

Home Health Certification and Plan of Care				Order ID: 1184/277	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
8CH7GW5GF49		11/04/2025		From: 11/04/2025 To: 01/02/2026	
				4. Medical Record No.	
				1400	
				5. Provider No.	
				037804	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Bianca Yazzie			Devotion Home Health Care, LLC		
317 E DOBBINS RD,			11201 N Tatum Blvd, Suite 300		
PHOENIX, AZ 85042-			Phoenix, AZ 85028-6039		
480-676-0065			480-415-4423		
			1457998957		
8. DOB			12/12/1955		
9. Sex			Female		
11. ICD		Principal Diagnosis		Date	
N30.80		Other cystitis without hematuria		11/04/25	
13. ICD		Other Pertinent Diagnoses		Date	
B96.20		Unsp Escherichia coli as the cause of diseases classd elswhr		11/04/25	
E11.621		Type 2 diabetes mellitus with foot ulcer		11/04/25	
L97.519		Non-prs chronic ulcer oth prt right foot w unsp severity		11/04/25	
L03.115		Cellulitis of right lower limb		11/04/25	
I21.4		Non-ST elevation (NSTEMI) myocardial infarction		11/04/25	
I13.0		Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny		11/04/25	
I50.30		Unspecified diastolic (congestive) heart failure		11/04/25	
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease		11/04/25	
N18.30		Chronic kidney disease stage 3 unspecified		11/04/25	
D63.1		Anemia in chronic kidney disease		11/04/25	
E11.40		Type 2 diabetes mellitus with diabetic neuropathy unsp		11/04/25	
J84.10		Pulmonary fibrosis unspecified		11/04/25	
J96.10		Chronic respiratory failure unsp w hypoxia or hypercapnia		11/04/25	
U09.9		Post COVID-19 condition unspecified		11/04/25	
E78.5		Hyperlipidemia unspecified		11/04/25	
E11.3299		Type 2 diab with mild nonp rtnop without macular edema unsp		11/04/25	
B35.1		Tinea unguium		11/04/25	
I95.1		Orthostatic hypotension		11/04/25	
R33.9		Retention of urine unspecified		11/04/25	
M20.12		Hallux valgus (acquired) left foot		11/04/25	
N31.9		Neuromuscular dysfunction of bladder unspecified		11/04/25	
K59.00		Constipation unspecified		11/04/25	
H91.90		Unspecified hearing loss unspecified ear		11/04/25	
14. DME and Supplies:			15. Safety Measures:		
diabetic supplies, urinary/catheter supplies, oxygen supplies, walker, wound care supplies, bath bench, oxygen concentrator			sharps precautions, standard precautions, cardiac precautions, diabetic precautions, O2 precautions, walker precautions, smoke detectors , infectious material management, bleeding precautions, fall precautions, ambulates with device		
16. Nutrition:			17. Allergies:		
high protein, cardiac diet, diabetic			no known allergies, cats		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance, Hearing			Walker, Up As Tolerated		
19. Mental & Psychosocial Status:			COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, 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: No		
20. Prognosis:			good		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			family/caregiver will be responsible for managing treatment		
Homebound status: homebound due to generalized weakness, dependence on assistive device and the assistance of another person to leave the home					
Clinical Condition Diabetic patient with foley catheter in place and large wound at her right foot requires SN for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary Requiring Homecare: systems, safety with ADLs and fall precautions, medication and diagnoses management and education, wound care per orders 3 times weekly and as needed for complications and foley catheter changes every 4 weeks and prn for complications.					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by JOHNSON, LAURA SN on 11/04/2025					
24. Physician's Name and Address			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.		
JESSICA ANKNEY			F2F date :		
4212 N 16TH ST					
PHOENIX, AZ 85016					
PHONE: (602) 581 6730 FAX: 16022631628 NPI: 1770504714					
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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6. Patient's Name and Address Bianca Yazzie 317 E DOBBINS RD, PHOENIX, AZ 85042- 480-676-0065		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		

SN FREQUENCY: SN 3w8 and prn for wound care or catheter complications CLINICAL SUMMARY: SOC visit today. Daughter not home but attended virtually. Pt assessed head to toe. Lungs clear, bowel sounds hypoactive x 4 quadrants. Heart sounds normal. Pt is on oxygen but does not know the liter flow prescribed. She had low o2 levels when in-patient. Pt was discharged home from PIMC on Sunday following an episode of a-fib. Per discharge records NSTEMI. Pt is diabetic. Family will need training on how to check blood sugar and diabetic diet. Per family, pt recently diagnosed with hypertension. She will also need education on cardiac diet and ways to reduce blood pressure. Pt has a foley catheter (16Fr, latex) which was placed on 10/26. Urine in drainage bag is yellow and clear. Pt denies any UTI symptoms. She is currently taking antibiotics for a recent UTI. Pt reports good appetite. Occasional constipation. Nurse reviewed bowel care ordered. All medications reviewed. Provided education on fall prevention and home safety evaluation completed. Bianca has a large wound on her right foot which she said started as a blister which formed from ill-fitting footwear. She currently is wearing a DARCO boot on the right foot. Skin is intact other than foot wound. Nurse performed wound care per orders today. Demonstrated wound care for family members. Wound measured approximately 12.5x8.5x0.1cm. Photograph uploaded to EMR. No signs of	PATIENT-STATED GOAL: heal right foot wound, catheter changes 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 manage skin condition including physician-prescribed treatment * skin care * bathing * sun protection * diet * exercise * 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 * how to take the patient's blood pressure * record the reading * 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 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 modification to manage blood condition including dietary changes * bleeding precautions * 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 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 * lifestyle changes to manage hypotension including diet changes * proper posture * body position changes * wearing of compression stockings * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to optimize joint mobility with active and passive range of motion exercises * fluid and diet intake to promote healing
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	11/04/2025

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infection present. Wound care ordered daily. Nurse will see pt Mondays, Wednesdays and Fridays. Next podiatry appointment scheduled on 11/12. Nurse also reminded pt and family of upcoming doctor visits scheduled including urology (scheduled on 11/7). Pt has declined OT/PT evaluations.

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: 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, 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: M1745 - Behavioral Issues, M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, lightheadedness, abnormal BS < 70/140 > mg/dL, constipation, M1600 - UTI, M1610 - Urinary Catheter, limited endurance, limited strength, B1000 - Vision Deficit, B0200 - Hearing Deficit, balance deficit, extremity burn/tingle/numb, #1 - Blister - Anterior Right Foot - started as blister

PROCEDURES:

cough/deep breathing exercises,

incentive spirometer,

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

physician-ordered wound care: Right foot wound: cleanse with wound cleanser, pat dry with 4x4 gauze, rinse with saline, apply santyl to wound bed, cover with saline wet gauze, 4x4 gauze, kerlix and secure with ace wrap,

glucose testing via monitor,

monitor intake & output,

catheter change, care & irrigation: change catheter every 4 week; 16 Fr 10 cc latex cathter; irrigation with normal saline prn,

teach/coordinate/arrange medication packaging and/or administration

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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * lifestyle changes to manage hypotension including diet changes proper posture body position changes wearing of compression stockings, 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

- and diet intake to promote healing
- * prevent constipation
 - * home safety
 - * pain control
 - * 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
- * 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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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record wound measurements, related medication(s) purpose, schedule, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, * how to optimize joint mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety pain control, 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

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