Home Health Certification and Plan of Care

Order ID: 1184/351

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A21320737	12/29/2025	From: 12/29/2025 To: 02/26/2026	1407	037804

6. Patient's Name and Address

Ernest Felter
1013 W 5th ST,
MESA, AZ 85201-
480-297-1742

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 11/01/1995 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.01	Encounter for change or removal of surgical wound dressing	12/29/25

13. ICD	Other Pertinent Diagnoses	Date
K61.0	Anal abscess	12/29/25
B95.7	Oth staphylococcus as the cause of diseases classd elswhr	12/29/25
B96.1	Klebsiella pneumoniae as the cause of diseases classd elswhr	12/29/25
E11.9	Type 2 diabetes mellitus without complications	12/29/25
K70.0	Alcoholic fatty liver	12/29/25
K86.0	Alcohol-induced chronic pancreatitis	12/29/25
I10.	Essential (primary) hypertension	12/29/25
F10.230	Alcohol dependence with withdrawal uncomplicated	12/29/25
E70.329	Oculocutaneous albinism unspecified	12/29/25
E66.9	Obesity unspecified	12/29/25
H90.3	Sensorineural hearing loss bilateral	12/29/25
F17.210	Nicotine dependence cigarettes uncomplicated	12/29/25
Z68.26	Body mass index [BMI] 26.0-26.9 adult	12/29/25
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	12/29/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	12/29/25

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

Lisinopril - Lisinopril 20 mg 1 tablet by mouth once a day
Metformin - Metformin Hydrochloride 1000 MG/ 1 TABLET by mouth twice a day
Augmentin '875' - Amoxicillin: Clavulanate Potassium 875 mg;eq 125 mg base 1 tablet by mouth twice a day for wound infection
Ibuprofen - Ibuprofen 800 mg 1 tablet by mouth as necessary TID PRN pain
Lidocaine - Lidocaine 2% hydrogel topical once a day leave on for 20 minutes for pain control
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 2 tablets by mouth twice a day
Miralax - Polyethylene Glycol 3350 17 gm by mouth once a day
Senna - Senna 8.6 mg tablets by mouth as necessary senna 8.6 mg tablets ; take 2 (two) tablets PO daily as needed for constipation
Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100mg tablet by mouth once a day
Vitamin B Complex - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day

14. DME and Supplies:

wound care supplies, diabetic supplies

15. Safety Measures:

fall precautions, infectious material management, smoke detectors , sharps precautions, standard precautions, diabetic precautions, cardiac precautions

16. Nutrition:

high protein, diabetic, cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance

18.B. Activities Permitted

Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

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

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: Diabetic patient with open right perianal wound, recently infected, requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs 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 3w8 and prn for wound complications

CLINICAL SUMMARY:

SOC visit today. Referred to home health following hospitalization for wound in right perianal area. Pt lives with family and they assist with wound care when needed as the location of his wound prevents him from caring for it properly. Pt is diabetic but does not check his blood sugar regularly. He denies signs of high or low blood sugar. Pt is independent with all ADLs and ambulates without an assistive devices. He denies pain but has occasional headaches. Denies recent falls. Reports regular bowel movements and good appetite. Pt has history of htn and reports anxiety. Nurse performed head to toe assessment today. Lungs clear, heart sounds normal. Active bowel sounds x4 quadrants. Pt will be seeing a wound specialst at PIMC. Nurse will see pt 3 times a week until cg is comfortable with wound care or until wound has healed. All medications reviewed and pt education on medication indication and possible interactions and side effects. Provided home safety assessment and education on fall prevention as well as signs and symptoms of wound infection. Pt was given information on how to contact HH nurse before next scheduled visit.

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

SN Goals

PATIENT-STATED GOAL: heal wound

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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 12/29/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

Myo Myint
1625 N CAMPBELL AVE
TUCSON, AZ 85719-4330
PHONE: 520-694-0111 FAX: NPI: 1922732015

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 : 12/29/2025

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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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), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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: M1720 - Anxiety, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, limited endurance, headache, #1 - Open Wound - Posterior Right Buttock -

PROCEDURES:

physician-ordered wound care: #1 - Open Wound - Posterior Right Buttock -: 12/29- vashe wet to dry; 12/31 and future visits: protective barrier ointment to periwound, aquacel rope to wound bed, cover with dry gauze, secure with strech brief, twice a day or as needed for soiling or dislodgement; SN MWF until healed,

glucose testing via monitor

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related m, * 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, * how to control alcohol withdrawal symptoms how to get support overcome cravings, related medication(s) purpose, schedule, * dietary modifications for liver disorder, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purp, * 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/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary modifications for liver disorder
* recalls related medication(s) purpose, schedule

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patient self-administers medications as prescribed
* 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	12/29/2025