Home Health Certification and Plan of Care

Order ID: 1184/225

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4EE9ED6QK49	09/30/2025	From: 09/30/2025 To: 11/28/2025	1396	037804

6. Patient's Name and Address

Timothy Sampson
11615 E Meadowbrook Ave,
SCOTTSDALE, AZ 85256-
480-800-1896

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 07/31/1958 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
C16.9	Malignant neoplasm of stomach unspecified	09/30/25

13. ICD	Other Pertinent Diagnoses	Date
D50.9	Iron deficiency anemia unspecified	09/30/25
S51.011D	Laceration without foreign body of right elbow subs encntr	09/30/25
S20.212D	Contusion of left front wall of thorax subsequent encounter	09/30/25
K31.1	Adult hypertrophic pyloric stenosis	09/30/25
I95.9	Hypotension unspecified	09/30/25
E43.	Unspecified severe protein-calorie malnutrition	09/30/25
E10.51	Type 1 diabetes w diabetic peripheral angiopath w/o gangrene	09/30/25
I70.202	Unsp athscl native arteries of extremities left leg	09/30/25
I10.	Essential (primary) hypertension	09/30/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/30/25
K22.10	Ulcer of esophagus without bleeding	09/30/25
Z45.2	Encounter for adjustment and management of VAD	09/30/25
Z79.82	Long term (current) use of aspirin	09/30/25
Z91.81	History of falling	09/30/25
Z89.411	Acquired absence of right great toe	09/30/25

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

Asa 81 Mg - Aspirin 81 mg by mouth in the morning aspirin (ECOTRIN) 81 mg EC tablet Take 81 mg by mouth in the morning. to prevent clots
Lipitor - Atorvastatin Calcium eq 40 mg base 1 tablet by mouth at bedtime
Jardiance - Empagliflozin 25 mg by mouth once a day Take 10 mg by mouth daily after lunch for diabetes
Glumetza - Metformin Hydrochloride 500 mg 2 tablets by mouth in the morning Take 1,000 mg by mouth daily with breakfast for diabetes
Pantoprazole - Pantoprazole Sodium 40 mg 1 tablet by mouth every 12 hours
Carafate - Sucralfate 1gm/10ml 10ml by mouth four times a day

14. DME and Supplies:

grab bars, bath bench

15. Safety Measures:

diabetic precautions, fall precautions, smoke detectors , sharps precautions, standard precautions, cardiac precautions, bleeding precautions, anticoagulant precautions

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation, Amputation

18.B. Activities Permitted

Exercises Prescribed, 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: good

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

patient 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: Diabetic patient who was discharged from the hospital recently following a fall requires SN assessmentg for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education.

SN Careplans

SN FREQUENCY: SN 1w1

CLINICAL SUMMARY:

SOC visit completed by SN. Pt recently in the hospital following a fall. Small abrasion on right elbow does not require wound care. Instructed pt and family on applying a bandage and antibiotic ointment to prevent infection. Pt has been diagnosed with gastric cancer recently. Port in RUC is not currently accessed but will be used for treatment. Pt is diabetic. Recent unintentional weight loss of over 20 pounds. Right foot toe amputation. Pt's gait is unstead due to the amputations and occasional lightheadedness but he does not currently use an assistive device. Physical assessment otherwise normal. Heart sounds normal, bowel sounds active x4 quadrants and lungs sounds clear. Pt reports regular bowel movements and fair appetite. He will follow up with his doctor regarding any special diet. Medications reviewed. Home safety assessment performed and nurse provided education on blood pressure and fall prevention. Pt declined any further nursing visits. His daughters will be assisting with monitoring blood pressure and blood sugar. PT evaluation scheduled.

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 120,

SN Goals

PATIENT-STATED GOAL: safety in home;safety in home, improved strength

GOALS
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

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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 09/30/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

MICHAEL TRUESDELL
10901 E MCDOWELL DR
SCOTTSDALE, AZ 85256
PHONE: 480-278-7742 FAX: 14803625831 NPI: 1144263377

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.

Home Health Certification and Plan of Care

Order ID: 1184/225

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4EE9ED6QK49	09/30/2025	From: 09/30/2025 To: 11/28/2025	1396	037804

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Timothy Sampson 11615 E Meadowbrook Ave, SCOTTSDALE, AZ 85256- 480-800-1896	Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300 Phoenix, AZ 85028-6039 480-415-4423 1457998957

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 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 (daughter)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, abnormal blood pressure, dizziness/syncope, lightheadedness, M1400 - Dyspnea, M1033 - Unintentional Weight Loss, abnormal BS < 70/140 > mg/dL, muscle weakness, limited endurance, limited strength, balance deficit, loss of appetite, open sores/lesions

PROCEDURES:

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

glucose testing via monitor,

coordinate/arrange preparation of missing meals

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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, * lifestyle changes to manage hypotension including diet changes proper posture body position changes wearing of compression stockings, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, * low-fat diet lifestyle modifications to manage esophageal condition, related medication(s) purpose, schedule, * dietary guidelines lifestyle modifications to manage gastric condition, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, 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 is adequately supervised, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence

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
* dietary guidelines
* lifestyle modifications to manage gastric condition
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle changes to manage hypotension including diet changes
* proper posture
* body position changes
* wearing of compression stockings
* 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
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* 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
* low-fat diet
* lifestyle modifications to manage esophageal condition
* 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 is adequately supervised

meal preparation is available to patient for all meals

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	09/30/2025