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Home Health Certification and Plan of Care				Order ID: 1184/213
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
RPHC12377	09/24/2025	From: 09/24/2025 To: 11/22/2025	1395	037804
6. Patient's Name and Address Joseph Fulwilder 4235 N Ceul Vog, SCOTTSDALE, AZ 85256-480-362-1801		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		
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 directives PROCEDURES: home exercise program TEACH PATIENT/CAREGIVER: * 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, * how to manage seizure triggers implement lifestyle changes including getting enough sleep avoiding alcohol, related medication(s) purpose, schedule				
PT Careplans		PT Goals		
PT WK1: 1 (09/24/25-09/27/25) ,WK2: 1 (09/28/25-10/04/25) ,WK3: 1 (10/05/25-10/11/25)		PATIENT-STATED GOAL: add patient-stated goal		
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130F1 - Upper Body Dressing, 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, 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, GG0130B1 - Oral Hygiene, GG0170G1 - Car Transfer, M1745 - Behavioral Issues, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, muscle weakness, limited endurance, limited range of motion, Pain Interference with ADLs, B1000 - Vision Deficit, weak hand grips, balance deficit, Pain Interference with Therapy activities, Pain Effect on Sleep, seizures		GOALS Shower/Bathe Self - 05. Setup or clean-up assistance		
PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired		Chair to Bed to Chair - 06. Independent		
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, * 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, * 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, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence, Oral Hygiene - 06. Independent, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, 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 - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance		Toilet Transfer - 06. Independent		
		Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance		
		1 - Step (curb) - 05. Setup or clean-up assistance		
		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 * 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 * 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 * 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 keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids		
		patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule		
		meal preparation is available to patient for all meals		
		caregiver performs medical/rehabilitation treatments with adequate competence		
		Oral Hygiene - 06. Independent		
		Upper Body Dressing - 05. Setup or clean-up assistance		
		Lower Body Dressing - 05. Setup or clean-up assistance		
		Toileting Hygiene - 06. Independent		
		Don/Doff Footwear - 05. Setup or clean-up assistance		
		Eating - 06. Independent		
Signature of Physician:		Date		
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Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by JOHNSON, LAURA SN		09/24/2025		

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		Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	09/24/2025