

Home Health Certification and Plan of Care				Order ID: 1184/77	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
A28860474		08/11/2025		From: 08/11/2025 To: 10/09/2025	
4. Medical Record No.		5. Provider No.		1378037804	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
JOSE MARTINEZ 907 E 7TH DR, MESA, AZ 85204 817-770-6660			Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300, Phoenix, AZ 85028-6039 480-415-4423 1457998957		
8. DOB12/28/1974			9.SexMale		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
Z48.3			Baclofen - Baclofen 10 mg by mouth three times a day baclofen 10 mg Tab 10 mg 1 tab, Oral, TID		
13. ICD			Biscodyl - Bisacodyl: Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 10mg rectal at bedtime bisacodyl 10 mg Supp 10 mg 1 supp, Per rectum, QHS		
C79.51			Docusate - Docusate Sodium 50mg-0.6mg by mouth twice a day		
C64.9			docusate-senna 50 mg-0.6 mg Tab 3 tab, Oral, BID		
C79.70			Miconazole 2% Topical cream topical twice a day Miconazole 2% Topical Cream (119mL Bulk) 1 app, Topical, BID		
D63.0			Oxycodone - Ibuprofen: Oxycodone Hydrochloride 20mg by mouth every 12 hours Oxycodone 20 mg ER Tab 20 mg 1 tab, Oral, q12hr		
G82.20			Pregabalin - Pregabalin 150mg by mouth three times a day Pregabalin 150 mg oral capsule 150 mg 1 cap, Oral, TID		
K59.2			Ropinirole Hydrochloride - Ropinirole Hydrochloride eq 0.25 mg base by mouth twice a day Ropinirole 0.25 mg Tab 0.25 mg 1 tab, Oral, BID		
N31.9			Ondansetron - Ondansetron 4 mg by mouth every 4 hours ondansetron 4 mg Tab ODT 4 mg 1 tab, Oral, q4hr		
L89.159			Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17gm by mouth twice a day Polyethylene Glycol 3350 Oral Pwdr-Reconstit {17gm} {1EA UD} 17 gm 1 EA, Oral, BID		
S22.061D			Simethicone - Simethicone 180mg by mouth four times a day Simethicone 80 mg Chew Tab 80 mg 1 tab, Oral, q8hr		
G93.41			Alprazolam - Alprazolam 0.25 mg 1 by mouth as necessary Alprazolam 0.25 mg Tab 0.25 mg 1 tab, Oral, TID		
F41.9			Remeron - Mirtazapine 15 mg 1 by mouth at bedtime		
K59.03			Cymbalta - Duloxetine Hydrochloride 30 mg 2 by mouth once a day		
T40.2X5D					
E43.					
R13.10					
R33.9					
Z79.891					
14. DME and Supplies:			15. Safety Measures:		
wheelchair, urinary/catheter supplies, bath bench, walker, hooyer lift, grab bars, commode, wound care supplies, sliding board			fall precautions, transfer with assist, ambulates with assistance, standard precautions, activity supervision		
16. Nutrition:			17. Allergies:		
high protein, high calorie			Hydromorphone		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Bowel/Bladder Incontinence, Ambulation			Wheelchair, Walker, Exercises Prescribed		
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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes					
20. Prognosis: fair					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.			family/caregiver will be responsible for managing treatment.		
Homebound status: Taxing effort to leave home, dependence on assistive devices, requires assistance of another person to leave home					
Clinical Condition Patient with metastatic cancer of kidney, spine, bones and new unstageable pressure injury requires SN assessment of Cardiopulmonary, Musculoskeletal, GI/GU, Requiring Homecare: Neuro and Integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, wound care for sacral pressure injury twice weekly and as needed for complications. PT to evaluate and develop plan of care.					
SN Careplans			SN Goals		
SN FREQUENCY: 2W8 + PRN for complications. PT to evaluate and treat with appropriate plan of care.			PATIENT-STATED GOAL: I want to walk again and get stronger		
CLINICAL SUMMARY: Patient seen today for new SOC following inpatient and rehab admissions. Patient had chemotherapy earlier today. Patient with history of metastatic renal carcinoma with Mets to spine, bones and adrenal glands, neurogenic bowel and bladder related to spinal involvement, now requiring straight catheterization and briefs. Patient also developed a sacral pressure injury that is unstageable at this time. Patient will require wound care twice weekly. Currently non-ambulatory without significant assist. Vital signs within normal limits with BP on lower side of normal. Patient reports 2 bowel movements today and PO intake slowly improving. Patient to have evaluation with PT and SN twice weekly and as needed for complications. CG and patient instructed on how and when to contact agency for questions or concerns and voiced understanding of instructions provided.			GOALS		
PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 110, respiratory rate < 12 > 29, blood pressure systolic < 85 > 170, blood pressure diastolic < 50 > 90, O2 saturation < 88 > 100, pain < 0 > 7			patient/caregiver recalls		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			* how to achieve wound healing including cleaning and dressing wound		
HOSPITALIZATION RISKS: 2. Unintentional weight loss of a total of 10 pounds or more in the past			* position changes		
			* skin care		
			* diet modification		
			* record wound measurements		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting		
			* diarrhea		
			* appetite loss		
			* hair loss		
			* fatigue		
			* insomnia		
			* recalls related medication(s) purpose, schedule		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by HUTTO, MARIA SN on 08/11/2025					
24. Physician's Name and Address			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.		
CASSANDRA MOORE			F2F date :		
5777 E MAYO BLVD					
PHOENIX, AZ 85054					
PHONE: (480) 342-4800 FAX: 14803014675 NPI: 1114966298					
27. Attending Physician's Signature and Date Signed 09/10/2025 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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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, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion STANDING ORDERS: Infection control: hygiene, proper hand washing. Fall precautions: wear appropriate foot ware, remove home hazards, living space adequately lit, assistive devices prn. Emergency preparedness: plan for prn evacuation, resumption of home health visits. ADVANCED DIRECTIVE: Durable power of attorney for health care/Medical power of attorney. PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, M1620 - Bowel Incontinence, constipation, M1600 - UTI, M1610 - Urinary Catheter, urine retention, extremity burn/tingle/numb, pain radiating to arms/legs, loss of appetite, pallor, skin breakdown r/t incontinence, #1 - 6 - Unstageable due to coverage of wound bed by slough and/or eschar. - Posterior Sacrum - Unstageable, partial thickness, red/pink and black wound bed, minimal serosanguineous drainage PROCEDURES: physician-ordered wound care: Cleanse sacral area with wound cleanser or warm soapy water, pat dry with gauze, apply medi-honey or similar product to open areas, cover with bordered foam dressing (sacral pad) and change 2-3 times weekly and as needed for soiling or dislodgement., home exercise program TEACH PATIENT/CAREGIVER: * 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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 incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * 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, * strategies to increase caloric intake, related medication(s) purpose, schedule, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * diet and fluids to control side effects exercise healthy sleep patterns to encourage withdrawal, related medication(s) purpose, schedule, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, 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, * dietary guidelines for managing nutritional deficit, 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, * 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 transportation needs are met	patient/caregiver recalls * lifestyle modification to manage blood condition including dietary changes * bleeding precautions * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to optimize mental status with cognition therapy * home safety * optimize mobility with active and passive range of motion therapeutic exercises * diet and fluids to optimize peripheral circulation * recalls related medication(s) purpose, schedule patient/caregiver recalls * lifestyle modifications * low-residue dietary guidelines * alternative medicine options for ulcerative colitis * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet * exercise * monitoring of blood pressure * blood sugar * home * recalls related medication(s) purpose, schedule remedies 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 * 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 * diet and fluids to control side effects * exercise * healthy sleep patterns to encourage withdrawal * recalls related medication(s) purpose, schedule patient/caregiver recalls * dietary guidelines for managing nutritional deficit * recalls related medication(s) purpose, schedule 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 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 patient/caregiver recalls * strategies to increase caloric intake * recalls related medication(s) purpose, schedule patient/caregiver recalls * bowel incontinence management including dietary changes * bowel training * skin care * 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
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by HUTTO, MARIA SN	08/11/2025

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817-770-6660			480-415-4423		
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			* 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 transportation needs are met		
PT Careplans			PT Goals		
PT 1W1, pending additional scheduling based on evaluation.			PATIENT-STATED GOAL: Walk again, get stronger.		
PROBLEMS IDENTIFIED ON ASSESSMENT: limited strength, limited range of motion, limited endurance, muscle weakness, muscle spasms, poor muscle tone, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit			GOALS		
TEACH PATIENT/CAREGIVER: * 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			Additional goals to follow with physical therapy evaluation and creation of separate care plan.		
			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		

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