Home Health Certification and Plan of Care

Order ID: 1184/231

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A28860474	08/11/2025	From: 10/10/2025 To: 12/08/2025	1378	037804

6. Patient's Name and Address
JOSE MARTINEZ
907 E 7TH DR,
MESA, AZ 85204-
817-770-6660

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 12/28/1974 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.3	Aftercare following surgery for neoplasm	08/11/25

13. ICD	Other Pertinent Diagnoses	Date
C79.51	Secondary malignant neoplasm of bone	08/11/25
C64.9	Malignant neoplasm of unsp kidney except renal pelvis	08/11/25
C79.70	Secondary malignant neoplasm of unspecified adrenal gland	08/11/25
D63.0	Anemia in neoplastic disease	08/11/25
G82.20	Paraplegia unspecified	08/11/25
K59.2	Neurogenic bowel not elsewhere classified	08/11/25
N31.9	Neuromuscular dysfunction of bladder unspecified	08/11/25
L89.159	Pressure ulcer of sacral region unspecified stage	08/11/25
S22.061D	Stable burst fx T7-T8 vertebra subs for fx w routn heal	08/11/25
G93.41	Metabolic encephalopathy	08/11/25
F41.9	Anxiety disorder unspecified	08/11/25
K59.03	Drug induced constipation	08/11/25
T40.2X5D	Adverse effect of other opioids subsequent encounter	08/11/25
E43.	Unspecified severe protein-calorie malnutrition	08/11/25
R13.10	Dysphagia unspecified	08/11/25
R33.9	Retention of urine unspecified	08/11/25
Z79.891	Long term (current) use of opiate analgesic	08/11/25

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

Baclofen - Baclofen 10 mg by mouth three times a day baclofen 10 mg Tab 10 mg 1 tab, Oral, TID
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
Docusate - Docusate Sodium 50mg-0.6mg by mouth twice a day docusate-senna 50 mg-0.6 mg Tab 3 tab, Oral, BID
Miconazole 2% Topical cream topical twice a day Miconazole 2% Topical Cream (119mL Bulk) 1 app, Topical, BID
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 20mg by mouth every 12 hours Oxycodone 20 mg ER Tab 20 mg 1 tab, Oral, q12hr
Pregabalin - Pregabalin 150mg by mouth three times a day Pregabalin 150 mg oral capsule 150 mg 1 cap, Oral, TID
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
Ondansetron - Ondansetron 4 mg by mouth every 4 hours ondansetron 4 mg Tab ODT 4 mg 1 tab, Oral, q4hr
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
Simethicone - Simethicone 180mg by mouth four times a day Simethicone 80 mg Chew Tab 80 mg 1 tab, Oral, q8hr
Alprazolam - Alprazolam 0.25 mg 1 by mouth as necessary Alprazolam 0.25 mg Tab 0.25 mg 1 tab, Oral, TID
Remeron - Mirtazapine 15 mg 1 by mouth at bedtime
Cymbalta - Duloxetine Hydrochloride 30 mg 2 by mouth once a day
Bactrim Ds - Sulfamethoxazole: Trimethoprim 800 mg;160 mg 1 by mouth twice a day Twice daily for 7 days

14. DME and Supplies:
wheelchair, urinary/catheter supplies, bath bench, walker, hoyer lift, grab bars, wound care supplies

15. Safety Measures:
fall precautions, transfer with assist, standard precautions

16. Nutrition:
regular

17. Allergies:
Hydromorphone

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

18.B. Activities Permitted
Exercises Prescribed, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

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

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: other

Clinical Condition Requiring Homecare: Generalized weakness, impairment in ADL bed mobility, transfers and ambulation.

SN Careplans

SN FREQUENCY: WK1: 1 (10/10/25-10/11/25) ,WK2: 2 (10/12/25-10/18/25) ,WK3: 2 (10/19/25-10/25/25) ,WK4: 2 (10/26/25-11/01/25) ,WK5: 2 (11/02/25-11/08/25) ,WK6: 2 (11/09/25-11/15/25) ,WK7: 2 (11/16/25-11/22/25) ,WK8: 2 (11/23/25-11/29/25) ,WK9: 2 (11/30/25-12/06/25) ,WK10: 2 (12/07/25-12/08/25)

Authorization required for SN assessment of Cardiopulmonary, GI/GU, Neuro, Musculoskeletal and Integumentary systems, medication and diagnoses education and management, fall prevention and safety with ADLs, wound care for sacral wound twice weekly and as needed for complications.
10/10/25 to 10/31/25.

Authorization required for SN assessment of Cardiopulmonary, GI/GU, Neuro, Musculoskeletal and Integumentary systems, medication and diagnoses education and management, fall prevention and safety with ADLs, wound care for sacral wound twice weekly and as needed for complications.

11/1/25 to 11/30/25.

Authorization required for SN assessment of Cardiopulmonary, GI/GU, Neuro, Musculoskeletal and Integumentary systems, medication and diagnoses education and management, fall prevention and safety with ADLs, wound care for sacral wound twice weekly and as needed for complications.

12/1/25 to 12/9/25.

SN Goals

PATIENT-STATED GOAL: I want to walk again and get stronger

GOALS
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
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by HUTTO, MARIA SN on 10/08/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
CASSANDRA MOORE
5777 E MAYO BLVD
PHOENIX, AZ 85054
PHONE: (480) 342-4800 FAX: 14803014675 NPI: 1114966298

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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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

Clinical Summary: Patient seen today for recertification for continued assessment and wound care. Patient assessed head to toe, skin assessed head to toe and is significant for sacral wound being treated per MD orders. Patient seen yesterday at Mayo urgent care due to reports of blood in urine. Patient is catheterized every 6 hours by CG due to neurogenic bladder and uses brief due to neurogenic bowel as well. Neurogenic bowel and bladder related to spinal tumors. Patient was prescribed Bactrim DS, twice a day for 7 days starting last night. New medication uploaded to patient's EHR. Patient and caregiver report that yesterday patient was using walker and lift to get out of the car after returning from urgent care and the lift had a malfunction, the patient's legs gave out and patient had to be lowered to the ground as mother was not able to support him. Caregiver states they were able to get a towel under the patient and then lift him into wheelchair. Upon assessment and per patient and caregiver report, there are no visible injuries or bruises but patient does report some pain to the left clavicle area, where he does have a tumor, likely due to the time patient was lying on the carport waiting to be lifted into wheelchair. Wound care performed per orders and new measurements and photo uploaded to EHR today. Education provided to patient and caregiver related to UTI prevention and signs and symptoms of UTI in neutropenic patients. Patient and caregiver voiced understanding of instructions provided. Patient to continue to be seen twice weekly by SN and as needed for complications for assessment and wound care and diagnoses management. Patient to continue with PT per established plan of care with physical therapy.

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

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

HOSPITALIZATION RISKS: 2. Unintentional weight loss of a total of 10 pounds or more in the past 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

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: Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal blood pressure, involuntary movement of extremity

PROCEDURES: physician-ordered wound care: Cleanse sacral area with wound cleanser or warm soapy water, pat dry with gauze, apply Calcium Alginate to wound bed, cover with bordered foam dressing/hydrocolloid dressing (sacral pad) and change 2-3 times weekly and as needed for soiling or dislodgement.

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

* diet and fluids to promote healing
* 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
* 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
* 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
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* 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
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

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
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by HUTTO, MARIA SN	10/08/2025

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patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* 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
* 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

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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