Home Health Certification and Plan of Care

Order ID: 1184/170

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
117034SRP	09/08/2025	From: 09/08/2025 To: 11/06/2025	1390	037804

6. Patient's Name and Address

Laurice Carlos
10301E Camelback road,
SCOTTSDALE, AZ 85256-
4803439751

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 02/02/1993 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.81	Encounter for orthopedic aftercare following surgical amp	09/08/25

13. ICD	Other Pertinent Diagnoses	Date
M86.9	Osteomyelitis unspecified	09/08/25
B95.2	Enterococcus as the cause of diseases classified elsewhere	09/08/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	09/08/25
E11.3393	Type 2 diab with mod nonp rtnop without macular edema bi	09/08/25
J45.20	Mild intermittent asthma uncomplicated	09/08/25
I82.411	Acute embolism and thrombosis of right femoral vein	09/08/25
I10.	Essential (primary) hypertension	09/08/25
N04.9	Nephrotic syndrome with unspecified morphologic changes	09/08/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	09/08/25
E78.5	Hyperlipidemia unspecified	09/08/25
M54.9	Dorsalgia unspecified	09/08/25
G89.29	Other chronic pain	09/08/25
E66.01	Morbid (severe) obesity due to excess calories	09/08/25
Z68.41	Body mass index [BMI] 40.0-44.9 adult	09/08/25
Z89.431	Acquired absence of right foot	09/08/25
Z45.2	Encounter for adjustment and management of VAD	09/08/25
Z79.2	Long term (current) use of antibiotics	09/08/25
Z79.4	Long term (current) use of insulin	09/08/25
Z79.01	Long term (current) use of anticoagulants	09/08/25
Z79.82	Long term (current) use of aspirin	09/08/25

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

Aspirin - Aspirin 81mg by mouth once a day to prevent clots
Losartan Potassium - Losartan Potassium 100 mg 1 tablet by mouth once a day
Acetaminophen - Acetaminophen 650 mg by mouth as necessary Q4H prn pain; NTE 4000mg acetaminophen from all sources daily
Atorvastatin - Atorvastatin Calcium 40mg by mouth once a day
Eliquis - Apixaban 5mg by mouth twice a day for blood thinning
Lantus - Insulin Glargine Recombinant 30 units subcutaneous at bedtime for diabetes
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 500mg by mouth once a day
Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 by mouth once a day
Vitamin B Complex - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 by mouth once a day
Amoxicillin And Clavulanate Potassium - Amoxicillin: Clavulanate Potassium 875 mg;eq 125 mg base 1 tablet by mouth twice a day for foot infection
Amilodipine - Amlodipine Besylate 5 mg tablet by mouth once a day
Metformin Er - Metformin Hydrochloride 2 (two), 500 mg tablets by mouth once a day take 2 500mg tablets once daily for diabetes

14. DME and Supplies:

walker, wound care supplies, grab bars, diabetic supplies, bath bench, 4 wheeled walker

15. Safety Measures:

walker precautions, standard precautions, smoke detectors , sharps precautions, non-weight bearing RLE, medication safety, infectious material management, fall precautions, diabetic precautions, cardiac precautions, bleeding precautions, anticoagulant precautions, ambulates with device

16. Nutrition:

diabetic, cardiac diet

17. Allergies:

Avocados, Cantaloupe, Nitrofurantoin

18.A. Functional Limitations

Ambulation, Endurance, Amputation

18.B. Activities Permitted

Exercises Prescribed, Partial Weight Bearing, Walker, 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: 1. Rarely, 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: taxing effort to leave home due to recent foot amputation, current open wound and requires use of assistive device to ambulate.

Clinical Condition Requiring Homecare: Patient with recent amputation of foot requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal, and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, wound care per doctor's orders and prn as needed for complications.

SN Careplans

SN FREQUENCY: SN 1w8 and prn wound complications

CLINICAL SUMMARY:

SN visit for SOC. Visit was delayed due to pt request. Pt referred to home health for nursing and PT services. Per pt, non-removable surgical dressing should remain in place until pt sees podiatrist on Wednesday. Pt will also see cardiologist on Wednesday. Blood pressure elevated today. Pt denies symptoms of CVA/MI. Diabetic patient with fbs 168 today. Head to toe assessment performed. Heart sounds normal, lungs clear, bowel sounds hypoactive. Pt reports regular bowel movements. She ambulates with a seated walker. Per pt, she does not requires assistance with ADLs. Nurse

SN Goals

PATIENT-STATED GOAL: heal right great toe wound, no infection

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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 09/08/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

GEM BARTSCH
10901 E MCDOWELL RD
SCOTTDALE, AZ 85256
PHONE: (480) 946-9066 FAX: 14803625831 NPI: 1134216146

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 **09/15/2025**: 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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She ambulates with a seated walker. Per pt, she does not requires assistance with ADLs. Nurse instructed pt on keeping wound dressing clean and dry and advised the dressing has to be changed if it becomes wet or soiled. Reviewed all medications including possible side effects. Provided education on bleeding precautions, home safety, infection control and fall prevention. Nurse will return for next visit based on recommendations from podiatrist after pt's visit this week.

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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

HOSPITALIZATION RISKS: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 4. Multiple emergency department visits (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, 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.
Advance Directive: No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, Home Safety, M2102c - Med Admin, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, coughing, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, constipation, muscle weakness, limited strength, limited endurance, balance deficit, #1 - Non-Observable Surgical Wound - Anterior Right Foot - Surgical amputation 8/18

PROCEDURES:

physician-ordered wound care,

glucose testing via monitor,

home exercise program,

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

coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately

patient/caregiver recalls
* diet
* weight-bearing exercises to promote bone healing and strengthening
* fluids to prevent constipation
* home safety
* pain control
* 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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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
* 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 keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase caloric intake
* 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's living environment is clean/uncluttered

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	09/08/2025