# 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 | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| RPHC12377 | 09/24/2025 | From: 11/22/2025 To: 01/20/2026 | 1395 | 037804 |

**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

**8. DOB** 09/10/1996 **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| Z48.811 | Encntr for surgical aftcr fol surgery on the nervous sys | 09/24/25 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I69.354 | Hemiplga following cerebral infrc affecting left nondom side | 09/24/25 |
| G40.909 | Epilepsy unsp not intractable without status epilepticus | 09/24/25 |

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

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.
Levetiracetam - Levetiracetam 750 mg Take 2 tablets (1500 mg) by mouth twice a day Take 2 tablets (1500 mg) by mouth 2 times daily
Gabapentin - Gabapentin 400 mg 1 tablet by mouth once a day
Butalbital-acetaminophen-caff 50-325-40mg by mouth every 4 hours 1 tablet Q4H prn headache
Percocet - Acetaminophen: Oxycodone Hydrochloride 5-325mg by mouth as necessary 1 tablet Q6H prn pain
Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100 mg (tablet) by mouth once a day
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day

**14. DME and Supplies:**
wheelchair, rolling walker, large base quad cane, bath bench, AFL, Hemiwalker, AFO

**15. Safety Measures:**
fall precautions, ambulates with device, bathroom safety, ambulates with assistance, activity supervision

**16. Nutrition:**
Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**
no known allergies

**18.A. Functional Limitations**
Endurance, Ambulation

**18.B. Activities Permitted**
Up As Tolerated, Exercises Prescribed

**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:** fair

**22. A Rehabilitation Potential:**
SELF-CARE: , MOBILITY:

**22.B.Discharge Plans**
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 Requiring Homecare:** Patient with deficits related to TBI, requires continued physical therapy for assistance in improving ADLs, physical strength and balance and increased independence with achieving ADL goals.

**SN Careplans**

**SN Goals**

**PT Careplans**

**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).

**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.

Plan on seeing him 2w6 beginning the week of Dec 1

**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**: WFL

**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

**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.
**Advance Directive:** No Advance Directive

**PT Goals**

**PATIENT-STATED GOAL**: Gait in home.

GOALS
1 - Step (curb) - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

Toilet Transfer - 06. Independent

Chair to Bed to Chair - 06. Independent

Shower/Bathe Self - 05. Setup or clean-up assistance

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:**
Electronically Signed by JOHNSON, LAURA SN on 11/22/2025

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
Michelle Adams
10901 E. McDowell Rd.
SCOTTSDALE, AZ 85256
PHONE: 480-278-7742 FAX: 480-566-1165 NPI: 1912067489

**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.

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**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



Optional Name/Signature of Nurse/Therapist:

Electronically Signed by JOHNSON, LAURA SN

Date

11/22/2025