Home Health Certification and Plan of Care

Order ID: 1184/350

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8J94XM8CJ95	12/24/2025	From: 12/24/2025 To: 02/21/2026	1368	037804

6. Patient's Name and Address

Starley Duwyenie
2014 W ROESER RD,
PHOENIX, AZ 85041-3738
602-292-0100

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 11/03/1948 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N49.2	Inflammatory disorders of scrotum	12/24/25

13. ICD	Other Pertinent Diagnoses	Date
L02.215	Cutaneous abscess of perineum	12/24/25
B95.62	Methicillin resis staph infct causing diseases classd elswhr	12/24/25
M48.04	Spinal stenosis thoracic region	12/24/25
M48.54XD	Collapsed vert NEC thor region subs for fx w routn heal	12/24/25
I10.	Essential (primary) hypertension	12/24/25
J43.9	Emphysema unspecified	12/24/25
D47.2	Monoclonal gammopathy	12/24/25
J84.9	Interstitial pulmonary disease unspecified	12/24/25
G47.30	Sleep apnea unspecified	12/24/25
I87.2	Venous insufficiency (chronic) (peripheral)	12/24/25
G54.6	Phantom limb syndrome with pain	12/24/25
E53.8	Deficiency of other specified B group vitamins	12/24/25
F02.A0	Dem in other dis classd elswhr mild w/o beh/psych/mood/anx	12/24/25
F31.9	Bipolar disorder unspecified	12/24/25
D50.9	Iron deficiency anemia unspecified	12/24/25
M17.10	Unilateral primary osteoarthritis unspecified knee	12/24/25
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	12/24/25
N13.8	Other obstructive and reflux uropathy	12/24/25
E78.5	Hyperlipidemia unspecified	12/24/25
G47.00	Insomnia unspecified	12/24/25
K86.89	Other specified diseases of pancreas	12/24/25
H90.3	Sensorineural hearing loss bilateral	12/24/25
E55.9	Vitamin D deficiency unspecified	12/24/25
E66.811	Obesity class 1 (E66.811	12/24/25

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

Acetaminophen - Acetaminophen 325 MG TAB by mouth as necessary acetaminophen 325 mg tablets - TAKE 3 TABLETS BY MOUTH EVERY 6 HOURS IF NEEDED FOR PAIN
Albuterol Inhaler - Albuterol 2 PUFFS inhalant as necessary 2 PUFFS BY MOUTH EVERY 6 HOURS IF NEEDED FOR SHORTNESS OF BREATH OF WHEEZING
Aripiprazole - Aripiprazole 30 MG by mouth once a day TAKE 1 TABLET for mood
CARBOXYMETH 0.5% OPHT 1 DROP both eyes as necessary INSTILL 1 DROP IN BOTH EYES 4 TIMES A DAY IF NEEDED FOR DRY EYES
Clonidine Hydrochloride - Clonidine Hydrochloride 0.3 mg 1 tablet by mouth twice a day TAKE 1 TABLET BY MOUTH TWICE A DAY FOR BLOOD PRESSURE
DONEPEZIL 10 MG by mouth at bedtime 1 TABLET BY MOUTH EVERY NIGHT FOR HIGH BLOOD PRESSURE
Doxazosin - Doxazosin Mesylate 8MG by mouth once a day TAKE 1 TABLET BY MOUTH EVERYDAY FOR HIGH BLOOD PRESSURE
Hydralazine - Hydralazine Hydrochloride 50 MG by mouth twice a day 1 TABLET BY MOUTH EVERY TWICE A DAY FOR HIGH BLOOD PRESSURE
Ibuprofen - Ibuprofen 600 mg 600 mg by mouth as necessary TAKE 1 TABLET BY MOUTH 3 TIMES A DAY IF NEEDED FOR PAIN - TAKE WITH FOOD OR MILK
LOSARTAN 100 MG by mouth once a day
MEMANTINE 10 MG by mouth twice a day TAKE 1 TABLET BY MOUTH TWICE A DAY
MORPHINE 30 MG by mouth as necessary TAKE ONE-FOURTH (1/4) TABLET BY MOUTH TWICE A DAY IF NEEDED FOR PAIN, MAY CAUSE DROWSINESS, AVOID ALCOHOL
Ms Contin - Morphine Sulfate 30 mg 1 tablet by mouth once a day TAKE ONE TABLET BY MOUTH EVERY DAY FOR PAIN - MAY CAUSE DROWSINESS - AVOID ALCOHOL
Oxybutynin Chloride - Oxybutynin Chloride 10 mg by mouth once a day TAKE 1 TABLET BY MOUTH EVERYDAY - MAY CAUSE DROWSINESS
Pantoprazole - Pantoprazole Sodium 40 mg 1 tablet by mouth once a day TAKE ON TABLET BY MOUTH EVERYDAY FOR STOMACH
Sertraline - Sertraline Hydrochloride 50 MG by mouth once a day TAKE 1 TABLET BY MOUTH EVERYDAY - MAY CAUSE DROWSINESS - AVOID ALCOHOL
SILDENAFIL 100 MG by mouth as necessary TAKE 1 TABLET BY MOUTH AS DIRECTED BY PROVIDER ABOUT 1 HOUR BEFORE SEX.
Simvastatin - Simvastatin 10 mg 1 tablet by mouth at bedtime TAKE 1 TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL
Ultram - Tramadol Hydrochloride 50 mg 1 tablet by mouth as necessary TAKE 1 TABLET BY MOUTH TWICE A DAY IF NEEDED FOR PAIN - MAY CAUSE DROWSINESS
WEGOVY 2.4 MG PER 0.75 ML AUTO-INJECTOR subcutaneous once a week INJECT 2.4 MG UNDER THE SKIN WEEKLY FOR 4 WEEKS FOR WEIGHT LOSS.
MULTIVITAMINS 1 TABLET by mouth once a day ACTIVE NON IHS MEDS MEDICATION
Pregabalin - Pregabalin 150 MG tablets by mouth twice a day pregabalin 150mg capsules-TAKE 2 CAPSULE BY MOUTH TWICE A DAY MAY CAUSE DROWSINESS - AVOID ALCOHOL
Santyl - Collagenase 1 application topical once a day apply santyl to wound bed for wound care daily

14. DME and Supplies:

commode, bath bench, wound care supplies, wheelchair, nebulizer

15. Safety Measures:

medication safety, infectious material management, , fall precautions, smoke detectors , sharps precautions, , wheelchair precautions, standard precautions, cardiac precautions, bathroom safety

16. Nutrition:

high protein, cardiac diet

17. Allergies:

antibiotics, pcn, maxide, amlodipine

18.A. Functional Limitations

Ambulation, Endurance, Hearing, Bowel/Bladder Incontinence, Amputation

18.B. Activities Permitted

Wheelchair, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, 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 JOHNSON, LAURA SN on 12/24/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

JESSICA ANKNEY
4212 N 16TH ST
PHOENIX, AZ 85016
PHONE: (602) 581 6730 FAX: 16022631628 NPI: 1770504714

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.

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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: medical condition could get worse if patient leaves home

Clinical Condition Pt has deep wound to right scrotum and requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs Requiring Homecare: and fall precautions, medication and diagnoses management and education, wound care per orders 3 times weekly and as needed for complications.

SN Careplans

SN FREQUENCY: SN 2w1, 3w7 and prn for wound complications or medication changes

CLINICAL SUMMARY:

SOC visit completed today. Pt discharged home from PIMC on the 22nd after having I&D of a wound at his right scrotal area. Pt had fall at home recently and was having generalized weakness. At the hospital doctor's discovered his wound was infected (MRSA). Pt had a right leg amputation in 2014 (work injury). He is wheelchair bound. He is dependent on his wife for assitance with ADLs. He was previously independent. He would like physical therapy but none is available. Hospital CM and physician made aware of this. Next wound care visit with physician is December 29th. Pt reports they plan to administer IV antibiotics. No ports or lines in place currently. Head to toe assessment performed. Skin intact other than wound treated today. Lungs clear, heart sounds normal. Bowel sounds hypoactive. Pt reports regular bowel movements. Denies symptoms of UTI. Nurse performed wound care per orders today. Wound measured and photographed for EMR. Reviewed all medications with pt and cg. Advised pt regarding high risk medications. Pt is not diabetic but takes injectable diabetic medication weekly. Provided home safety assessment, fall prevention education. Nurse will see pt Mondays, Wednesdays and Fridays 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

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

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, 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. No Advanced Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, meal preparation, M2020 - Oral Med Management, Home Safety, M1033 - Exhaustion, abnormal blood pressure, dependent edema, M1400 - Dyspnea, M1620 - Bowel Incontinence, M1600 - UTI, M1610 - Urinary Incontinence, muscle weakness, limited endurance, limited range of motion, Pain Interference with ADLs, Pain Interference with Therapy activities, headache, daytime fatigue, extremity burn/tingle/numb, balance deficit, B1000 - Vision Deficit, Pain Effect on Sleep, #1 - Open Wound - Anterior Right Thigh - Right scrotal

PROCEDURES:

physician-ordered wound care: #1 - Open Wound - Anterior Right Thigh - Right scrotal: cleanse with wound cleanser (vashe), pat dry with 4x4 gauze, apply santyl to wound bed, place vashe soaked gauze in wound, cover with abd pad and secure with tape; frequency: twice daily or more often if soiled, SN MWF,

monitor intake & output,

coordinate/arrange preparation of missing meals,

coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * 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 relaxatio, * 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, sch, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * 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 promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent cons, * how to help resolve infection including hygiene proper hand

SN Goals

PATIENT-STATED GOAL: heal wound, improve strength and independence

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
* how to help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purp

patient/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent cons

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 peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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 relaxatio

patient/caregiver recalls
* how to manage inflammatory process
* optimize mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* recalls related medic

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, sch

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	12/24/2025

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washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purp, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medic, * 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, meal preparation is available to patient for all meals	recalls related medication(s) purpos 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 meal preparation is available to patient for all meals

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	PAGE 3 of 3
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