

Home Health Certification and Plan of Care				Order ID: 1184/320	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
A63750101		11/28/2025		From: 11/28/2025 To: 01/26/2026	
				4. Medical Record No. 1404	
				5. Provider No. 037804	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Albert Chaffin				Devotion Home Health Care, LLC	
7138 n 45th ave #c104,				11201 N Tatum Blvd, Suite 300	
GLENDALE, AZ 85301-				Phoenix, AZ 85028-6039	
480-414-5949				480-415-4423	
				1457998957	
8. DOB 08/17/1968				9. Sex Male	
11. ICD		Principal Diagnosis		Date	
T87.89		Other complications of amputation stump		11/28/25	
13. ICD		Other Pertinent Diagnoses		Date	
T87.43		Infection of amputation stump right lower extremity		11/28/25	
M86.171		Other acute osteomyelitis right ankle and foot		11/28/25	
Z45.2		Encounter for adjustment and management of VAD		11/28/25	
I10.		Essential (primary) hypertension		11/28/25	
F41.1		Generalized anxiety disorder		11/28/25	
F31.12		Bipolar disord crnt episode manic w/o psych features mod		11/28/25	
F43.10		Post-traumatic stress disorder unspecified		11/28/25	
F11.20		Opioid dependence uncomplicated		11/28/25	
G89.29		Other chronic pain		11/28/25	
M54.9		Dorsalgia unspecified		11/28/25	
F17.200		Nicotine dependence unspecified uncomplicated		11/28/25	
K59.00		Constipation unspecified		11/28/25	
Z86.73		Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits		11/28/25	
Z79.2		Long term (current) use of antibiotics		11/28/25	
Z79.4		Long term (current) use of insulin		11/28/25	
10. Medications: Dose/Frequency/Route (N)ew (C)hanged					
Meropenem - Meropenem 1gm/vial 1gm/vial intravenous every 8 hours for bone infection in foot					
Diazepam - Diazepam 5 mg/5ml as directed by mouth every 8 hours					
Daptomycin - Daptomycin 750 mg intravenous once a day for bone infection in foot Until 12/24/2025					
Asa Ec - Aspirin 81 mg / 1 Tablet by mouth once a day to prevent clots					
Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 10 mg 10 mg tablet by mouth every 12 hours Every 12 hours or as needed for Muscle Spasms					
Lisinipril - Hydrochlorothiazide: Lisinopril 5 mg by mouth at bedtime					
Naloxone Hcl - Naloxone Hydrochloride 0.4 mg/ml 1 dose intramuscular as necessary Inject 0.4mg intramuscularly as needed for opioid reversal management**Administer in Shoulder or Thigh* Administer 1 dose if not effective administer second 2-3minutes after					
Omega 3 Fish Oil - Cod Liver Oil 1 capsule by mouth twice a day					
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg 0.4 mg tablets by mouth at bedtime					
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 15 mg/1 tablet by mouth twice a day Er oral tablet ER 12 hour Abuse-Deterrent for pain					
Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 mg 1 Tablet by mouth as necessary Give 1 tablet by mouth every 6 hours as needed for Breakthrough pain 4-10 Must be 1 hour after recent dosing. for pain					
Oxycodone Hydrochloride - Oxycodone Hydrochloride 20 mg 1 tablet by mouth four times a day Give 1 tablet by mouth four times a day for chronic pain management.					
Excedrin (Migraine) - Acetaminophen: Aspirin: Caffeine 250 mg;250 mg;65 mg 1 tablet by mouth as necessary 1 tablet Q 12 hours prn migraine headache					
Centrum Silver - Ascorbic Acid: Biotin: Cyanocobalamin: Ergocalciferol: Folic Acid: Niacinamide: Pantothenic Acid: Phytonadione: Pyridoxine: Ribo 1 tablet by mouth once a day					
14. DME and Supplies:				15. Safety Measures:	
IV supplies, wound care supplies				remove environmental barriers, fall precautions, sharps precautions, smoke detectors , medication safety, bleeding precautions, no bp right arm, standard precautions, cardiac precautions, anticoagulant precautions, diabetic precautions	
16. Nutrition:				17. Allergies:	
cardiac diet, high protein, diabetic				Cephalexin, Haloperidol, Ibuprofen, Ketorolac Tromethamine, LORazepam, Morp Antibiotics	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation, Endurance, Amputation				Up As Tolerated	
19. Mental & Pyschosocial Status:		COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 6. Delusional, hallucinatory, or paranoid behavior, HISTORY OF DEPRESSION: No			
20. Prognosis:		fair			
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.		patient will be responsible for managing treatment			
Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home					
Clinical Condition		Diabetic patient with recent right great toe amputation and acute osteomyelitis requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and Requiring Homecare: integumentary systems safety and ADLs and fall precautions, medication and diagnoses management and education, wound care per orders 1 times per week and as needed for complications.			
SN Careplans			SN Goals		
SN FREQUENCY: SN1w8 and prn wound complications or medication changes			PATIENT-STATED GOAL: prevent infection		
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 right great toe amputation site weekly and as needed for complications.			GOALS		
11/28/25 to 11/30/25.			patient/caregiver recalls		
Authorization required for SN assessment of Cardiopulmonary, GI/GU, Neuro, Musculoskeletal and Integumentary systems, medication and diagnoses education and			* how to achieve wound healing including cleaning and dressing wound		
			* position changes		
			* skin care		
			* diet modification		
			* record wound measurements		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by JOHNSON, LAURA SN on 11/28/2025					
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.		
HIMMAT MAL			F2F date :		
3800 S ALMA SCHOOL RD SUITE 112					
CHANDLER, AZ 85248					
PHONE: (602) 900-9466 FAX: 14806681615 NPI: 1962613182					
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 Albert Chaffin 7138 n 45th ave #c104, GLENDALE, AZ 85301- 480-414-5949		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		

musculoskeletal and integumentary systems, medication and diagnoses education and management, fall prevention and safety with ADLs, wound care for right great toe amputation site weekly and as needed for complications.

12/01/25 to 12/31/25.

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 right great toe amputation site weekly and as needed for complications.

01/01/26 to 01/26/26.

CLINICAL SUMMARY:

SOC visit completed. Pt recently discharged from rehabilitation facility following hospitalization for right great toe infection and amputation. Pt is diabetic but does not have a glucometer. He will need a prescription for a new glucometer with supplies. Pt is not currently taking any diabetic medications but he would like an injectable diabetic medication like ozempic or victoza. Nurse advised pt he will need to speak with his PCP to request these prescriptions. Head to toe assessment completed. Lungs clear, heart sounds normal. Bowel sounds active x 4 quadrants. Pt reports regular bowel movements and good appetite. He declined full skin assessment today and report skin is intact except amputation site at right great toe. Pt has a single lumen PICC in his right upper arm. The dressing is intact and there are no signs of infection. IV services are provided by a different home health agency. Pt is taking 2 different IV antibiotics (one is once a day and the other is 3 times a day). Pt reported anxiety related to seeing blood in his line. Nurse explained to pt how to avoid this and what to do but he still appeared very agitated. He spoke with the other HH infusion nurse who also coached him related to his IV line. Pt stated he though he was dying and that his mother was so upset she was crying. Pt has a history of stroke, bipolar disorder as well as previous substance abuse history. His gait is unstable due to the recent foot amputation but pt does not use an assistive device. He is independent with ADLs and can cook for himself. Pt has chronic pain and is on several pain medications. Nurse provided education to pt on all medications and reviewed possible side effects. Encouraged pt to take a stool softener and to watch for constipation given the amount of opioids he takes. Cautioned pt regarding opioid dependence and overdose. Pt stated that he has narcan in the home and understands how to use it. Pt denies signs of high or low blood sugar. Nurse performed home safety assessment, provided education on fall prevention and home safety. Pt was difficult to work during the visit and was argumentative with nurse. He would get off topic frequently and was difficult to redirect. He refused to remove the dressing on his wound during the visit and stated that he just recently changed it. Pt reports doing wound care himself and requested only one nurse visit per week. He agreed to allow nurse to look at the wound at the next visit. Nurse reviewed wound care instructions and signs of wound infection and complication that he should look for and report. Pt verbalized understanding of education provided. He would benefit from HH PT and ST but he is declining the services at this time. He stated that he feels overwhelmed. Next podiatry appointment with Dr Ho is on December 10th. Nurse will order wound care supplies for pt and explained that it may take a few weeks to arrive. Some supplies given to pt at the end of this visit. Pt was instructed on how to contact nurse with questions or concerns before the next scheduled visit.

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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

HOSPITALIZATION RISKS: 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, 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.MPOA (mother)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, M1745 - Behavioral Issues, M1700 - Cognition, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, Home Safety, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, muscle weakness, swelling of affected area, limited endurance, limited strength, balance deficit, B1000 - Vision Deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, #1 - Non-Observable Surgical Wound - Anterior Right Foot - non-observable surgical wound right great toe amputation site

PROCEDURES:

apply compression bandage,

physician-ordered wound care: Wound care to right great toe amputation site: Cleanse with wound cleanser, pat dry with 4x4 gauze, apply betadine soaked gauze to wound bed, cover with gauze, abd pad, kerlix. Secure with tape and apply compression stockings or ace wrap. Frequency daily and prn if soiled or dislodged. SN once per week,

- * 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
 - * 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
- 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
- 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
 - * diabetic medication management
 - * blood sugar testing
 - * diabetic foot care
 - * exercise
 - * diabetic diet
 - * 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
- patient's living environment is clean/uncluttered

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	11/28/2025

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480-414-5949			480-415-4423		
			1457998957		
glucose testing via monitor,					
teach/coordinate/arrange medication packaging and/or administration,					
coordinate/arrange for maintenance of clean/uncluttered living area,					
infusion therapy: encourage compliance with orders					
TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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, * 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, * 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 living environment is clean/uncluttered					

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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