Home Health Certification and Plan of Care

Order ID: 1184/380

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
130447752	01/12/2026	From: 01/12/2026 To: 03/12/2026	1409	037804

6. Patient's Name and Address

Bridget Perkins
4599 N 118th Way,
SCOTTSDALE, AZ 85256-
602-475-5430

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 07/02/1960 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M54.16	Radiculopathy lumbar region	01/12/26

13. ICD	Other Pertinent Diagnoses	Date
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	01/12/26
M46.99	Unsp inflammatory spondylopathy multiple sites in spine	01/12/26
I10.	Essential (primary) hypertension	01/12/26
M54.42	Lumbago with sciatica left side	01/12/26
G89.29	Other chronic pain	01/12/26
S32.10XS	Unspecified fracture of sacrum sequela	01/12/26
M46.00	Spinal enthesopathy site unspecified	01/12/26
E78.5	Hyperlipidemia unspecified	01/12/26
G47.00	Insomnia unspecified	01/12/26
M79.7	Fibromyalgia	01/12/26
K59.00	Constipation unspecified	01/12/26
E55.9	Vitamin D deficiency unspecified	01/12/26
F41.9	Anxiety disorder unspecified	01/12/26
F32.A	Depression unspecified	01/12/26
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	01/12/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	01/12/26

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

Desyrel - Trazodone Hydrochloride 150mg tablet by mouth as necessary trazodone 150 mg tablets; take 1 PO QHS PRN poor sleep/insomnia
Enbrel - Etanercept 50mg/mL (1 mL) injection subcutaneous once a week
Biscodyl - Bisacodyl: Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 17gram packet by mouth once a day Mix contents well.
Dutoprol - Hydrochlorothiazide: Metoprolol Succinate 50mg (24 hr tablet) by mouth once a day
Akten - Lidocaine Hydrochloride 4% cream topical as necessary apply topically TID PRN for pain
Arthrotec - Diclofenac Sodium: Misoprostol 1% gel topical as necessary apply topically BID PRN for pain
Acetaminophen - Acetaminophen 325 mg tablets by mouth as necessary take 2 tablets by mouth Q6H PRN pain or fever
Lubricant Eye Ointment 00.5% ophthalmic solution both eyes as necessary 1 drop in both eyes four (4) times a day PRN for dry eyes
Antivert - Meclizine Hydrochloride 25mg chewable tablet by mouth as necessary 1 tablet by mouth TID PRN for dizziness
Gabapentin - Gabapentin 300 mg 300 mg capsule by mouth three times a day
Bunavail - Buprenorphine Hydrochloride: Naloxone Hydrochloride 4mg/actuation nasal spray Nasal as necessary for opioid reversal
Belbuca - Buprenorphine Hydrochloride 8mg SL tablet sublingual four times a day
Atorvastatin - Atorvastatin Calcium 10 mg by mouth at bedtime
Betoptic Pilo - Betaxolol Hydrochloride: Pilocarpine Hydrochloride 5mg tablet by mouth four times a day
Jardiance - Empagliflozin 0.5 tablet (10mg tablets) by mouth once a day INDICATIONS: TYPE 2 DIABETES MELLITUS.
Cozaar - Losartan Potassium 25mg tablet by mouth once a day
Tizanidine Hydrochloride - Tizanidine Hydrochloride 4 mg tablet by mouth at bedtime FOR MUSCLE SPASMS
Cymbalta - Duloxetine Hydrochloride 30mg DR capsule by mouth once a day duloxetine 30mg capsules; take 3 capsules by mouth daily
Azulfidine - Sulfasalazine 500mg tablet by mouth twice a day sulfasalazine 500mg tables; take 2 tablets by mouth BID
Meloxicam - Meloxicam 15mg tablet by mouth once a day
semaglutide (OZEMPIC) 1 mg/dose (4 mg/3 mL) pen injector 1mg/dose (4 mg/3 mL) pen injector subcutaneous once a week for diabetes
Klor Con - Potassium Chloride 10 mEq ER tablet by mouth once a day
Betapar - Meprednisone 10mg tablet by mouth as necessary prednisone 10 mg tablets; take 1 tablet by mouth daily For 1-3 days PRN for arthritis flare-up.
sennosides-docusate sodium (SENEXON-S) 8.6-50 mg per tablet 8.6-50mg per tablet by mouth as necessary senna- s 8.6-50 mg tablets; take 2 tablets by mouth BID as needed for constipation - Hold for diarrhea
Prenatal Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 80mg iron-1 mg tab by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 mcg (1000 IU) by mouth once a day
Citracal - Calcium Citrate 315 mg-5mcg tablets by mouth once a day

14. DME and Supplies:

4 wheeled walker, wheelchair, cane, diabetic supplies, bath bench

15. Safety Measures:

wheelchair precautions, standard precautions, fall precautions, diabetic precautions, smoke detectors , walker precautions, remove environmental barriers, sharps precautions, bathroom safety, cardiac precautions, ambulates with device

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

Lisinopril, amoxicillin/clavulanate potassium, dulaglutide

18.A. Functional Limitations

Endurance, Hearing, Bowel/Bladder Incontinence

18.B. Activities Permitted

Wheelchair, Cane, Walker, Exercises Prescribed, 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: 2. Sometimes, 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 01/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

GEM BARTSCH
10901 E MCDOWELL RD
SCOTTDALE, AZ 85256
PHONE: (480) 946-9066 FAX: 14803625831 NPI: 1134216146

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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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
family/caregiver will be responsible for managing treatment

Homebound status: Homebound due to generalized weakness, unsteady gait and dependence on assistive device

Clinical Condition Requiring Homecare: Diabetic patient with unsteady gait and dependence on assistive device requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education weekly and prn for medication changes.

SN Careplans

SN FREQUENCY: 1w1

CLINICAL SUMMARY:

SOC visit delayed due to pt request. Pt lives with daughter and was referred to home health services by PCP. Nurse performed head to toe assessment but pt declined full skin assessment. She reports skin is intact. Physical assessment did not reveal any concerns. Heart sounds were normal. Lungs clear throughout and bowel sounds hypoactive. Pt reports regular bowel movements and bowel care medication on hand if needed. She is incontinent of bladder and wears briefs. Pt is hearing impaired. She reports a mini-stroke in 2019 and is currently on several cardiac medications. Pt reports regular bowel movements, history of UTI but no current UTI symptoms. She takes a prophylactic antibiotic. Pain well controlled with pain medications. She is no longer taking oxycodone. All medications reviewed with pt. She has a tribal nurse who sees her and delivers mediset. Pt is unsure of why she is taking Potassium Chloride but was able to demonstrate understanding of all of her other medications. Pt has severe depression but was able to contract for safety today and says she has supports she can speak to if needed. Nurse provided education on hypotension, fall prevention, diabetes management, home safety. Pt initially agreed to have HH OT and PT evaluation but later changed her mind and declined all HH services. She declined to have HH nurse perform additional education or medication management. Next PCP visit is January 14th.

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more 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.MPOA (daughter)
Advance Directive:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M2102d - Caregiver Performs Treatment, D0700 - Social Isolation, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, lightheadedness, dependent edema, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Incontinence, limited endurance, limited range of motion, limited strength, muscle weakness, B0200 - Hearing Deficit, B1000 - Vision Deficit, Pain Interference with ADLs, balance deficit, difficulty sleeping, headache

PROCEDURES: glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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, * 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 manage sleep disorder including changes to daytime habits and bedtime routine maintaining a journal to track sleep patterns, 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, * 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

SN Goals

PATIENT-STATED GOAL: improved strength, safety in home

GOALS
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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

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
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage sleep disorder including changes to daytime habits and bedtime routine
* maintaining a journal to track sleep patterns
* 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
* 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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by JOHNSON, LAURA SN

Date
01/12/2026

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medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

^ 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

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	01/12/2026