Home Health Certification and Plan of Care

Order ID: 1184/262

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A42300224	10/24/2025	From: 10/24/2025 To: 12/22/2025	1371	037804

6. Patient's Name and Address
Jonathan Zacek
4006 W HATCHER RD,
PHOENIX, AZ 85051-
480-622-6847

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 05/28/1973 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	10/24/25

13. ICD	Other Pertinent Diagnoses	Date
L97.523	Non-prs chronic ulcer oth prt left foot w necrosis of muscle	10/24/25
L97.314	Non-pressure chronic ulcer of right ankle w necrosis of bone	10/24/25
E11.610	Type 2 diabetes mellitus w diabetic neuropathic arthropathy	10/24/25
T84.69XA	Infect/inflm reaction due to int fix of site init	10/24/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	10/24/25
M54.16	Radiculopathy lumbar region	10/24/25
F17.210	Nicotine dependence cigarettes uncomplicated	10/24/25
I89.0	Lymphedema not elsewhere classified	10/24/25
E66.3	Overweight	10/24/25
Z68.36	Body mass index [BMI] 36.0-36.9 adult	10/24/25
Z45.2	Encounter for adjustment and management of VAD	10/24/25
Z79.2	Long term (current) use of antibiotics	10/24/25

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

Suboxone - Buprenorphine Hydrochloride: Naloxone Hydrochloride 8-2mg sublingual three times a day
Colace - Docusate Sodium 100mg by mouth as necessary
Ibuprofen - Ibuprofen 800 mg by mouth as necessary
Tums - Simethicone 500mg by mouth as necessary 1-2 Tab(s) as needed for heartburn
Lisinopril - Lisinopril 5 mg 1 by mouth once a day
Lactobacillus - Lactinex 1 by mouth twice a day
Daptomycin - Daptomycin 600mg/12ml NS intravenous once a day via PICC RUE
Invanz - Ertapenem Sodium 1 Gram/100ml NS intravenous once a day
Infuse over 30 minutes via PICC in RUE
Heparin Flush - Heparin Sodium 10 units/ml 5ml intravenous twice a day
Use following NS flush, after each dose of antibiotics via PICC in RUE
Normal Saline Flush - Normal Saline 10ml intravenous twice a day flush
10ml via RUE PICC following both antibiotics daily

14. DME and Supplies:
wheelchair, IV supplies, bath bench, walker, grab bars, wound care supplies, motorized scooter

15. Safety Measures:
toe-touch weight bearing LLE, fall precautions, standard precautions, non-weight bearing RLE

16. Nutrition:
regular, heart healthy

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Partial Weight Bearing

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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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: 9. Not Applicable

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, medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: HH SN wound care for patient now includes wound vac to right lower leg, wound care to lateral area below ankle on outside of right foot with dressing care and wound care to underside of left heel, 3 times weekly and as needed for complications.

SN Careplans

SN FREQUENCY: 1W1, 3W8 and PRN for complications for SN assessment of CardioPulmonary, GI/GU, Musculoskeletal, Neuro and Integumentary systems, Medication reconciliation and diagnoses management, Safety with ADLs and falls precautions and wound care including wound vac therapy 3 times weekly and as needed for complications.

CLINICAL SUMMARY: Patient seen for SOC today for readmission after corrective surgery to right LE. Home health nursing care ordered for assessment and management of diagnoses of Charcot foot post-surgical care of right foot, prediabetes, hypertension, chronic pain management and wounds to right foot/leg and left heel (underside). Patient has been being treated off and on with wound vac for a year, initially only for underside of left heel following a wound infection following osteomyelitis. Several months later patient underwent corrective surgery for repair to the right Charcot foot with extensive internal and external hardware. Over the course of several months, patient had multiple revisions and complications of right foot, including a dehiscence of incision, requiring wound vac on right lateral lower leg. Wound vac to left foot has been discontinued for several months. HH SN wound care for patient now includes wound vac to right lower leg, wound care to lateral area below ankle on outside of right foot with dressing care and wound care to underside of left heel, 3 times weekly and as needed for complications. Vita signs within normal limits for patient. Patient denies falls or injuries since hospital discharge on October 10th. Patient was discharged home with a single lumen PICC line to RUE through which he administers IV antibiotics daily, independently. PICC is managed weekly and dressing changes performed weekly by Optum Healthcare. Patient reports adequate PO intake and bowel movements consistent with normal patterns. Patient has next appointment with Podiatry/surgeon on October 30th. Medications reconciled with patient and education provided to patient about medication and antibiotic safety, compliance and potential side effects as well as plan of care for home health care. Patient voiced understanding of instructions provided. Patient to be seen 3 times weekly and as needed for complications.

SN Goals

PATIENT-STATED GOAL: Heal wound, be able to walk again

GOALS
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
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by DELGADO, MELISSA SN on 10/24/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
SCOTT MALING
1520 S DOBSON RD SUITE 312
MESA, AZ 85202
PHONE: (480) 844-8218 FAX: 14808449950 NPI: 1780643395

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 : 10/21/2025

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

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications

STANDING ORDERS: Infection control: hygiene, proper hand washing.; Advance directive: plan if patient is unable to make healthcare decisions.; 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: No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1400 - Dyspnea, swelling in the arms/legs, abnormal thyroid <> 0.40 - 4.50 mIU/mL, heartburn/indigestion, limited range of motion, muscle weakness, Pain Effect on Sleep, Pain Interference with ADLs, extremity burn/tingle/numb, rough/scaly/cracked skin, red/tender pressure points

#1 - Observable Surgical Wound - Anterior Right Ankle - red, granulated wound bed with moderate serosanguineous drainage, requiring wound vac therapy. Clean area with wound cleanser and gauze, pat dry, apply barrier prep to skin around wound perimeter, apply plastic drape, place black granu-foam into wound, cover with plastic drape, apply trac- pad, initiate continuous suction at 125mmHz. Wound care 3 times a week and as needed for complications.

#2 - Observable Surgical Wound - Anterior Right Ankle - Red,, granulated wound bed with moderate amount of serosanguineous drainage. Wound care: clean area with wound cleanser and gauze, pat dry, apply collagen matrix dressing with Silver to wound bed, cover with gauze, wrap lower leg with gauze roll, wrap with elastic wrap. Change 3 times a week and as needed for complications.

#3 - Observable Surgical Wound - Posterior Left Heel - Chronic, non-healing surgical wound on underside of left heel. Clean area with wound cleanser and gauze, insert collagen matrix dressing with silver to wound bed, cover with gauze and affix with tape. Wrap left foot with gauze roll, wrap with elastic wrap. Change 3 times weekly and as needed for complications.

PROCEDURES: physician-ordered wound care: Clean all wounds with wound cleanser and gauze, pat dry. Apply skin barrier around wound perimeters, apply collagen matrix dressing with silver into wound beds (except wound receiving vac therapy), cover with gauze, affix with tape. Wrap both lower extremities with gauze roll, wrap with elastic wrap. 3 times weekly and as needed for complications., wound vacuum: Apply plastic drape around wound perimeter, insert granu-foam into wound bed, cover with plastic drape, apply trac-pad, initiate 125 mmHz continuous suction. Change 3 times weekly and as needed for complications.

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 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to manage symptoms of nicotine withdrawal and nicotine cravings, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage symptoms of nicotine withdrawal and nicotine cravings
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	10/24/2025