 MG - UNIT by mouth twice a day 2 Tab(s) PO BID Calcitrate/Vitamin D Oral Tablet 315-200 MG-UNIT Donepezil Hydrochloride - Donepezil Hydrochloride 5 mg by mouth at bedtime 1 Tab(s) PO QHS Donepezil HCl Oral Tablet 5 MG Losartan Potassium - Losartan Potassium 100 mg by mouth once a day 1 Tab(s) PO daily Losartan Potassium Oral Tablet 100 MG Metoprolol Succinate - Metoprolol Succinate eq 50 mg tartrate by mouth twice a day 1 tablet PO BID Metoprolol Succinate Oral Capsule ER 24 Hour Sprinkle 50 MG Magnesium Oxide - Simethicone 400 mg tablets by mouth twice a day Allopurinol - Allopurinol 100 mg by mouth once a day 2 Tab(s) PO daily Allopurinol Oral Tablet 100 MG Glipizide XL - Glipizide 2.5 mg tablet by mouth once a day glipizide xl 2.5 mg tablet - once daily PO for diabetes- (glipizide 5mg +2.5 mg = 7.5 mg total) Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day Nifedipine - Nifedipine 30 mg 30mg tablet by mouth once a day Ozempic 0.25 mg or 0.5 mg 0.25 mg subcutaneous once a week 0.25 mg subQ injection weekly for diabetes Ozempic (0.25 MG/DOSE) Subcutaneous Solution Pen-injector 2 MG/1.5ML riboflavin 100 mg tablets by mouth twice a day riboflavin 100mg - take 2 tablets by mouth BID Metformin - Metformin Hydrochloride 500 mg - 1 tablet by mouth twice a day 1 Tab(s) PO BID for diabetes metFORMIN HCl ER (OSM) Oral Tablet Extended Release 24 Hour 500 MG		
14. DME and Supplies: diabetic supplies, wheelchair, walker, , bath bench			15. Safety Measures: smoke detectors , wheelchair precautions, walker precautions, sharps precautions, fall precautions, diabetic precautions, cardiac precautions, bleeding precautions, , anticoagulant precautions, , ambulates with device,		
16. Nutrition: cardiac diet, diabetic			17. Allergies: Lisinopril		
18.A. Functional Limitations Ambulation, Endurance			18.B. Activities Permitted Walker, Wheelchair, Exercises Prescribed, Up As Tolerated		
19. Mental & Psychosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 3. During the day and evening, but not constantly, 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:			Requires assistance for most to all ADL, Residual weakness, There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort, because of illness or injury, the person needs the following in order to leave their place of residence, the aid of supportive device(s): Cane, Wheelchair, Walker, the assistance of another person		
Clinical Condition Requiring Homecare:			Diabetic patient requires SN for blood sugar checks and ozempic injection administration as well as assessment of Cardiopulmonary, GI/GU, Musculoskeletal, Neuro and integumentary systems, medication and diagnoses management and education, safety with ADLs and fall prevention, weekly and as needed for complications		
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by JOHNSON, LAURA SN on 08/26/2025			25. Date HHA Received Signed POT		
24. Physician's Name and Address WILLIAM LA ROSA 4212 N. 16TH ST PHOENIX, AZ 85016 PHONE: (602) 263-1200 FAX: 16022631547 NPI: 1710372651			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 : 06/26/2025		
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. PAGE 1 of 3		

Home Health Certification and Plan of Care				Order ID: 1184/168
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
DZ2FZR	07/01/2025	From: 08/30/2025 To: 10/28/2025	1386	037804
6. Patient's Name and Address Felipe Tagaban 1411 E MOBILE LANE, PHOENIX, AZ 85040-0000 602-692-1065		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		
SN FREQUENCY:1w9 and prn for medication changes or complications CLINICAL SUMMARY: SN visit for recertification. Had recent pcp visit. Ozempic decreased to 0.25mg weekly. Fall about a month ago. Eating well bs wnl. Brace on left lower leg skin rough but not open. Would benefit from quad cane and new left leg brace. PT to continue seeing pt and SN will see weekly for ozempoc injection and bs checks. 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: 1. History of falls (2 or more falls- or any fall with an injury- 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. Living Will PROBLEMS IDENTIFIED ON ASSESSMENT: muscle weakness, limited endurance, limited strength, rough/scaly/cracked skin PROCEDURES: ozempic injecion administered to pt subQ weekly (0.25 mg), glucose testing via monitor TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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-STATED GOAL: blood sugar checks, ozempic injection GOALS patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient/caregiver recalls * lifestyle modifications to manage cardiac condition including symptom management * diet changes * regular exercise * getting enough sleep * 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 * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic diet * 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		
PT Careplans		PT Goals		
PT WK2: 1 (08/31/25-09/06/25) ,WK3: 1 (09/07/25-09/13/25) ,WK4: 1 (09/14/25-09/20/25)		PATIENT-STATED GOAL: blood sugar checks, ozempic injection, physical therapy evaluation		
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0130A1 - Eating, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing		GOALS		
PROCEDURES: equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training		Chair to Bed to Chair - 06. Independent		
TEACH PATIENT/CAREGIVER: Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent		Toilet Transfer - 06. Independent		
		Car Transfer - 06. Independent		
		Picking Up Object - 06. Independent		
		12 Steps - 06. Independent		
		4 Steps - 06. Independent		
		1 _ Step (curb) - 06. Independent		
		Walk 10 ft on Uneven Surface - 06. Independent		
		Walk 150 Feet - 06. Independent		
		Walk 50 ft with 2 Turns - 06. Independent		
		Walk 10 Feet - 06. Independent		
		Sit to Stand - 06. Independent		
		Don/Doff Footwear - 06. Independent		
		Toileting Hygiene - 06. Independent		
		Shower/Bathe Self - 06. Independent		
Signature of Physician:		Date		
		PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by JOHNSON, LAURA SN		08/26/2025		

Home Health Certification and Plan of Care				Order ID: 1184/168
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
DZ2FZR	07/01/2025	From: 08/30/2025 To: 10/28/2025	1386	037804
6. Patient's Name and Address Felipe Tagaban 1411 E MOBILE LANE, PHOENIX, AZ 85040-0000 602-692-1065		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		
		Lower Body Dressing - 06. Independent		
		Oral Hygiene - 06. Independent		
		Eating - 06. Independent		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	08/26/2025