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

8. DOB 11/21/1941 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/01/25

13. ICD	Other Pertinent Diagnoses	Date
N18.30	Chronic kidney disease stage 3 unspecified	07/01/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	07/01/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/01/25
M21.372	Foot drop left foot	07/01/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/01/25
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	07/01/25
Z79.82	Long term (current) use of aspirin	07/01/25

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 & Pyschosocial 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 <span style="font-size: 10.5pt; 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;">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 **09/12/2025** 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.

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 WK2: 1 (08/31/25-09/06/25) ,WK3: 1 (09/07/25-09/13/25) ,WK4: 1 (09/14/25-09/20/25)

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

PROCEDURES: equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

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

PT Goals

PATIENT-STATED GOAL: blood sugar checks, ozempic injection, physical therapy evaluation

GOALS
Chair to Bed to Chair - 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

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

Date
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	7. Provider's Name, Address and Telephone Number
Felipe Tagaban 1411 E MOBILE LANE, PHOENIX, AZ 85040-0000 602-692-1065	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