

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		4. Medical Record No.		5. Provider No.	
A28860474		08/11/2025		From: 10/10/2025 To: 12/08/2025		1378		037804	
6. Patient's Name and Address JOSE MARTINEZ 907 E 7TH DR, MESA, AZ 85204- 817-770-6660					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 12/28/1974 9.Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD Z48.3	Principal Diagnosis Aftercare following surgery for neoplasm			Date 08/11/25	Baclofen - Baclofen 10 mg by mouth three times a day baclofen 10 mg Tab 10 mg 1 tab, Oral, TID				
13. ICD C79.51	Other Pertinent Diagnoses Secondary malignant neoplasm of bone			Date 08/11/25	Biscodyl - Bisacodyl: Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 10mg rectal at bedtime bisacodyl 10 mg Supp 10 mg 1 supp, Per rectum, QHS				
C64.9	Malignant neoplasm of unsp kidney except renal pelvis			08/11/25	Docusate - Docusate Sodium 50mg-0.6mg by mouth twice a day				
C79.70	Secondary malignant neoplasm of unspecified adrenal gland			08/11/25	docusate-senna 50 mg-0.6 mg Tab 3 tab, Oral, BID				
D63.0	Anemia in neoplastic disease			08/11/25	Miconazole 2% Topical cream topical twice a day Miconazole 2% Topical Cream (119mL Bulk) 1 app, Topical, BID				
G82.20	Paraplegia unspecified			08/11/25	Oxycodone - Ibuprofen: Oxycodone Hydrochloride 20mg by mouth every 12 hours Oxycodone 20 mg ER Tab 20 mg 1 tab, Oral, q12hr				
K59.2	Neurogenic bowel not elsewhere classified			08/11/25	Pregabalin - Pregabalin 150mg by mouth three times a day Pregabalin 150 mg oral capsule 150 mg 1 cap, Oral, TID				
N31.9	Neuromuscular dysfunction of bladder unspecified			08/11/25	Ropinirole Hydrochloride - Ropinirole Hydrochloride eq 0.25 mg base by mouth twice a day Ropinirole 0.25 mg Tab 0.25 mg 1 tab, Oral, BID				
L89.159	Pressure ulcer of sacral region unspecified stage			08/11/25	Ondansetron - Ondansetron 4 mg by mouth every 4 hours ondansetron 4 mg Tab ODT 4 mg 1 tab, Oral, q4hr				
S22.061D	Stable burst fx T7-T8 vertebra subs for fx w routn heal			08/11/25	Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17gm by mouth twice a day Polyethylene Glycol 3350 Oral Pwdr-Reconstit {17gm} {1EA UD} 17 gm 1 EA, Oral, BID				
G93.41	Metabolic encephalopathy			08/11/25	Simethicone - Simethicone 180mg by mouth four times a day Simethicone 80 mg Chew Tab 80 mg 1 tab, Oral, q8hr				
F41.9	Anxiety disorder unspecified			08/11/25	Alprazolam - Alprazolam 0.25 mg 1 by mouth as necessary Alprazolam 0.25 mg Tab 0.25 mg 1 tab, Oral, TID				
K59.03	Drug induced constipation			08/11/25	Remeron - Mirtazapine 15 mg 1 by mouth at bedtime				
T40.2X5D	Adverse effect of other opioids subsequent encounter			08/11/25	Cymbalta - Duloxetine Hydrochloride 30 mg 2 by mouth once a day				
E43.	Unspecified severe protein-calorie malnutrition			08/11/25	Bactrim Ds - Sulfamethoxazole: Trimethoprim 800 mg;160 mg 1 by mouth twice a day Twice daily for 7 days				
R13.10	Dysphagia unspecified			08/11/25					
R33.9	Retention of urine unspecified			08/11/25					
Z79.891	Long term (current) use of opiate analgesic			08/11/25					
14. DME and Supplies: wheelchair, urinary/catheter supplies, bath bench, walker, hooyer 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 & Psychosocial 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)					PATIENT-STATED GOAL: I want to walk again and get stronger				
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.					GOALS patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule				
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.					patient/caregiver recalls * strategies to increase caloric intake * recalls related medication(s) purpose, schedule				
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/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 10/31/2025 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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