Home Health Certification and Plan of Care

Order ID: 1184/347

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
015080500	12/29/2025	From: 12/29/2025 To: 02/26/2026	1406	037804

6. Patient's Name and Address

Sierra Koons
2308 W Tanya Tr,
PHOENIX, AZ 85086-4315
602-540-4593

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 03/13/1999 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z43.1	Encounter for attention to gastrostomy	12/29/25

13. ICD	Other Pertinent Diagnoses	Date
K59.89	Other specified functional intestinal disorders	12/29/25
I82.491	Acute embolism and thrombosis of deep vein of r low extrem	12/29/25
I69.398	Other sequelae of cerebral infarction	12/29/25
H53.2	Diplopia	12/29/25
F41.1	Generalized anxiety disorder	12/29/25
I10.	Essential (primary) hypertension	12/29/25
E11.43	Type 2 diabetes w diabetic autonomic (poly)neuropathy	12/29/25
D64.9	Anemia unspecified	12/29/25
E88.49	Other mitochondrial metabolism disorders	12/29/25
E78.5	Hyperlipidemia unspecified	12/29/25
K58.1	Irritable bowel syndrome with constipation	12/29/25
G47.00	Insomnia unspecified	12/29/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/29/25
L95.0	Livedoid vasculitis	12/29/25
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses	12/29/25
I49.9	Cardiac arrhythmia unspecified	12/29/25
G43.909	Migraine unsp not intractable without status migrainosus	12/29/25
Z87.440	Personal history of urinary (tract) infections	12/29/25
Z90.49	Acquired absence of other specified parts of digestive tract	12/29/25
Z79.01	Long term (current) use of anticoagulants	12/29/25
Z79.52	Long term (current) use of systemic steroids	12/29/25

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

Diazepam - Diazepam 5 mg vaginal as necessary Insert 1 suppository (5 mg total) into the vagina at bedtime
atogepant (Qulipta) 30mg by mouth twice a day atogepant (Qulipta) 30 mg tablet tablet
Take 30 mg by mouth 2 (two) times a day
DME Urological supplies 1 PEG TUBE in the morning Drainage bags for venting G-tube
prucalopride (Motegrity) 1mg by mouth once a day prucalopride (Motegrity) 1 mg tablet table
Take 1 tablet (1 mg total) by mouth daily
ubrogepant (UBRELVY 1-2 tabs by mouth as necessary ubrogepant (UBRELVY
Take 1-2 tablets by mouth as needed.
Inderal - Propranolol Hydrochloride 20 mg **federal register determination that product was not discontinued or withdrawn for safety or efficacy reasons** 20 mg by mouth three times a day TAKE 1 TABLET BY MOUTH THREE TIMES DAILY AS NEEDED
FOR SPIKES IN BLOOD PRESSURE AND HR
Morphine - Morphine Sulfate 10mg/5mL J-tube as necessary Administer 2.5 mL (5 mg total) via small bowel tube every 4 (four) hours as needed for moderate pain or score 4-6 of 10 Indication: Acute Pain
Depo-Provera - Medroxyprogesterone Acetate 1ML intramuscular Monthly ADMINISTER 1 ML IN THE MUSCLE EVERY 3 MONTHS, next dose due in March 2026
Eliquis - Apixaban 5 mg by mouth twice a day Take 1 tablet (5 mg total) by mouth 2 (two) times a day
Emend - Aprepitant 125 mg 125mgx1, 80mgx2 by mouth once a week aprepitant (Emend) 125 mg (1)- 80 mg (2) kit
Take 1 kit by mouth once a week.
Zofran - Ondansetron Hydrochloride eq 4 mg base 4mg by mouth every 8 hours Take 1 tablet (4 mg total) by mouth every 8 (eight) hours as needed for nausea or vomiting
Phenergan - Promethazine Hydrochloride 25 mg 25mg by mouth every 8 hours Take 1 tablet (25 mg total) by mouth every 8 (eight) hours as needed for nausea or vomiting
Prevacid - Lansoprazole 30 mg 30mg by mouth once a day Take 1 capsule (30 mg total) by mouth daily
Depakene - Valproic Acid 250 mg 250mg x 2 by mouth twice a day Take 500 mg by mouth 2 (two) times a day as needed (migraine)
Cymbalta - Duloxetine Hydrochloride 40mg by mouth at bedtime
Desyrel - Trazodone Hydrochloride 150 mg **federal register determination that product was not discontinued or withdrawn for safety or efficacy reason** 150mg by mouth at bedtime Take 1 tablet (150 mg total) by mouth at bedtime
Deltasone - Prednisone 20 mg 20mg by mouth as necessary TAKE 2 TABLET BEFORE MONTHLY IGG INFUSIONS. TAKE WITH FOOD
Lioresal - Baclofen 5 mg by mouth twice a day Take 5 mg by mouth 2 (two) times a day.
Nystop - Nystatin 100,000 units/gm topical three times a day Apply 1 Application topically 3 (three) times a day to affected area as needed
Miralax - Polyethylene Glycol 3350 17gm/scoopful by mouth as necessary Take 17 g by mouth 2 (two) times a day. Dissolve in water before taking. If having frequent stools take once daily as needed

14. DME and Supplies:

wheelchair, feeding pump, bath bench, walker, wound care supplies, feeding tube supplies, toilet riser, IV pole for IGG infusions, formula

15. Safety Measures:

fall precautions, standard precautions

16. Nutrition:

soft, G-Tube, Kate Farms 1.4 cal/ml formula

17. Allergies:

Chlorhexidine, Imitrex [sumatriptan], Triptans-5-ht1 Antimigraine Agents, Doxyc

18.A. Functional Limitations

Endurance

18.B. Activities Permitted

Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by DELGADO, MELISSA SN on 12/29/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Lucinda Harris
Mayo Clinic Scottsdale 13400 E. Shea Blvd
Scottsdale, AZ 85259
PHONE: 4803016990 FAX: 4803018673 NPI: 1891778643

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 : 12/19/2025

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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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.

Homebound status: Taxing effort to leave home, patient unable to leave home unassisted, intermittent dependence on assistive devices

Clinical Condition Requiring Homecare: Patient with significant prior medical history, including CVA, mitochondrial disorder, anxiety, HTN and recent FTT and G-J feeding tube placement requires SN assessment of Cardiopulmonary, GI/GU, Musculoskeletal, Neuro and Integumentary systems, fall prevention and safety with ADLs, Diagnoses and Medication management and education, assistance with G-J tube care and enteral feeds.

SN Careplans

SN FREQUENCY: 2W1, 1W2 + PRN for complications.

CLINICAL SUMMARY: Patient being seen today for start of care for assessment and assistance with new GJ feeding tube and enteral feeding. Patient has significant medical history including FTT, mitochondrial dysfunction, previous strokes, migraines, generalized weakness and need for recent G-J feeding tube placement. Patient had multiple complications while inpatient and was in the hospital for 45 days. Patient has a walker and wheelchair available as needed, uses specialized neuro lensed glasses, toilet riser and shower chair for safety. Patient is a partial assist for most ADLs. Currently G-J tube is placed at high region of mid-abdomen, is a 16Fr, with balloon filled with 7-10ml of NS. Patient is currently utilizing Kate Farms standard Plain formula 1.4 cal/ml, 3 bottles of 325ml daily running continuously at 60ml/hr over approximately 11 hours with 30 ml water boluses every 3-4 hours. Goal is to tolerate 4 bottles of 325ml over the same period of time. Patient has added 1 bottle of Ensure clear, 237 ml PO as well as has begun to try small bites of soft foods such as mashed potatoes, oatmeal, ice cream, etc. Patient reports some increased nausea but denies vomiting. Patient states she is now having bowel movements with consistency, 1 to 2 times daily. Patient receives IGG infusions monthly through a Power Port in right upper chest, provided by Optum infusions HH, which run over 8 hours, at home. DME and formula being provided by Option care. Patient has a genetics clinic appointment at Mayo with Dr. Osundiji on January 5th and with Entac team/GI on January 14th. Patient reports pain at incision site below disc at upper abdomen at 2/10 currently. Patient has a high level of anxiety related to the G-J tube and is hoping to have it removed soon. SN provided education related to nausea control, wound/incision care, signs and symptoms of complications and reviewed medications and plan of care with both caregiver/mother and both voiced understanding of instructions provided. Intended SN frequency will be 2W1, 1W2 and PRN for complications.

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

HOSPITALIZATION RISKS: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 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

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, M2020 - Oral Med Management, M1033 - Unintentional Weight Loss, abnormal blood pressure, M1400 - Dyspnea, abnormal bowel sounds, abdominal pain, constipation, nausea/vomiting, muscle weakness, limited strength, Pain Interference with ADLs, difficulty sleeping, headache, Pain Effect on Sleep, loss of appetite, pallor, bleeding/discharge at site

PROCEDURES: assist with feeding/eating

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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.

* prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats.

* depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose.

* how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, related medication(s) purpose, schedule.

* prescribed dietary modifications monitoring intake and output monitoring weight loss or weight gain monitor changes in neurological status, related medication(s) purpose, schedule, * strategies to

SN Goals

PATIENT-STATED GOAL: Improve nutrition status and tolerance to be able to remove G-J tube

GOALS

patient/caregiver recalls
* GI-specific diet including appropriate food choices
* stress management
* exercise
* home remedies to manage GI condition
* 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 m

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

patient/caregiver recalls
* prescribed dietary modifications
* monitoring intake and output
* monitoring weight loss or weight gain
* monitor changes in neurological status
* 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
* 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
* migraine/headache prevention including lifestyle changes
* home remedies
* dietary modifications to reduce or eliminate triggers
* alternative medicines such as acupuncture and biofeedback
* recalls related medi

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

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose

patient/caregiver recalls
* strategies to increase caloric intake

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by DELGADO, MELISSA SN

Date

12/29/2025

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gain monitor changes in neurological status, related medication(s) purpose, schedule, strategies to increase caloric intake, related medication(s) purpose, schedule.

* GI-specific diet including appropriate food choices stress management exercise home remedies to manage GI condition, related medication(s) purpose, schedule.

* migraine/headache prevention including lifestyle changes home remedies dietary modifications to reduce or eliminate triggers alternative medicines such as acupuncture and biofeedback, related medications.

* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	12/29/2025