# Home Health Certification and Plan of Care

**Order ID: 1184/184**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 118783339 | 07/14/2025 | From: 09/12/2025 To: 11/09/2025 | 01 | 037804 |

**6. Patient's Name and Address**

Nellie Lewis
435 East Sunland Ave, Apt 52,
PHOENIX, AZ 85040-
602-875-4934

**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** 02/20/1953 | **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| L89.312 | Pressure ulcer of right buttock stage 2 | 07/14/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I10. | Essential (primary) hypertension | 07/14/25 |
| E11.9 | Type 2 diabetes mellitus without complications | 07/14/25 |
| F03.93 | Unsp dementia unspecified severity with mood disturb | 07/14/25 |
| F33.0 | Major depressive disorder recurrent mild | 07/14/25 |
| R32. | Unspecified urinary incontinence | 07/14/25 |
| Z79.82 | Long term (current) use of aspirin | 07/14/25 |
| Z79.01 | Long term (current) use of anticoagulants | 07/14/25 |
| Z79.84 | Long term (current) use of oral hypoglycemic drugs | 07/14/25 |
| Z79.4 | Long term (current) use of insulin | 07/14/25 |

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

Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth as necessary every 4 hours as needed for pain
Warfarin - Warfarin Sodium 4 mg by mouth at bedtime coumadin (warfarin) 4mg tablets: 1.5 tablet on Monday, 1 tablet all other days for anticoagulation (due to artificial valve)
Buspirone 5 mg by mouth twice a day
MediHoney (HONEY) 1 application topical as necessary MediHoney (honey) 80 % topical gel 1 application as directed on the skin
Memantine 5 mg by mouth at bedtime memantine 5mg tablets: 1 tablet by mouth at bedtime for depression/mood
Atorvastatin - Atorvastatin Calcium 40 mg by mouth once a day
Metoprolol Tartrate - Metoprolol Tartrate 25 mg by mouth twice a day
Omeprazole - Omeprazole 20 mg by mouth once a day
Aspirin 81Mg - Aspirin 81 mg by mouth once a day to prevent clots
Ondansetron - Ondansetron 4 mg by mouth every 8 hours ondansetron 4mg tablet: 1 tablet every 8 hours prn nausea/vomiting
Gabapentin - Gabapentin 100 mg by mouth three times a day Gabapentin 100 mg capsule 1 TID by mouth
Jardiance - Empagliflozin 25 mg by mouth once a day for diabetes
Keppra - Levetiracetam 100 mg/ml 7.5ml by mouth every 12 hours
Mirtazapine - Mirtazapine 15 mg by mouth at bedtime
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 125 mcg (5,000 unit) by mouth once a day
Hydralazine - Hydralazine Hydrochloride 50 mg by mouth every 8 hours hydralazine 50 mg tablet 1 Q8h by mouth
Amiodarone - Amiodarone Hydrochloride 200 mg by mouth once a day
Amiodarone 200 mg tablet 1 DAILY by mouth
Senna-S - Senna 8.6 mg-50 mg by mouth twice a day
Lantus Solostar - Insulin Glargine Recombinant 100 unit/mL (3 mL) subcutaneous at bedtime Lantus Solostar U-100 Insulin 100 unit/mL (3 mL) subcutaneous
7 units at bedtime for diabetes

**14. DME and Supplies:**

wheelchair, diabetic supplies, wound care supplies, hospital bed, hoyer lift, low air loss mattress

**15. Safety Measures:**

infectious material management, medication safety, diabetic precautions, bleeding precautions, ambulates with device, fall precautions, seizure precautions, standard precautions, wheelchair precautions, smoke detectors , aspiration precautions, sharps precautions, cardiac precautions, anticoagulant precautions

**16. Nutrition:**

high protein, diabetic, cardiac diet

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Endurance, Bowel/Bladder Incontinence, Ambulation, Amputation

**18.B. Activities Permitted**

Transfer bed/Chair, Exercises Prescribed, Wheelchair

**19. Mental & Pyschosocial Status:** COGNITION: 4. Is totally dependent in toileting., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

**20. Prognosis:** good

**22. A Rehabilitation Potential:**

SELF-CARE: , MOBILITY:

**22.B.Discharge Plans**

family/caregiver 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:** Patient with bilateral BKA, DM II and sacral wound requires SN for assessment of Cardiopulmonary, Neuro, GI/GU, Musculoskeletal and Integumentary systems, safety with ADLs and fall precautions, medication management and education, diagnoses management and education and wound care per orders 2 times weekly and as needed for complications.

**SN Careplans**

SN FREQUENCY: 2w8 and prn for wound complications or medication changes

CLINICAL SUMMARY:

Recertification visit completed today. Caregivers also present for visit. Pt has double BKA and is non-ambulatory. She has a hospital bed with alternating pressure mattress in place. History of wounds. Sacral wound has been slow to heal and is still present. Nurse performed wound care today per orders. Wound is nearly healed. Pt also has another wound on her left upper chest which is suspected to be a burn. Educated cg on wound care to this area. Physical assessment at baseline for pt. Lungs clear, heart sounds normal, bowel sounds active x4 quadrants. Pt is A&O x 2-3. Cg report good appetite and regular bowel movements. Pt's blood sugar was 56 this morning. Insulin was recently decreased. She is on coumadin and has mobile lab draws. Nurse will continue seeing

**SN Goals**

PATIENT-STATED GOAL: heal wound

GOALS
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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by JOHNSON, LAURA SN on 09/11/2025

**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 : 07/09/2025

**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.

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pt twice a week for wound care until wound is healed. Sacral wound measured 9x10x0.1cm today.

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, blood sugar < 60 > 300, INR < 2 > 3

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

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

STANDING ORDERS:

infection control: hygiene, proper hand washing;

advance directive: plan if patient is unable to make healthcare decisions :Durable power of attorney for health care/Medical power of attorney

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

PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal blood pressure, limited range of motion, seizures, balance deficit, #2 - Burn - Anterior Left Upper Chest - Burn

PROCEDURES:

wound care to left upper chest burn: treat with antibiotic ointment daily as needed until healed,

physician-ordered wound care: sacral wound: soap and water or wound cleanser to clean wound, pat dry, apply medihoney to wound bed only, apply a&d ointment to frai periwound, apply foam dressing frequency: daily and prn when soiled,

glucose testing via monitor: monitor glucose log results,

teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, 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 keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately

* 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
* 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
* 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
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 2 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by JOHNSON, LAURA SN | 09/11/2025 |