

Home Health Certification and Plan of Care				Order ID: 11841362
1. Patient's HI claim No. 8CH7GW5GF49		2. Start Of Care Date 11/04/2025		3. Certification Period From: 01/03/2026 To: 03/03/2026
		4. Medical Record No. 1400		5. Provider No. 037804
6. Patient's Name and Address Bianca Yazzie 317 E DOBBINS RD, PHOENIX, AZ 85042- 480-676-0065			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 12/12/1955			9. Sex Female	
11. ICD N30.80	Principal Diagnosis Other cystitis without hematuria	Date 11/04/25		
13. ICD B96.20	Other Pertinent Diagnoses Unsp Escherichia coli as the cause of diseases classd elswhr	Date 11/04/25		
E11.621	Type 2 diabetes mellitus with foot ulcer	11/04/25		
L97.519	Non-prs chronic ulcer oth prt right foot w unsp severity	11/04/25		
L03.115	Cellulitis of right lower limb	11/04/25		
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	11/04/25		
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	11/04/25		
I50.30	Unspecified diastolic (congestive) heart failure	11/04/25		
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	11/04/25		
N18.30	Chronic kidney disease stage 3 unspecified	11/04/25		
D63.1	Anemia in chronic kidney disease	11/04/25		
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	11/04/25		
J84.10	Pulmonary fibrosis unspecified	11/04/25		
J96.10	Chronic respiratory failure unsp w hypoxia or hypercapnia	11/04/25		
U09.9	Post COVID-19 condition unspecified	11/04/25		
E78.5	Hyperlipidemia unspecified	11/04/25		
E11.3299	Type 2 diab with mild nonp rtnop without macular edema unsp	11/04/25		
B35.1	Tinea unguium	11/04/25		
I95.1	Orthostatic hypotension	11/04/25		
R33.9	Retention of urine unspecified	11/04/25		
M20.12	Hallux valgus (acquired) left foot	11/04/25		
N31.9	Neuromuscular dysfunction of bladder unspecified	11/04/25		
K59.00	Constipation unspecified	11/04/25		
H91.90	Unspecified hearing loss unspecified ear	11/04/25		
14. DME and Supplies: diabetic supplies, walker, wheelchair, wound care supplies			15. Safety Measures: remove environmental barriers, ambulates with device, diabetic precautions, , fall precautions, sharps precautions, walker precautions, standard precautions, infectious material management, wheelchair precautions, smoke detectors , medication safety, cardiac precautions	
16. Nutrition: high protein, diabetic, cardiac diet			17. Allergies: no known allergies, cats	
18.A. Functional Limitations Ambulation, Endurance			18.B. Activities Permitted Wheelchair, Walker, Up As Tolerated	
19. Mental & Psychosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., 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 add discharge plan patient will be responsible for managing treatment	
Homebound status: Homebound due to open wound, generalized weakness, abnormal gait and dependence on assistive device to ambulate				
Clinical Condition Diabetic patient with wound at her right foot requires SN for cardiopulmonary, neuro, GI/GU, musculoskeletal and Requiring Homecare: 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 Goals	
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by JOHNSON, LAURA SN on 01/02/2026			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. PAGE 1 of 3	

Home Health Certification and Plan of Care				Order ID: 1184/362
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8CH7GW5GF49	11/04/2025	From: 01/03/2026 To: 03/03/2026	1400	037804
6. Patient's Name and Address Bianca Yazzie 317 E DOBBINS RD, PHOENIX, AZ 85042- 480-676-0065			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	

SN FREQUENCY: SN 3w8 and prn wound complications or medication changes CLINICAL SUMMARY: Recertification visit completed today. Pt assessed head to toe. Skin intact except wounds to right foot. Physical assessment at baseline for pt. Pt is on service for wound care to open wound on the bottom on right foot . Wound has healed significantly and the remaining open portion is much smaller approximately 2.5 x 1.5 x 0.3cm. The wound bed is covered in what appears to be slough tissue. Wound care includes santyl which is used to help debride the dead tissue. Nurse performed wound care today per orders. There are no other signs of infection present. Pt denies fever/chills. No edema, redness or warmth to foot. Nurse reinforced education on wound care and signs of infection today. Pt is diabetic and has not been compliant with her CGM. Her main cg who assists with this is out of town. Nurse offered to assist but family could not find a new CGM. Nurse instructed family to order a refill from the pharmacy. Advised pt and family of the importance of keeping bs wnl to help promote wound healing. Blood pressure remains elevated (several time in the past few weeks). Pt denies any symptoms. She has a cardiac history and recently stopped taking blood pressure medication. Per pt, the PCP did not refill the medication after she asked for it. Nurse will notify physician of continued elevated bp. Discussed non-pharmaceutical ways to lower blood pressure, changes to diet and exercise. Pt and family verbalized understanding of education provided today. Nurse will continue MWF wound care visits. Family will change dressing on days nurse is not present. 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 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: muscle weakness PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: Right foot wound: cleanse with wound cleanser, pat dry with 4x4 gauze, rinse with saline, apply santyl to wound bed, cover with saline wet gauze, 4x4 gauze, kerlix and secure with ace wrap, glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * 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, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * lifestyle changes to manage hypotension including diet changes proper posture body position changes wearing of compression stockings, related medication(s) purpose, schedule, * 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, schedule remedies, * 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, * 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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) purpose, schedule, * how to optimize joint mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety pain control, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy	PATIENT-STATED GOAL: heal right foot wound GOALS patient/caregiver recalls * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic diet * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient/caregiver recalls * lifestyle modification to manage blood condition including dietary changes * bleeding precautions * recalls related medication(s) purpose, schedule 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 take the patient's blood pressure * record the reading * 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 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 caregiver administers and/or packages medications appropriately 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) purpose, schedule patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * 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 * prevention including increase fluid intake * increase Vitamin C intake to promote acidic bladder environment (cranberry juice) * perineal hygiene * recalls related medication(s) purpose, schedule
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	01/02/2026

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conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence		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 caregiver performs medical/rehabilitation treatments with adequate competence patient/caregiver recalls * lifestyle changes to manage hypotension including diet changes * proper posture * body position changes * wearing of compression stockings * recalls related medication(s) purpose, schedule 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, schedule remedies patient/caregiver recalls * how to optimize joint mobility with active and passive range of motion exercises * fluid and diet intake to promote healing * prevent constipation * home safety * pain control * recalls related medication(s) purpose, schedule		

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