Home Health Certification and Plan of Care

Order ID: 1184/342

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5DG9YC0HT20	10/17/2024	From: 12/11/2025 To: 02/08/2026	1377	037804

6. Patient's Name and Address

Curtis Bahe
13820 S 44TH ST APT. 1054,
PHOENIX, AZ 85044-
5053399752

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 01/21/1975 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.815	Encntr for surgical aftcr following surgery on the dgstv sys	10/17/24

13. ICD	Other Pertinent Diagnoses	Date
L89.214	Pressure ulcer of right hip stage 4	10/17/24
L89.159	Pressure ulcer of sacral region unspecified stage	10/17/24
G82.52	Quadriplegia C1-C4 incomplete	10/17/24
E11.9	Type 2 diabetes mellitus without complications	10/17/24
E55.9	Vitamin D deficiency unspecified	10/17/24
N31.9	Neuromuscular dysfunction of bladder unspecified	10/17/24
Z43.5	Encounter for attention to cystostomy	10/17/24
Z43.3	Encounter for attention to colostomy	10/17/24
Z87.440	Personal history of urinary (tract) infections	10/17/24
Z79.4	Long term (current) use of insulin	10/17/24
Z90.49	Acquired absence of other specified parts of digestive tract	10/17/24

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

Insulin - Insulin Pork 100 Unit/ML subcutaneous three times a day 15 units subQ injection TID with meals for diabetes
Basaglar - Insulin Glargine 100 Unit/ML subcutaneous at bedtime Insulin Glargine Solostar Subcutaneous Solution Pen-injector 100 UNIT/ML
40 units subQ injection QHS for diabetes
Metformin Hcl - Metformin Hydrochloride 500 mg tablets by mouth twice a day 2 Tab(s) PO BID for diabetes
Tramadol Hcl - Tramadol Hydrochloride 50 mg by mouth as necessary traMADol HCl Oral Tablet Disintegrating 50 MG High Risk
1 Tab(s) PO Q8HR PRN pain
Vit D - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1.25 MG , 1cap by mouth once a week Cholecalciferol Oral Capsule 1.25 MG (50000 UT)
1 Cap(s) PO weekly with food
Simvastatin - Simvastatin 40 mg 1 tab by mouth at bedtime 1 Tab(s) PO QHS
Fiber - Benefiber 1 scoop by mouth twice a day
Lactulose - Lactulose 10gm/15ml 15 ml by mouth as necessary lactulose 10gm/15ml - take 15 ml PO daily prn constipation
Senna - Senna 8.6 mg tablets by mouth as necessary senna 8.6 mg tablet- take 2 tablets PO QHS prn constipation

14. DME and Supplies:

hospital bed, wound care supplies, wheelchair, urinary/catheter supplies, ostomy supplies, diabetic supplies, alternating pressure mattress

15. Safety Measures:

smoke detectors , medication safety, aspiration precautions, infectious material management, standard precautions, wheelchair precautions, sharps precautions, fall precautions, diabetic precautions

16. Nutrition:

high protein, diabetic

17. Allergies:

latex

18.A. Functional Limitations

Ambulation, Paralysis, , Endurance

18.B. Activities Permitted

Transfer bed/Chair, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , 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

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 ostomy is quadriplegic and requires skilled nursing for skin checks once a week and suprapubic catheter changes every 4 weeks and prn, SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal, and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education.

SN Careplans

SN FREQUENCY: SN 1w8 and prn catheter or ostomy complications

CLINICAL SUMMARY:

Recertification visit. Pt on HH services for SN weekly skin assessment, monthly suprapubic catheter changes and to provide education to pt and family. Currently has abrasion to left knee which re-opened. This area only requires first aid treatment. Approximately 2x2x0.1cm. No signs of infection noted. The area was cleaned and recovered with a bandage. Nurse will change dressing weekly until healed and family will perform care on other days. Pt will make pcp appointment next month. Head to toe assessment performed. Bowel sounds active x4 qudrants. Colostomy in place and functioning well. Family changing ostomy appliance every 3-4 days. Suprapubic catheter is also functioning well. Urine in drainage bag is yellow and clear. Pt is eating well. Denies pain. No recent falls. Blood sugars have been wnl and is 148 today. Skin intact other than surgical sites and left knee abrasion. Mild edema to bilateral ankles and feet. Reinforced education on preventing edema and treating it. Encouraged pt to elevate feet and legs. Reviewed ways to prevent pressure ulcers. Next suprapubic catheter change due around December 21st. Silicone catheter used due to latex allergy. Nurse will see pt next week for another skin assessment. Advised office staff of supplies needed (split gauze).

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

SN Goals

PATIENT-STATED GOAL: suprapubic catheter changes, weekly skin checks

GOALS
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/caregiver recalls
* ostomy management including how to clean stoma
* change ostomy pouch
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 12/09/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

MICHAEL HUDSON
4212 N 16TH ST
PHOENIX, AZ 85016
PHONE: (602) 600-2684 FAX: 16022631665 NPI: 1811006059

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 : 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.

Home Health Certification and Plan of Care

Order ID: 1184/342

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5DG9YC0HT20	10/17/2024	From: 12/11/2025 To: 02/08/2026	1377	037804

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Curtis Bahe 13820 S 44TH ST APT. 1054, PHOENIX, AZ 85044- 5053399752	Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300 Phoenix, AZ 85028-6039 480-415-4423 1457998957

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: involuntary movement of extremity

PROCEDURES:

Wound care to left knee wound: cleanse area with wound cleanser, pat dry with 4x4 gauze, cover with dry dressing daily and until healed; SN weekly,

ostomy care & irrigation: SN to teach and assist pt/cg with ostomy care as needed,

monitor intake & output,

catheter change, care & irrigation: Direct Care Nurse to change Foley catheter SILICONE 16 size FR 10 ML/Balloon, to change every 4 wks and PRN for malfunction. OK to flush with sterile saline solution prn if clogged or to maintain patency.

TEACH PATIENT/CAREGIVER: * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule, * ostomy management including how to clean stoma change ostomy pouch, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	12/09/2025