Home Health Certification and Plan of Care

Order ID: 1184/182

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3UX4F89CN97	09/12/2025	From: 09/12/2025 To: 11/10/2025	1393	037804

6. Patient's Name and Address

Mary Norris
3216 W Fillmore,
PHOENIX, AZ 85009-
6023944525

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 10/06/1948 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I87.2	Venous insufficiency (chronic) (peripheral)	09/12/25

13. ICD	Other Pertinent Diagnoses	Date
L97.818	Non-prs chronic ulcer oth prt r low leg with oth severity	09/12/25
S81.832D	Puncture wound w/o foreign body left lower leg subs encntr	09/12/25
S80.12XD	Contusion of left lower leg subsequent encounter	09/12/25
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	09/12/25
I10.	Essential (primary) hypertension	09/12/25
G40.909	Epilepsy unsp not intractable without status epilepticus	09/12/25
M85.80	Oth disrd of bone density and structure unspecified site	09/12/25
M19.071	Primary osteoarthritis right ankle and foot	09/12/25
M17.11	Unilateral primary osteoarthritis right knee	09/12/25
F43.22	Adjustment disorder with anxiety	09/12/25
E66.813	Other obesity	09/12/25
Z68.42	Body mass index [BMI] 45.0-49.9 adult	09/12/25
Z91.81	History of falling	09/12/25

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

Ibuprofen - Ibuprofen 400 mg 1 tablet by mouth as necessary ibuprophen 400mg tablets; take 1 tablet by mouth TID PRN pain
Semaglutide 1mg/0.75mL subcutaneous once a week inject 1mg SubQ weekly for diabetes
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17gm/scoopful 17 gm by mouth once a day mix with 4 oz of clear liquid
Acetaminophen - Acetaminophen 650 mg 2 (two) 325mg tablets by mouth as necessary by mouth every 4 hours PRN pain or fever; NTE 4000 mg acetaminophen from all sources daily
Amoxicillin And Clavulanate Potassium - Amoxicillin: Clavulanate Potassium 875 mg;eq 125 mg base 1 tablet by mouth twice a day for infection (UTI) for 5 days
Cholecalciferol 25mcg by mouth once a day cholecalciferol 25mcg; take 2 tablets by mouth daily
Phenytoin Sodium - Phenytoin Sodium 100 mg prompt 100mg tablets by mouth at bedtime Take 4 capsules by mouth every night at bedtime to prevent seizures
Phenobarbital - Phenobarbital 97.2mg tablets by mouth at bedtime to prevent seizures
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg tablets by mouth as necessary oxycodone 5mg tablet; take 1 tablet by mouth twice daily as needed for pain
Menthol/Methyl Salicy 10-15% 1 application topical as necessary apply topically to affected area 4 times a day PRN muscle or joint pain
Ondansetron - Ondansetron 4 mg 4 mg tablet by mouth as necessary take 1 tablet by mouth Q6H PRN for N/V
Lisinopril - Lisinopril 40 mg 1 tablet by mouth once a day
Folic Acid - Folic Acid 1 mg 1 tablet by mouth once a day
Diclofenac Sodium - Diclofenac Sodium 1% top gel- 1 application topical four times a day APPLY 4 GRAMS TO AFFECTED AREA FOUR TIMES A DAY - WASH HANDSBEFORE & AFTER USE. DO NOT APPLY TO OPEN SKIN. DO NOT WASH/BATHE FOR 1 HOUR AFTER USE. ALLOW TO DRY COMPLETELY BEFORE COVERING WITH CLOTHES. NO RELIEF WITH ALL OTHER MEDICATIONS. ADVANCED BONE ON BONE DJD
Doxycycline Hyclate - Doxycycline Hyclate eq 100 mg base 1 tablet by mouth twice a day for infection

14. DME and Supplies:

wound care supplies, grab bars, bath bench, wheelchair, walker, Wound vac

15. Safety Measures:

diabetic precautions, smoke detectors , transfer with assist, wheelchair precautions, walker precautions, standard precautions, seizure precautions, medication safety, infectious material management, fall precautions, cardiac precautions, ambulates with device, ambulates with assistance

16. Nutrition:

diabetic, high protein, cardiac diet

17. Allergies:

Vancomycin, codeine

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Walker, Wheelchair, Exercises Prescribed, Transfer bed/Chair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, 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: good

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., 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 will be responsible for managing treatment

Homebound status: Pt homebound due to generalized weakness, poor endurance, abnormal gait, large wound on right leg and requires assistive device and standby assistance to ambulate safely.

Clinical Condition Requiring Homecare: Patient diagnosed with venous insufficiency, diabetes, recent wound infection and current wound vac dressing to large wound at lower right leg requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, wound care per orders 3 times per week 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 09/12/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

BRIAN BURT
4212 N 16TH ST
PHOENIX, AZ 85016
PHONE: (602) 263-1511 FAX: 16022005387 NPI: 1588717896

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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Mary Norris 3216 W Fillmore, PHOENIX, AZ 85009- 6023944525	Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300 Phoenix, AZ 85028-6039 480-415-4423 1457998957

SN FREQUENCY: SN 1w1, 3w7 and prn wound complications or medication changes

CLINICAL SUMMARY:

SOC visit completed with pt and sister, Rosie. Wound vac in place at right lower leg. It was placed at PIMC on Wednesday. Black foam, 125mm Hg continuous. Pt was discharged home on Friday. She fell mid August and had wounds on both legs. Left leg still has small blood blister in place. The right leg wound became infected. Per pt, some tissue was surgically removed. Wound is very tender to touch. The oxycodone 5mg does not seem to be helping much as pt cried out in pain several times during dressing change. After the procedure pt's pain returned to baseline. The wound is approximately 10x11.5x0.3 and bloody. Additional wound vac supplies need to be ordered. Physical assessment was normal other than items mentioned above. Pt has history of seizures which is well controlled with medication. She has not had a seizure since her youth. Pt is currently taking 2 antibiotics (recent UTI as well). Nurse reviewed home safety and fall prevention. All medications reviewed with pt/cg. Pt is mostly bed/chair bound and needs assistance for all ADLs except she can feed herself. HH physical therapy evaluation has been ordered. Pt declines OT evaluation. Wound clinic visit on Monday and nurse will return for next visit next Wednesday.

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 4. Multiple emergency department visits (2 or more) in the past 6 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, 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, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, abnormal blood pressure, abnormal BS < 70/140 > mg/dL (EM), M1600 - UTI, limited endurance, limited strength, limited range of motion, muscle weakness, B1000 - Vision Deficit, balance deficit, Pain Interference with ADLs, seizures, red/tender pressure points (SK), bruising/discoloration (SK), #1 - Open Wound - Anterior Right Below Knee - Surgical wound right lower leg

PROCEDURES:

train caregiver(s) to perform medical/rehabilitation treatments,

wound vacuum: black foam to wound bed, 125mm Hg continuous suction; SN to change dressing Mondays, Wednesdays and Fridays as well as prn for dislodgement * OK to apply wet to dry dressing until nurse arrives for wound vac failure,

home exercise program,

teach/coordinate/arrange medication packaging and/or administration,

coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * how to manage seizure triggers implement lifestyle changes including getting enough sleep avoiding alcohol, 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, 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 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: heal wound, improve strength and independence

GOALS

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
* 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
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage seizure triggers
* implement lifestyle changes including getting enough sleep
* avoiding alcohol
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* 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
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* 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
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	09/12/2025