Home Health Certification and Plan of Care

Order ID: 1184/138

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1U56VD2CR66	09/02/2025	From: 09/02/2025 To: 10/31/2025	1387	037804

6. Patient's Name and Address

Veronica Nunez
7500 E Calle Vahi,
TEMPE, AZ 85283-
602-488-7749

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 11/29/1981 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	09/02/25

13. ICD	Other Pertinent Diagnoses	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	09/02/25
N18.6	End stage renal disease	09/02/25
G89.4	Chronic pain syndrome	09/02/25
E11.49	Type 2 diabetes w oth diabetic neurological complication	09/02/25
G47.00	Insomnia unspecified	09/02/25
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	09/02/25
L94.0	Localized scleroderma [morphea]	09/02/25
L80.	Vitiligo	09/02/25
M80.042D	Age-rel osteopor w crnt path fx l hand 7thD	09/02/25
G43.909	Migraine unsp not intractable without status migrainosus	09/02/25
I27.20	Pulmonary hypertension unspecified	09/02/25
K76.0	Fatty (change of) liver not elsewhere classified	09/02/25
J30.9	Allergic rhinitis unspecified	09/02/25
R20.9	Unspecified disturbances of skin sensation	09/02/25
K21.9	Gastro-esophageal reflux disease without esophagitis	09/02/25
Z79.891	Long term (current) use of opiate analgesic	09/02/25
Z99.2	Dependence on renal dialysis	09/02/25
Z15.01	Genetic susceptibility to malignant neoplasm of breast	09/02/25
Z89.511	Acquired absence of right leg below knee	09/02/25

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

ALENDRONATE Qty: 12 for 84 days 70mg by mouth once a week TAKE ONE (1) TABLET BY MOUTH ONCE WEEKLY TAKE ON AN EMPTY STOMACH WITH PLENTY OF WATER - GET DENTAL EXAM AT LEAST YEARLY
Cyanocobalamin - Cyanocobalamin 1 mg by mouth once a day Take 2 tablets by mouth every day
Diphenhydramine - Diphenhydramine Citrate: Ibuprofen 25mg by mouth at bedtime TAKE ONE (1) CAPSULE BY MOUTH EVERY NIGHT AT BEDTIME IF NEEDED
Alcohol pads 200pads topical as necessary USE 1 PAD TOPICALLY AS DIRECTED
CARBOXYMETH 0.5% OPHTH Oty: 24 for 30 days 0.5% both eyes every hour INSTILL 1 DROP IN BOTH EYES EVERY HOUR FOR DRY EYES
CHOLECALCIFEROL 1,250mcg by mouth once a week TAKE ONE (1) CAPSULE BY MOUTH WEEKLY FOR VITAMIN D. TAKE WITH FOOD
Aspirin 325Mg - Aspirin 325mg by mouth once a day TAKE ONE (1) TABLET BY MOUTH EVERY DAY FOR BLOOD THINNING
Furosemide - Furosemide 40 mg by mouth three times a day TAKE ONE (1) TABLET BY MOUTH THREE TIMES A DAY FOR FLUID OR FOR HIGH BLOOD PRESSURE
GUIDE ME- ACCU-CHECK TEST STRIP 1 drops twice a day USE 1 STRIP FOR BLOOD TESTING TWICE A DAY
Hydralazine - Hydralazine Hydrochloride 25mg by mouth twice a day TAKE ONE (1) TABLET BY MOUTH TWICE A DAY FOR HIGH BLOOD
HYDROXYCHLOROQUINE 200mg by mouth twice a day TAKE ONE (1) TABLET BY MOUTH TWICE A DAY WITH FOOD OR MILK ANNUAL EYE EXAM NEEDED
Labetalol Hydrochloride - Labetalol Hydrochloride 200 mg by mouth twice a day TAKE TWO (2) TABLETS BY MOUTH TWICE A DAY FOR HIGH BLOOD PRESSURE
LOSARTAN 100mg by mouth at bedtime TAKE ONE (1) TABLET BY MOUTH EVERY NIGHT AT BEDTIME FOR HIGH BLOOD PRESSURE . DO NOT USE IF PREGNANT
Megestrol - Megestrol Acetate 40MG/ML by mouth once a day TAKE 10ML BY MOUTH ONCE EVERY DAY
Melatonin - Melatonin 3mg by mouth at bedtime TAKE TWO (2) CAP/TABS BY MOUTH AT BEDTIME FOR SLEEP
INSULIN GLARGINE PEN 5x3ml transdermal at bedtime Inject 5 to 10 units under the skin at bedtime
Mycophenolate Mofetil - Mycophenolate Mofetil 250 mg by mouth twice a day TAKE ONE (1) CAPSULE BY MOUTH TWICE A DAY
Needle Pen 1 transdermal once a day USE 1 PEN NEEDLE TO GIVE INJECTIONS ONCE A DAY FOR GLARGINE INJECTIONS
Nifedipine - Nifedipine 90 mg by mouth twice a day TAKE ONE (1) TABLET BY MOUTH TWICE A DAY
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 10mg by mouth once a day TAKE ONE (1) TABLET BY MOUTH EVERY DAY FOR PAIN
Oxycodone/Apap - Ibuprofen: Oxycodone Hydrochloride 325mg by mouth four times a day TABLET BY MOUTH FOUR TIMES A DAY FOR PAIN
Pantoprazole - Pantoprazole Sodium 40 mg by mouth twice a day TAKE ONE (1) TABLET BY MOUTH TWICE A DAY FOR STOMACH PAIN OR REFLUX
Promethazine - Promethazine Hydrochloride 25mg by mouth twice a day TAKE 1/2 OF A TABLET BY MOUTH TWICE A DAY AS NEEDED. MAY TAKE A FULL TABLET IF NEEDED
Spironolactone - Spironolactone 25 mg by mouth twice a day TAKE ONE (1) TABLET BY MOUTH TWICE A DAY FOR FLUID OR FOR HIGH BLOOD PRESSURE
SUNBLOCK LOTION SPF 30 30 topical as necessary APPLY MODERATE AMOUNT TO AFFECTED AREA AS DIRECTED
Clonidine - Clonidine 0.1mg by mouth once a day TAKE ONE (1) TABLET BY MOUTH EVERY DAY PRN ELEVATED BP
Renvela - Sevelamer Carbonate 800 mg 1 by mouth three times a day with meals and snacks
Magnesium Oxide - Simethicone 1 by mouth once a day

14. DME and Supplies:
wheelchair, diabetic supplies, walker, grab bars

15. Safety Measures:
fall precautions, no bp left arm, standard precautions

16. Nutrition:
renal diet, diabetic

17. Allergies:
Vancomycin, Morphine, Coconut, Pineapple

18.A. Functional Limitations
Endurance, Ambulation, Amputation

18.B. Activities Permitted
Up As Tolerated, Walker, Exercises Prescribed, Wheelchair

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by DELGADO, MELISSA SN on 09/02/2025

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 :

27. Attending Physician's Signature and Date Signed **09/03/2025**: 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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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:	22.B.Discharge Plans
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.	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. Taxing effort to leave home.

Clinical Condition Requiring Homecare: Patient with significant medical history including DM II, dependence on hemodialysis, end stage renal disease, scleroderma, HTN and right side AKA requires assessment of cardiopulmonary, musculoskeletal, GI/GU, neuro, and integumentary systems, safety with ADLs, medication and diagnoses education and management and evaluation and treatment with PT. SN to see patient for SOC and REC and as needed for complications.

SN Careplans

SN FREQUENCY: WK1: 1 (09/01/25-09/06/25) for SOC +PRN for complications.

CLINICAL SUMMARY: Patient seen today for Start of Care assessment. Patient assessed head to toe, skin assessed head to toe and is intact throughout, with significant scarring on arms, torso, neck and face. No open sores or incisions present. Patient has a central line present on upper right chest being utilized for hemodialysis. Patient has a fistula present in upper left arm but it currently has a stricture and hasn't matured fully and requires a balloon procedure to improve flow before it can be used for dialysis. Patient has a prior medical history of end stage renal disease and requires hemodialysis, scleroderma, DM II, HTN as well as a right AKA. Patient requires use of wheelchair, walker and prosthetic for mobility. Patient is a partial assist for ADLs and is assisted by her spouse and son when needed. Patient is independent with her medications and they were reconciled today with SN. Vital signs within normal limits for patient, though she states that her BP reading today was slightly higher for her than normal after having dialysis. Patient denies recent falls or injuries. Patient will have evaluation with physical therapist to establish treatment plan and will only be seen by SN for SOC or REC and as needed for complications. Patient educated on how to contact agency for concerns or questions and voiced understanding of instructions provided.

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, 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

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: M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure, decreased urine output, muscle weakness, limited strength, limited endurance, hair loss

PROCEDURES: home exercise program

TEACH PATIENT/CAREGIVER: * 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 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

* how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation

* diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: Use my new prosthetic better

GOALS

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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 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 manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	09/02/2025