Home Health Certification and Plan of Care

Order ID: 1184/317

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
DKGE5F	07/28/2025	From: 11/25/2025 To: 01/23/2026	1367	037804

6. Patient's Name and Address

Michael Alig
3040 N 36th St, Apt. W404,
PHOENIX, AZ 85018-
480-742-0354

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 04/17/1948 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	07/28/25

13. ICD	Other Pertinent Diagnoses	Date
L97.512	Non-prs chronic ulcer oth prt right foot w fat layer exposed	07/28/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	07/28/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	07/28/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/28/25
N18.9	Chronic kidney disease u	07/28/25
E78.5	Hyperlipidemia unspecified	07/28/25
F32.A	Depression unspecified	07/28/25
L03.115	Cellulitis of right lower limb	07/28/25
E11.69	Type 2 diabetes mellitus with other specified complication	07/28/25
M86.9	Osteomyelitis unspecified	07/28/25
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	07/28/25
N18.6	End stage renal disease	07/28/25
D63.1	Anemia in chronic kidney disease	07/28/25
Z99.2	Dependence on renal dialysis	07/28/25
E03.9	Hypothyroidism unspecified	07/28/25
I35.0	Nonrheumatic aortic (valve) stenosis	07/28/25
Z79.4	Long term (current) use of insulin	07/28/25
Z79.890	Hormone replacement therapy	07/28/25
Z45.2	Encounter for adjustment and management of VAD	07/28/25
Z79.2	Long term (current) use of antibiotics	07/28/25

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

Levothyroxine - Levothyroxine Sodium 10mcg by mouth once a day levothyroxine sodium (LEVOTHYROXINE ORAL) 10 mg PO daily
Calcium Acetate - Calcium Acetate 667 mg by mouth three times a day calcium acetate 667 mg - take 2 tablets PO TID with meals
Zyloprim - Allopurinol 100 mg 1 by mouth once a day allopurinol 100mg tablets - take 1 tablet by mouth daily
FIASP FLEXTOUCH U-100 per sliding scale subcutaneous as necessary insulin aspart, niacinamide, (FIASP FLEXTOUCH U-100)- inject insulin per sliding scale before meals; based on blood sugar levels for diabetes
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2000 IU by mouth once a day vitamin D3 2000 IU- take one tablet PO daily
Extra Strength Tylenol - Acetaminophen 500 mg by mouth once a day tylenol 500 mg - take 1 -2 tablets PO Q8H prn pain
Midodrine Hydrochloride - Midodrine Hydrochloride 10 mg 1 tablet by mouth as necessary midodrine 10mg tablets- take 1 tablet BID prn hypotension (during dialysis visit)
Lantus - Insulin Glargine Recombinant 12 units subcutaneous once a day lantus glargine (insulin) - inject 12 units subcutaneously QHS for diabetes;

14. DME and Supplies:

wheelchair, diabetic supplies, bath bench, grab bars, wound care supplies, cane, continuous glucose monitor, blood pressure cuff

15. Safety Measures:

smoke detectors , medication safety, infectious material management, fall precautions, diabetic precautions, ambulates with device, no bp left arm, non-weight bearing RLE, sharps precautions, wheelchair precautions, standard precautions, cardiac precautions

16. Nutrition:

renal diet, diabetic, high protein, cardiac diet

17. Allergies:

Lidocaine

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Hearing, Ambulation

18.B. Activities Permitted

Wheelchair, non-weight bearing right foot

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

Homebound status: Pt homebound due to generalized weakness, non-weight bearing status (right foot), requires assistive device to leave the home

Clinical Condition Requiring Homecare: Diabetic ulcer of other part of right foot associated with diabetes mellitus, dependence on Hemodialysis, dependence on assistive devices requires SN for assessment of Cardiopulmonary, Neuro, Musculoskeletal, GI/GU and Integumentary systems, safety with ADLs and fall precautions, Medication and Diagnoses management and education, wound care per orders 3 times a week and as needed

SN Careplans

SN FREQUENCY: SN 3w8 and prn wound complications or medication changes

CLINICAL FREQUENCY:

Recertification visit today. Right foot warm today, 2nd toe is edematous with redness. No other signs of infection. SN notified podiatrist and PCP. Discussed blood sugar with pt. He admitted non-compliance with sliding scale today and CGM alarmed during visit for bs over 250. Nurse explained to pt the importance of

SN Goals

PATIENT-STATED GOAL: heal wound, prevent infection

GOALS
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
* diet
* weight-bearing exercises to promote bone healing and strengthening

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 11/24/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

MARISSE LARDIZABAL
2525 E Roosevelt St
Phoenix, AZ 85008
PHONE: 602-344-5146 FAX: 16026559167 NPI: 1376801803

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 **12/02/2025**: 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.

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
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keeping blood sugar will to help promote wound healing and prevent further infections. Pt also non-compliant with wheelchair use/non-weightbearing status. Explained to pt how bearing weight on his right foot can delay healing and cause complications. Emphasized that he can help the antibiotics work by following doctor orders. Weekly labs still need to be coordinated. Pt will have visit with PCP on Wednesday. Requested that they look at insulin orders as they were changed at the hospital due to hypoglycemic episodes while in-patient. Nurse performed wound care to diabetic foot ulcer (plantar aspect of right foot) per new wound care orders. Vashe soaked gauze to wound bed, dry gauze, kerlix, light ace wrap to wound. This wound appears to be getting smaller. Pt denies fever or chills. Instructed pt when to seek emergency medical attention for worsening symptoms. Both feet with dryness. Dark spot noted between left foot 3rd and 4th toes. Skin remains intact. Instructed pt on diabetic foot care. He agreed to check feet and dry between toes after showering. Pt is not showering currently while he has the open wound on his right foot. Other than the problems mentioned above physical assessment was at patient's baseline. Nurse will continue to see pt M,W, F until wound heals.

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: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

STANDING ORDERS:

infection control: hygiene, proper hand washing;

Advance directive: plan if patient is unable to make healthcare decisions. No Advanced Directive;

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: dependent edema, rough/scaly/cracked skin, swell/redness surround. skin

PROCEDURES:

Reinforce non-weight bearing status (RIGHT foot),

physician-ordered wound care: RIght foot (plantar) wound: cleanse with vashe, pat dry, apply vashe soaked gauze to wound bed, cover with 4x4 gauze, wrap with kerlip and lighty ace wrap Frequency: daily and prn; SN M,W,F,

glucose testing via monitor: SN to monitor bs log,

* fluids to prevent constipation
* home safety
* pain control
* 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
* 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/caregiver recalls
* how to manage skin condition including physician-prescribed treatment
* skin care
* bathing
* sun protection
* diet
* exercise
* 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
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	11/24/2025

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monitor intake & output: 32 oz fluid restriction,

teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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, * 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, * 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 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, * 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

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