Home Health Certification and Plan of Care

Order ID: 1184/378

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A21030116	01/07/2026	From: 01/07/2026 To: 03/07/2026	1408	037804

6. Patient's Name and Address
Ellis Fredericks
2213 W POINTSETTIA DR,
PHOENIX, AZ 85029-
602-944-0818

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 09/17/1961 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
L03.114	Cellulitis of left upper limb	01/07/26

13. ICD	Other Pertinent Diagnoses	Date
B95.62	Methicillin resis staph infct causing diseases classd elswhr	01/07/26
G40.909	Epilepsy unsp not intractable without status epilepticus	01/07/26
I10.	Essential (primary) hypertension	01/07/26
E78.5	Hyperlipidemia unspecified	01/07/26
J45.909	Unspecified asthma uncomplicated	01/07/26
E87.6	Hypokalemia	01/07/26
E46.	Unspecified protein-calorie malnutrition	01/07/26
D64.9	Anemia unspecified	01/07/26
F15.10	Other stimulant abuse uncomplicated	01/07/26
F10.10	Alcohol abuse uncomplicated	01/07/26
Z87.820	Personal history of traumatic brain injury	01/07/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	01/07/26

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

Gabapentin - Gabapentin 100 mg 100 mg (2 tablets) by mouth twice a day
Nifedipine Er - Nifedipine 30 mg oral tablet extended release by mouth once a day Give 1 tablet by mouth one time a day for HTN
Phenytoin Sodium - Phenytoin Sodium 100 mg prompt 100 mg (1 capsule) by mouth three times a day Give 1 capsule by mouth three times a day for seizures
Tylenol - Acetaminophen 500 mg tablets (2 tablets) by mouth as necessary Give 2 tablet by mouth every 8 hours as needed for pain

14. DME and Supplies:
walker, wheelchair, wound care supplies, bath bench, 4 wheeled walker

15. Safety Measures:
fall precautions, walker precautions, infectious material management, aspiration precautions, seizure precautions, standard precautions, wheelchair precautions, smoke detectors , medication safety, cardiac precautions, ambulates with device

16. Nutrition:
soft, high protein, cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted
Up As Tolerated, Walker, Wheelchair

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: 4. Always, 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 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: homebound due to generalized weakness, unsteady gait and dependence of assistive device to ambulate

Clinical Condition Requiring Homecare: Pt with incision to left hand requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medicaiton and diagnoses management and education, wound care per orders 3 times per week and prn for complications.

SN Careplans

SN FREQUENCY: 2w1, 3w7 and prn wound complications

CLINICAL SUMMARY:

SOC visit completed. Pt's lives with father who was present for visit. Nurse performed head to toe assessment. Pt declined full skin assessment but reports the only open area/wound is the area being treated, left hand. Pt's lungs clear, heart sounds normal. Bowel sounds active x4 quadrants. Blind in right eye. No hearing impairment. Pt suffers from tooth decay and several teeth are missing. He would benefit from a denture referral. Diet must be soft to accomodate lack of teeth. Pt reports aspiration history. There is a history of multiple strokes with left side affected. Difficulty swallowing due to muscle weakness. Nurse reviewed aspiration precautions with pt and cg. Pt reports he often declines thickened liquids due to the "taste". Pt also has seizure history. No seizure in several months. He is able to identify seizure triggers and what to do if he senses aura. Incontinent of bladder and bowels. Pt wears a briefs. Uses walker to ambulate and gait is unsteady. He has a history of falls. Pt also has wheelchair and hemiwalker. All medications reviewed. Nurse performed home safety assessment, provided education on signs and symptoms of wound infection and fall prevention. SN performed wound care to left hand. Incision on hand is well approximated, no drainage noted. Main incision is on palm side of hand. There are also sutures on the back side of hand. This area appears completely healed and sutures appear to need removal. The palm side of hand has some old, dry drainage which needs to be debrided by doctor. Photograph of incision uploaded to pt's chart. Pt reports chronic pain. Tylenol used prn. Pt has severe depression. He will need referral to psych but states nothing seems to help his depression. He has tried antidepressants in the past. Pt was able to verbally contract for safety with nurse today. Nurse will see pt MWF. Pt has appointment with wound care physician on Friday. Nurse will see pt again on Monday.

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 120

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

patient/caregiver recalls
* how to manage seizure triggers
* implement lifestyle changes including getting enough sleep
* avoiding alcohol

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by DELGADO, MELISSA SN on 01/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
ROGER HASSINGER
4212 N 16TH ST
PHOENIX, AZ 85016
PHONE: (602) 740-1509 FAX: 16022631628 NPI: 1326139924

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 : 01/07/2026

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: 1184/378

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A21030116	01/07/2026	From: 01/07/2026 To: 03/07/2026	1408	037804

6. Patient's Name and Address
Ellis Fredericks
2213 W POINTSETTIA DR,
PHOENIX, AZ 85029-
602-944-0818

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

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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will 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, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 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.MPOA (daughter) Advance Directive:Do not resuscitate (DNR) orders

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, D0700 - Social Isolation, A1250 - Lack of Necessary Transportation, meal preparation, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, Home Safety, dependent edema, abnormal blood pressure, coughing, M1400 - Dyspnea, M1033 - Exhaustion, M1620 - Bowel Incontinence, cough/gag/pain chew/swallow, M1610 - Urinary Incontinence, limited strength, limited range of motion, muscle weakness, limited endurance, weak hand grips, B1000 - Vision Deficit, seizures, extremity burn/tingle/numb, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, tooth pain/decay/sensitivity, #1 - Other - Anterior Left Wrist/Hand - Left hand

PROCEDURES:

physician-ordered wound care: #1 - Other - Anterior Left Wrist/Hand - Left hand: left hand: cleanse area with wound cleanser, pat dry with 4x4 gauze, xeroform to incision site, cover with 4x4 gauze, wrap with kerlix, secure with tape and wrap with ace wrap; frequency: 3 times per week and prn soiling or dislodgement,

teach/coordinate/arrange medication packaging and/or administration,

coordinate/arrange for maintenance of clean/uncluttered living area,

coordinate/arrange transportation services

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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 relaxatio, * how to manage seizure triggers implement lifestyle changes including getting enough sleep avoiding alcohol, related medication(s) purpose, schedule, * 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 manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * dietary guidelines for managing nutritional deficit, 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's transportation needs are met, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* 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
* dietary guidelines for managing nutritional deficit
* 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 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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by DELGADO, MELISSA SN

Date
01/07/2026