

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	
A28860474		08/11/2025		From: 10/10/2025 To: 12/08/2025	
4. Medical Record No.		5. Provider No.		1378037804	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
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	
8. DOB12/28/19749.SexMale				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD Z48.3		Principal Diagnosis Aftercare following surgery for neoplasm		Date 08/11/25	
13. ICD C79.51 C64.9 C79.70		Other Pertinent Diagnoses Secondary malignant neoplasm of bone Malignant neoplasm of unsp kidney except renal pelvis Secondary malignant neoplasm of unspecified adrenal gland		Date 08/11/25 08/11/25 08/11/25	
D63.0 G82.20 K59.2 N31.9 L89.159 S22.061D G93.41 F41.9 K59.03 T40.2X5D E43. R13.10 R33.9 Z79.891		Anemia in neoplastic disease Paraplegia unspecified Neurogenic bowel not elsewhere classified Neuromuscular dysfunction of bladder unspecified Pressure ulcer of sacral region unspecified stage Stable burst fx T7-T8 vertebra subs for fx w routn heal Metabolic encephalopathy Anxiety disorder unspecified Drug induced constipation Adverse effect of other opioids subsequent encounter Unspecified severe protein-calorie malnutrition Dysphagia unspecified Retention of urine unspecified Long term (current) use of opiate analgesic		08/11/25 08/11/25 08/11/25 08/11/25 08/11/25 08/11/25 08/11/25 08/11/25 08/11/25 08/11/25 08/11/25 08/11/25 08/11/25	
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 Goals	
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.				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 10/09/2025 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. PAGE 1 of 3	

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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
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Signature of Physician:	Date
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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
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