

Home Health Certification and Plan of Care				Order ID: 1184/318	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
RPHC12377		09/24/2025		From: 11/22/2025 To: 01/20/2026	
4. Medical Record No.		5. Provider No.		1395037804	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Joseph Fulwilder 4235 N Ceul Vog, SCOTTSDALE, AZ 85256-480-362-1801			Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300 Phoenix, AZ 85028-6039 480-415-4423 1457998957		
8. DOB09/10/1996			9.SexMale		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
Z48.811			Zonegran - Zonisamide 100 mg Take two(2) 100mg capsules by mouth at bedtime Take 2 capsules (200 mg total) by mouth once daily at bedtime.		
13. ICD			Levetiracetam - Levetiracetam 750 mg Take 2 tablets (1500 mg) by mouth twice a day Take 2 tablets (1500 mg) by mouth 2 times daily		
I69.354			Gabapentin - Gabapentin 400 mg 1 tablet by mouth once a day		
G40.909			Butalbital-acetaminophen-caff 50-325-40mg by mouth every 4 hours 1 tablet Q4H prn headache		
Principal Diagnosis			Percocet - Acetaminophen: Oxycodone Hydrochloride 5-325mg by mouth as necessary 1 tablet Q6H prn pain		
Encntr for surgical aftrc fol surgery on the nervous sys			Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 100 mg (tablet) by mouth once a day		
Other Pertinent Diagnoses			Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day		
Hemiplga following cerebral infrc affecting left nondom side					
Epilepsy unsp not intractable without status epilepticus					
14. DME and Supplies:			15. Safety Measures:		
wheelchair, rolling walker, large base quad cane, bath bench, AFL, Hemiwalker, AFO			fall precautions, ambulates with device, bathroom safety, ambulates with assistance, activity supervision		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation			Up As Tolerated, Exercises Prescribed		
19. Mental & Pyschosocial Status:			19. Mental & Pyschosocial Status:		
COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: WFL, HISTORY OF DEPRESSION:					
20. Prognosis:			20. Prognosis:		
fair					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: , MOBILITY:			family/caregiver will be responsible for managing treatment patient will be responsible for managing treatment		
Homebound status: Patient with physical deficits related to TBI, taxing effort to leave home, dependence on assistive devices					
Clinical Condition Patient with deficits related to TBI, requires continued physical therapy for assistance in improving ADLs, physical strength and balance and increased Requiring Homecare: independence with achieving ADL goals.					
SN Careplans			SN Goals		
PT Careplans			PT Goals		
PHYSICAL THERAPY FREQUENCY: Recertification week 1, 2w6. PT WK1: 1 (11/22/25-11/22/25) ,WK3: 2 (11/30/25-12/06/25) ,WK4: 2 (12/07/25-12/13/25) ,WK5: 2 (12/14/25-12/20/25) ,WK6: 2 (12/21/25-12/27/25) ,WK7: 2 (12/28/25-01/03/26) ,WK8: 2 (01/04/26-01/10/26).			PATIENT-STATED GOAL: Gait in home.		
CLINICAL SUMMARY: The patient feels like he is improving. Reports he is feeling stronger in all aspects and he is very pleased at his improving mobility and independence. He remains very high risk for falls due to his previous TBI. He is able to ambulate short distances independently, however more than across the room he continues to need assistance due to reduced balance and strength. Skilled physical therapy will help him to achieve this.			GOALS		
Plan on seeing him 2w6 beginning the week of Dec 1			1 - Step (curb) - 05. Setup or clean-up assistance		
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			Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance		
CAREGIVER: WFL			Toilet Transfer - 06. Independent		
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			Chair to Bed to Chair - 06. Independent		
STANDING ORDERS: Infection control: hygiene, proper hand washing.; Advance directive: plan if patient is unable to make healthcare decisions.; 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.			Shower/Bathe Self - 05. Setup or clean-up assistance		
Advance Directive: No Advance Directive			Don/Doff Footwear - 05. Setup or clean-up assistance		
			Picking Up Object - 05. Setup or clean-up assistance		
			12 Steps - 05. Setup or clean-up assistance		
			4 Steps - 05. Setup or clean-up assistance		
			Walk 150 Feet - 05. Setup or clean-up assistance		
			Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance		
			Car Transfer - 06. Independent		
			Sit to Stand - 06. Independent		
			patient/caregiver recalls		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by JOHNSON, LAURA SN on 11/22/2025					
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.		
Michelle Adams			F2F date :		
10901 E. McDowell Rd.					
SCOTTSDALE, AZ 85256					
PHONE: 480-278-7742 FAX: 480-566-1165 NPI: 1912067489					
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 Joseph Fulwilder 4235 N Ceul Vog, SCOTTSDALE, AZ 85256- 480-362-1801		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		
PROBLEMS IDENTIFIED ON ASSESSMENT: poor muscle tone PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, seated strengthening exercises, postural correction exercises, equipment training, work simplification/energy conservation, strengthening exercises, standing tolerance exercises, dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, gait training/stair training, neuromuscular re-education, transfers training, transfers training, therapeutic exercises, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired 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, * 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals, caregiver performs medical/rehabilitation treatments with adequate competence, Oral Hygiene - 06. Independent, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance		* 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 Toileting Hygiene - 06. Independent caregiver performs medical/rehabilitation treatments with adequate competence meal preparation is available to patient for all meals patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient/caregiver recalls * management of mental health condition including joining a peer group * maintaining regular contact with mental health professional * avoiding known stressors * controlling impulses * 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 Eating - 06. Independent Lower Body Dressing - 05. Setup or clean-up assistance Upper Body Dressing - 05. Setup or clean-up assistance Oral Hygiene - 06. Independent patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule Walk 10 Feet - 05. Setup or clean-up assistance		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	11/22/2025