Home Health Certification and Plan of Care

Order ID: 1184/211

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
DKGE5F	07/28/2025	From: 09/26/2025 To: 11/24/2025	1367	037804

6. Patient's Name and Address
Michael Alig
3040 N 36th St, Apt. W404,
PHOENIX, AZ 85018-
480-742-0354

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 04/17/1948 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	07/28/25

13. ICD	Other Pertinent Diagnoses	Date
L97.512	Non-prs chronic ulcer oth prt right foot w fat layer exposed	07/28/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	07/28/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	07/28/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/28/25
N18.9	Chronic kidney disease u	07/28/25
E78.5	Hyperlipidemia unspecified	07/28/25
F32.A	Depression unspecified	07/28/25

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

Levothyroxine - Levothyroxine Sodium 10mcg by mouth once a day levothyroxine sodium (LEVOTHYROXINE ORAL) 10 mg PO daily
Calcium Acetate - Calcium Acetate 667 mg by mouth three times a day calcium acetate 667 mg - take 2 tablets PO TID with meals
Zyloprim - Allopurinol 100 mg 1 by mouth once a day allopurinol 100mg tablets - take 1 tablet by mouth daily
Lantus - Insulin Glargine Recombinant 24 units subcutaneous at bedtime lantus glargine (insulin) - inject 24 units subcutaneously QHS for diabetes
FIASP FLEXTOUCH U-100 per sliding scale subcutaneous as necessary insulin aspart, niacinamide, (FIASP FLEXTOUCH U-100)- inject insulin per sliding scale before meals; based on blood sugar levels for diabetes
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000 IU by mouth once a day vitamin D3 2000 IU- take one tablet PO daily
Extra Strength Tylenol - Acetaminophen 500 mg by mouth once a day tylenol 500 mg - take 1 -2 tablets PO Q8H prn pain
Midodrine Hydrochloride - Midodrine Hydrochloride 10 mg 1 tablet by mouth as necessary midodrine 10mg tablets- take 1 tablet BID prn hypotension (during dialysis visit)

14. DME and Supplies:
diabetic supplies, grab bars, wound care supplies, cane

15. Safety Measures:
smoke detectors , medication safety, infectious material management, fall precautions, diabetic precautions, sharps precautions, standard precautions, bathroom safety, ambulates with device, cardiac precautions

16. Nutrition:
fluid restriction, high protein, diabetic, renal diet, cardiac diet

17. Allergies:
Lidocaine

18.A. Functional Limitations
Endurance, Bowel/Bladder Incontinence, Ambulation, Hearing

18.B. Activities Permitted
Cane, Partial Weight Bearing, 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: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: home bound due to generalized weakness, unstable gait and requires assistive device to ambulate safely

Clinical Condition Requiring Homecare: Diabetic ulcer of other part of right foot associated with diabetes mellitus, dependence on Hemodialysis, dependence on assistive devices requires SN for assessment of Cardiopulmonary, Neuro, Musculoskeletal, GI/GU and Integumentary systems, safety with ADLs and fall precautions, Medication and Diagnoses management and education, wound care per orders 3 times a week and as needed.

SN Careplans

SN FREQUENCY: SN 3w8 and prn for wound complications

CLINICAL SUMMARY:

Recertification visit. Pt saw wound doctor Monday. Returning October 6th. SN visit for wound care today. Supplies arrived. SN performed wound care per orders. Wound recently debrided. Wound appears to be healing appropriately. Wound care well tolerated. Reinforced diabetic skin care with pt. Nurse will continue wound care visits 3 times per week.

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

CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 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: abnormal blood pressure, limited strength

PROCEDURES:

SN Goals

PATIENT-STATED GOAL: heal wound, prevent infection

GOALS
patient self-administers medications as prescribed
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by JOHNSON, LAURA SN on 09/24/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
MARISSE LARDIZABAL
2525 E Roosevelt St
Phoenix, AZ 85008
PHONE: 602-344-5146 FAX: 16026559167 NPI: 1376801803

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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physician-ordered wound care: RIght foot (plantar) wound: cleanse with wound cleanser, pat dry, apply mepilex Ag to wound bed, cover with 4x4 gauzes, wrap with kerlip and ace wrap Frequency: M,W,F and prn,

glucose testing via monitor: SN to monitor bs log,

monitor intake & output: 32 oz fluid restriction

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 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, * 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, * 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/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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	09/24/2025