Home Health Certification and Plan of Care

Order ID: 1184/196

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2TW5AQ6KH82	09/18/2025	From: 09/18/2025 To: 11/16/2025	1394	037804

6. Patient's Name and Address

Marshall Burgess Charles
220 W Turney Ave,
PHOENIX, AZ 85013-
602-500-1322

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 12/16/1963 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I89.0	Lymphedema not elsewhere classified	09/18/25

13. ICD	Other Pertinent Diagnoses	Date
I69.354	Hemiplga following cerebral infrc affecting left nondom side	09/18/25
I69.398	Other sequelae of cerebral infarction	09/18/25
M62.442	Contracture of muscle left hand	09/18/25
R26.89	Other abnormalities of gait and mobility	09/18/25
E11.9	Type 2 diabetes mellitus without complications	09/18/25
I10.	Essential (primary) hypertension	09/18/25
E78.5	Hyperlipidemia unspecified	09/18/25
M48.07	Spinal stenosis lumbosacral region	09/18/25
M25.851	Other specified joint disorders right hip	09/18/25
G62.89	Other specified polyneuropathies	09/18/25
R74.01	Elevation of levels of liver transaminase levels	09/18/25
E53.8	Deficiency of other specified B group vitamins	09/18/25
E55.9	Vitamin D deficiency unspecified	09/18/25
Z79.4	Long term (current) use of insulin	09/18/25
Z79.82	Long term (current) use of aspirin	09/18/25

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

Aspirin 325Mg - Aspirin 325 mg, 1 tab by mouth once a day for blood thinning
Atorvastatin - Atorvastatin Calcium 40 mg, 1 tab by mouth at bedtime
Lantus Solostar - Insulin Glargine Recombinant 15 units subcutaneous at bedtime For diabetes
Santyl - Collagenase 30 mg topical as necessary apply small amount to affected area everyday
Potassium Chloride - Potassium Chloride 10meq 1 tablet by mouth once a day for potassium replacement. *tablet does not dissolve* - take with food
Fortamet - Metformin Hydrochloride 500 mg 4 tabs by mouth once a day For diabetes
Furosemide - Furosemide 20 mg 1 tab by mouth once a day for fluid or for high blood pressure
Ibuprofen - Ibuprofen 600 mg 1 tab by mouth as necessary take 1 tablet TID PRN pain - take with food or milk
Lisinopril - Lisinopril 20 mg 1 tab by mouth once a day for high blood pressure or heart
Fosamax Plus D - Alendronate Sodium: Cholecalciferol 1250 mcg (50,000 units) by mouth once a week weekly with food for vit D
Lidocaine Hydrochloride - Lidocaine Hydrochloride 5 % patch topical as necessary apply 1 patch to affected area every day PRN pain leave on for 12 hrs then leave off for 12 hrs directed, wash hands after handling
B12 - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 1000mcg by mouth once a day
Oxycodone/Apap - Ibuprofen: Oxycodone Hydrochloride 5/325mg tablets by mouth as necessary percocet (oxycodone/apap) 5/325mg tablets take 1 tablet twice a day prn pain

14. DME and Supplies:

wound care supplies, wheelchair, walker, reacher, hospital bed, hoyer lift, grab bars, bath bench

15. Safety Measures:

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

16. Nutrition:

high protein, diabetic, cardiac diet

17. Allergies:

no known allergies

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: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

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.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: home bound due to generalized weakness, limited mobility, requires hands on assistance with transfers and use of an assistive device to leave the home

Clinical Condition Requiring Homecare: Requiring Home Care per Certifying Physician: Chronic wound right lower leg, Diabetes, Medication management. SN to assess Cardiopulmonary, GI/GU, Neuro, Musculoskeletal and Integumentary systems, Safety with ADLs and fall precautions, medication management and education, diagnoses management and education.

SN Careplans

SN FREQUENCY: 1w1

CLINICAL SUMMARY:

SOC visit completed by SN. Pt referred to home health for PT and OT evaluations. Recently, more trouble standing due to weakness in legs. No recent hospitalizations. Chronic wound on right lower leg Pt/cg independent with wound care Wound dressing was in place and unobservable today. Nurse reviewed signs of infection with pt. Pt sees wound doctor weekly. Will see vascular surgery in October. Insulin dependent diabetic but well controlled and pt does not check blood sugar. Skin otherwise intact. Physical assessment performed. All systems at baseline. Pt reports good appetite and regular bowel movements. Provided education on home safety and fall prevention. Pt declined future nursing visits. PT/OT will contact pt to schedule evaluations.

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,

SN Goals

PATIENT-STATED GOAL: more independence, strength in lower extremities

GOALS
patient/caregiver recalls
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 09/18/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

LYNN NGO
4212 N 16TH ST
PHOENIX, AZ 85016
PHONE: (602) 263-1501 FAX: 16022631665 NPI: 1508271750

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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O2 saturation < 88 > 100, pain < 0 > 8

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

HOSPITALIZATION RISKS: 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. MPOA

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, Home Safety, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, itchy/runny nose, muscle weakness, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, balance deficit, Pain Interference with ADLs, obesity, open sores/lesions, #1 - Other - Anterior Right Below Knee - Non observable wound to right lower leg

PROCEDURES:

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

physician-ordered wound care,

home exercise program,

coordinate/arrange preparation of missing meals,

coordinate/arrange for maintenance of clean/uncluttered living area

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * how to optimize joint mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety pain control, related medication(s) purpose, schedule, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, 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, caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize joint mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* pain control
* 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
* 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

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	09/18/2025