Home Health Certification and Plan of Care

Order ID: 1184/290

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A24730617	11/11/2025	From: 11/11/2025 To: 01/09/2026	1401	037804

6. Patient's Name and Address
Brenda Valdez
5656 N 17th AVE APT A2,
PHOENIX, AZ 85015-
4805933994

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 06/25/1976 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.01	Encounter for change or removal of surgical wound dressing	11/11/25

13. ICD	Other Pertinent Diagnoses	Date
Z47.89	Encounter for other orthopedic aftercare	11/11/25
E11.621	Type 2 diabetes mellitus with foot ulcer	11/11/25
L97.514	Non-prs chronic ulcer oth prt right foot w necrosis of bone	11/11/25
L03.115	Cellulitis of right lower limb	11/11/25
E11.69	Type 2 diabetes mellitus with other specified complication	11/11/25
M86.271	Subacute osteomyelitis right ankle and foot	11/11/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	11/11/25
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	11/11/25
E78.5	Hyperlipidemia unspecified	11/11/25
N83.209	Unspecified ovarian cyst unspecified side	11/11/25
Z79.4	Long term (current) use of insulin	11/11/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	11/11/25

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

Asa 325Mg - Aspirin 325 mg tablet by mouth once a day for blood thinning
Atorvastatin - Atorvastatin Calcium 40 mg tablet by mouth at bedtime
Ciprofloxacin - Ciprofloxacin 500 mg tablets by mouth twice a day to prevent foot infection x 14 days
Jardiance - Empagliflozin 25 mg by mouth once a day for diabetes
Metformin - Metformin Hydrochloride 1000 mg by mouth twice a day
Humalog - Insulin Lispro Recombinant 100 units/ml 10 units subcutaneous before meal for diabetes
Lantus Insulin - Insulin Glargine Recombinant 54 units subcutaneous at bedtime for diabetes

14. DME and Supplies:
diabetic supplies, wound care supplies, Wound vac

15. Safety Measures:
medication safety, infectious material management, standard precautions, smoke detectors , fall precautions, diabetic precautions, bleeding precautions, anticoagulant precautions, sharps precautions

16. Nutrition:
high protein, diabetic

17. Allergies:
Cephalexin

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
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: 2. Sometimes, 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: 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: pt homebound due to generalized weakness, unsteady gait and pt has wound on right foot which makes it difficult for her to ambulate

Clinical Condition Requiring Homecare: Diabetic patient with extensive surgical wound to 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 2 times per week and as neeeded for complications.

SN Careplans

SN FREQUENCY: SN 2w8 and prn for wound complications

CLINICAL SUMMARY:

Pt referred to home health by wound clinic. She was discharged from the hospital on October 9th. While hospitalized pt was treated for wound to right foot (initally from stepping on glass). Wound had become infected. Pt had surgical removal of tissue between right great toe and 2nd digit. Wound vac is currently being used. Pt will be seeing wound clinic physicians every Wednesday and SN will see pt on Mondays and Fridays. Pt does not have many supplies and nurse will need to send order requesting wound care supplies. Head to toe assessment today. Pt has some edema of right foot. Wound vac in place (placed Monday) and functioning well. Ted hose in place over vac. Lungs clear, heart sounds normal, bowel sounds active x4 quadrants. Pt is an insulin dependent diabetic. Recent blood sugar 200 per pt. Pt report eating well, regular bowel movements and no signs of UTI. Pain is well controlled. Nurse completed home safety assessment. Reviewed all medications; giving instructions on high risk medications. Pt is on an oral antibiotic for 14 days. In the hospital she had a severe allergic reaction to an antibiotic. Stressed to pt the importance for her to make note of new medication allergies and notify all physicians and pharmacies. Pt does not use assistive device to ambulate and she is independent with ADLs and lives alone. Explained use of wound vac and instructed to keep on at all time. Instructed pt to call manufacturer for support if needed or to call HH office as nurse is available 24 hours a day , 7 days a week for assistance. Pt verbalized understanding of education and instructions provided. Nurse scheduled to return for wound care on Friday.

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

SN Goals

PATIENT-STATED GOAL: to heal wound; prevent 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

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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by JOHNSON, LAURA SN on 11/11/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
TROY WILDE
4915 E Baseline Rd, Ste 104
GILBERT, AZ 85234
PHONE: 480-616-0676 FAX: 602-742-0315 NPI: 1023306933

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 : 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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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: 1. History of falls (2 or more falls - or any fall with an injury - 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. No Advanced Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0700 - Social Isolation, M2020 - Oral Med Management, M2102c - Med Admin, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, limited endurance, limited strength, swelling of affected area (MS), Pain Interference with ADLs, extremity burn/tingle/numb, swell/redness surround. skin (SK), #1 - Non-Observable Surgical Wound - Anterior Right Foot - non-observable wound to right foot (between great toe and 2nd digit)

PROCEDURES:

physician-ordered wound care: Wound vac dressing changes; Mondays and Fridays (Wednesdays patient will see wound physician); black foam to wound bed, Use eakin cohesive (ref 839002) to help seal wound, wound vac setting at 125 mm Hg continuous suction *ok to place wet to dry dressing for wound vac failure (over 2 hours) until SN is able to see pt,

glucose testing via monitor,

teach/coordinate/arrange medication packaging and/or administration

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 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 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, * diet weight-bearing exercises to promote bone healing and strengthening fluids to 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

* recalls related medication(s) purpose, schedule

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 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
* 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by JOHNSON, LAURA SN

Date
11/11/2025