Home Health Certification and Plan of Care

Order ID: 1184/306

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
951308289	05/23/2025	From: 11/19/2025 To: 01/17/2026	1263-1	037804

6. Patient's Name and Address

Maureen Healy
5502 E CHERYL DR,
PARADISE VALLEY, AZ 85253-0000
480 483-1110

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 10/09/1950 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I87.2	Venous insufficiency (chronic) (peripheral)	05/23/25

13. ICD	Other Pertinent Diagnoses	Date
S91.105A	Unsp opn wnd left lesser toe(s) w/o damage to nail init	05/23/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	05/23/25
I10.	Essential (primary) hypertension	05/23/25
E11.69	Type 2 diabetes mellitus with other specified complication	05/23/25
M86.9	Osteomyelitis unspecified	05/23/25
J44.9	Chronic obstructive pulmonary disease unspecified	05/23/25
M20.41	Other hammer toe(s) (acquired) right foot	05/23/25
M20.42	Other hammer toe(s) (acquired) left foot	05/23/25
L84.	Corns and callosities	05/23/25
E78.5	Hyperlipidemia unspecified	05/23/25
R26.2	Difficulty in walking not elsewhere classified	05/23/25

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

Atorvastatin Calcium - Atorvastatin Calcium 80 mg (tablet; oral) by mouth at bedtime
Omeprazole - Omeprazole 40 mg by mouth before meal 1 Cap(s) PO daily (30 mins before breakfast)
Hydroxyzine - Hydroxyzine Hydrochloride 25 mg tablets by mouth three times a day hydroxyzine 25mg tablets- one tablet by mouth TID for itching
Predisone - Prednisone 10 mg tablet by mouth as necessary per instructions (taper)
Hydrocortisone Cream - Hydrocortisone Cream 2.5% topical once a day 1 application topically to face prn rash/dryness PRN rash/dryness
Hydroxychloroquine Sulfate - Hydroxychloroquine Sulfate 100 mg by mouth twice a day
Lyrica - Pregabalin 75 mg 75 mg tablets by mouth in the morning PO 1 capsule in AM, 2 capsules QHS
Medroxyprogesterone Acetate - Medroxyprogesterone Acetate 10 mg by mouth at bedtime
Olmesartan Medoxomil - Olmesartan Medoxomil 40-25 MG ORAL TABLET by mouth once a day
Rybelsus 14 mg by mouth as necessary 1 Tab(s) PO as directed for diabetes
Tramadol Hcl - Tramadol Hydrochloride 50 MG by mouth four times a day 1 Tab(s) PO 5 times daily for pain
Xopenex Hfa - Levalbuterol Tartrate 45 MCG/ACT inhalant twice a day 2 puffs by mouth (inhaled) BID
Terbinafine Hydrochloride - Terbinafine Hydrochloride eq 250 mg base 1 tablet by mouth once a day to prevent fungal infection
Triamcinolone Acetonide - Triamcinolone Acetonide 0.1 perc 1 application topical three times a day
Asmanex Hfa - Mometasone Furoate 220mcg inhalant twice a day 1 puff inhaled BID
Verapamil - Verapamil Hydrochloride 240 mg by mouth once a day
Singular - Montelukast Sodium 10 by mouth once a day
Valtrex - Valacyclovir Hydrochloride eq 500 mg base 2 tablets by mouth as necessary PO daily prn viral infection
Ibuprofen - Ibuprofen 200 mg 2 tablets by mouth as necessary PO as needed 4 times daily for inflammation
Asa 81 Mg - Aspirin 1 tablet by mouth once a day
Ketoconazole - Ketoconazole 2 perc 1 application topical as necessary topically daily prn rash
apple cider vinegar gummies 1 tablet by mouth once a day
Vitamin D - Ergocalciferol 1000mg by mouth once a day
Vitamin B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day
Calcium - Calcium Acetate 500 mg by mouth once a day
Biotin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 MG (ORAL TABLET EXTENDED RELEASE) by mouth in the morning 1 Tab(s) PO daily with breakfast

14. DME and Supplies:

cane, diabetic supplies, bath bench, walker, wound care supplies

15. Safety Measures:

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

16. Nutrition:

diabetic, cardiac diet

17. Allergies:

Penicillin, Binding agent oxycodone

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Cane, Up As Tolerated, Exercises Prescribed, Walker, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

patient will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 11/18/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

ZACHARY FLYNN
11209 N TATUM BLVD SUITE B100
PHOENIX, AZ 85028
PHONE: (602) 973-3888 FAX: 16029733028 NPI: 1669812855

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.

Home Health Certification and Plan of Care

Order ID: 1184/306

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
951308289	05/23/2025	From: 11/19/2025 To: 01/17/2026	1263-1	037804

6. Patient's Name and Address
Maureen Healy
5502 E CHERYL DR,
PARADISE VALLEY, AZ 85253-0000
480 483-1110

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

Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: Requiring Home Care per Certifying Physician: Chronic wounds on bilateral feet, Diabetes, Medication management. SN to assess Cardiopulmonary, GI/GU, Neuro, Musculoskeletal and Integumentary systems, Safety with ADLs and fall precautions, medication management and education, diagnoses management and education, and wound care per orders 1 time weekly and as needed for complications.

SN Careplans

SN FREQUENCY: SN 1w8 and prn for wound complications

CLINICAL SUMMARY:

Recertification visit today. Pt came on service for wound care to pressure ulcers on feet/toes. Currently, wounds are healed. Pt recently had a callous on left toe debrided. The area is still has blanchable redness and requires protective dressing to prevent injury. Pt has foot deformities which have caused her to develop several pressure ulcers on her toes and feet. Left foot bunion is red and will be protected with a dressing to prevent the area from opening. Pt's right foot does not have any areas of concern currently. Pt assessed by nurse head to toe. Heart sounds normal, wheezing present throughout lungs. Pt has cough with clear mucus. Bowel sounds active x 4 quadrants. Pt reports regular bowel movements. Blood sugar has been wnl recently. Pt did have a non-injury fall in the previous certification period. She has been using her walker to ambulate when out of the home more. Seeing OP physical therapist. Nurse will see pt weekly for wound care and skin care to feet and toes. BLE with redness and will be moistured and cleansed during visits. Pt currently has contact dermatitis on several areas such as arms, legs. She is using medicated ointments and creams which are only partially helpful. Pt is under the care of a dermatologist, cardiologist, pulmonologist, hematologist and podiatrist. Podiatrist is following and will sign home health orders.

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

STANDING ORDERS:

infection control: hygiene, proper hand washing;

advance directive: plan if patient is unable to make healthcare decisions: MPOA;

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

PROBLEMS IDENTIFIED ON ASSESSMENT: lung sounds not clear, balance deficit

PROCEDURES:

physician-ordered wound care: foot and toe wounds: cleanse the area, pat dry, apply betadine to closed wounds/deep tissue injury, apply aquacel ag if the wound is open, cover with dry dressing and secure with tape or bandaid Frequency: once per week and prn,

glucose testing via monitor: Nurse to review logs

TEACH PATIENT/CAREGIVER: * 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 modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, 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 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, * 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, * 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

SN Goals

PATIENT-STATED GOAL: skin care, prevent pressure ulcer developement

GOALS
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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* low cholesterol dietary guidelines
* 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/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 keep home safe for patient with dementia
* coping strategies for the caregiver
* 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 manage skin condition including physician-prescribed treatment
* skin care
* bathing
* sun protection
* diet

Signature of Physician:

Date

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

Date
11/18/2025

Home Health Certification and Plan of Care

Order ID: 1184/306

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
951308289	05/23/2025	From: 11/19/2025 To: 01/17/2026	1263-1	037804

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Maureen Healy 5502 E CHERYL DR, PARADISE VALLEY, AZ 85253-0000 480 483-1110	Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300 Phoenix, AZ 85028-6039 480-415-4423 1457998957

* exercise
* 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
* prevent constipation
* home safety
* pain control
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	11/18/2025