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	4. Medical Record No.	5. Provider No.
A63750101	11/28/2025	From: 11/28/2025 To: 01/26/2026	1404	037804

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

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:

IV supplies, wound care supplies

15. Safety Measures:

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:

cardiac diet, high protein, diabetic

17. Allergies:

Cephalexin, Haloperidol, Ibuprofen, Ketorolac Tromethamine, LORazepam, Morp
Antibiotics

18.A. Functional Limitations

Ambulation, Endurance, Amputation

18.B. Activities Permitted

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:

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: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

Clinical Condition Requiring Homecare: Diabetic patient with recent right great toe amputation and acute osteomyelitis requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and 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 FREQUENCY: SN1w8 and prn wound complications or medication changes

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.

11/28/25 to 11/30/25.

Authorization required for SN assessment of Cardiopulmonary, GI/GU, Neuro, Musculoskeletal and Integumentary systems, medication and diagnoses education and

SN Goals

PATIENT-STATED GOAL: 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 11/28/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

HIMMAT MAL
3800 S ALMA SCHOOL RD SUITE 112
CHANDLER, AZ 85248
PHONE: (602) 900-9466 FAX: 14806681615 NPI: 1962613182

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 **12/04/2025**: 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.

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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 verbazlized 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
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	11/28/2025

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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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