Home Health Certification and Plan of Care

Order ID: 1184/246

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A96020254	10/10/2025	From: 10/10/2025 To: 12/08/2025	1397	037804

6. Patient's Name and Address

Sharon Rocel
2936 E INDIAN SCHOOL RD APT C101,
PHOENIX, AZ 85016-
6027820715

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 04/09/1980 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.341	Monoplg low lmb fol cerebral infrc aff right dominant side	10/10/25

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	10/10/25
E11.9	Type 2 diabetes mellitus without complications	10/10/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	10/10/25
F43.10	Post-traumatic stress disorder unspecified	10/10/25
F31.9	Bipolar disorder unspecified	10/10/25
M79.7	Fibromyalgia	10/10/25
F42.9	Obsessive-compulsive disorder unspecified	10/10/25
E55.9	Vitamin D deficiency unspecified	10/10/25
Z99.2	Dependence on renal dialysis	10/10/25
Z79.82	Long term (current) use of aspirin	10/10/25
Z79.02	Long term (current) use of antithrombotics/antiplatelets	10/10/25
Z79.4	Long term (current) use of insulin	10/10/25
Z86.79	Personal history of other diseases of the circulatory system	10/10/25
Z91.81	History of falling	10/10/25

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

Urea (with 4% AHA) Cream 10%, 142 g topical once a day Apply cream to affected area every day
Cholecalciferol (Vitamin D3) 1 capsule by mouth once a week Take 1 capsule by mouth every 7 days
Aspirin Ec - Aspirin 81 mg (tablet) by mouth once a day to prevent clots
Atorvastatin - Atorvastatin Calcium 40 mg (tablet) by mouth once a day
Clopidogrel - Clopidogrel 75 mg 1 tablet by mouth once a day for blood thinning
Carvedilol - Carvedilol 25 mg 1 tablet by mouth twice a day
Amilodipine - Amlodipine Besylate 10 mg by mouth once a day
Gabapentin - Gabapentin 100 mg 1 tablet by mouth three times per week Take 1 capsule by mouth after dialysis. May cause drowsiness.
Hydralazine - Hydralazine Hydrochloride 25 mg tablets by mouth twice a day Take 2 tablets by mouth three times a day as directed for high blood pressure
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 mg 1 tablet by mouth as necessary 1 tablet QHS PRN anxiety
Novolog - Insulin Aspart Recombinant 100 units/ml 5-10 units (sliding scale) subcutaneous four times per week 5-10 units (sliding scale) based on blood sugar levels for diabetes before meals and at bedtime
Losartan Potassium - Losartan Potassium 100 mg 1 tablet by mouth once a day
Metoclopramide - Metoclopramide Hydrochloride 10 mg (tablet) by mouth before meal Take 1 tablet by mouth before meals and at bedtime
Lantus - Insulin Glargine Recombinant 100 units/ml 5-10 units (sliding scale) subcutaneous at bedtime Inject 5-10 units under the skin at bedtime (sliding scale) based on blood sugar levels for diabetes
Sertraline - Sertraline Hydrochloride 75 mg (tablet) by mouth once a day

14. DME and Supplies:

walker, wheelchair, commode, bath bench, 4 wheeled walker, diabetic supplies

15. Safety Measures:

anticoagulant precautions, bleeding precautions, fall precautions, medication safety, no bp left arm, standard precautions, smoke detectors , wheelchair precautions, transfer with assist, walker precautions

16. Nutrition:

fluid restriction, diabetic, renal diet

17. Allergies:

Codeine

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Walker, Wheelchair, Exercises Prescribed, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

family/caregiver 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 with history of stroke and subdural hematoma requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education weekly and as needed for complications or medication changes.

SN Careplans

SN FREQUENCY: SN 1w8 and prn medication changes or complications

SN assessment of cardiopulmonary, GI/GU, neuro, integumentary and musculoskeletal systems, medication and diagnoses management and education, safety with ADLs and fall prevention from 10/10/25 to 10/31/25 and

SN assessment of cardiopulmonary, GI/GU, neuro, integumentary and musculoskeletal systems, medication and diagnoses management and education, safety with ADLs and fall prevention from 11/1/25 to 11/30/25 and

SN assessment of cardiopulmonary, GI/GU, neuro, integumentary and musculoskeletal systems, medication and diagnoses management and education, safety with ADLs and fall prevention from 12/1/25 to 12/8/25

CLINICAL SUMMARY:

SOC visit completed. Pt referred to home health by PCP. No recent hospitalizations, S/P stroke (2023) with left side affected. Dialysis pt, diabetic and she is wheelchair bound. Her goal for home

SN Goals

PATIENT-STATED GOAL: to learn to walk independently

GOALS
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/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 10/10/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

DEBORAH TSINGINE
1441 N 12TH ST
PHOENIX, AZ 850062837
PHONE: 602-263-1200 FAX: 16022631665 NPI: 1467418756

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 : 10/09/2025

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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health is to learn how to walk independently. She currently has a manual wheelchair. She is unable to walk but can stand and pivot with stand by assistance. Home health PT and OT also ordered. Nurse reviewed all medications with pt and cg (daughter). Education provided on high risk medications such as blood thinner and diabetic medications. Home safety assessment completed. Daughter assists with mediset preperation, medication administration and vitals. She also assits pt with ADLs including preparing meals. Pt is able to feed herself. Pt appears to have some cognitive issues and/or memory deficits but she was able to answer questions regarding medication history when given time. Physical assessment revealed normal heart sounds. Lungs sounds clear on left. Right lung sounds diminished. Per cg pt has fluid on lungs and sees a pulmonologist. Bowel sounds active x4 quadrants. No edema noted. Pt reports bowel issues such as constipation and diarrhea at times. Skin intact except dry patch on scalp (back of head). Fistula left arm with bruit and thrill. Pt has dialysis on Tuesday/Thursday, Saturdays. Nurse will see pt weekly on one of the other days.

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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. No Advanced Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1745 - Behavioral Issues, D0160 - Depression, D0700 - Social Isolation, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, Home Safety, M2020 - Oral Med Management, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, M1620 - Bowel Incontinence, nausea/vomiting, constipation, diarrhea, M1610 - Urinary Incontinence, limited range of motion, limited strength, limited endurance, muscle weakness, balance deficit, lethargy, seizures, headache, B1000 - Vision Deficit, Pain Effect on Sleep, difficulty sleeping, daytime fatigue, Pain Interference with ADLs

PROCEDURES:

cough/deep breathing exercises,

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

glucose testing via monitor,

monitor intake & output,

home exercise program,

teach/coordinate/arrange medication packaging and/or administration,

coordinate/arrange for maintenance of clean/uncluttered living area

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, * 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 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, * 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, * 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications

* 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
* 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
* 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 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
* 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
* 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

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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* 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/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

caregiver administers and/or packages medications appropriately

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by JOHNSON, LAURA SN

Date
10/10/2025

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appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	caregiver performs medical/rehabilitation treatments with adequate competence

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