Home Health Certification and Plan of Care

Order ID: 1184/393

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
131673197	01/23/2026	From: 01/23/2026 To: 03/23/2026	1402	037804

6. Patient's Name and Address

Serena Joyce Chavez
601 W South Gate Ave Apt 3,
PHOENIX, AZ 85041-
602-907-0068

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 08/16/1954 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J18.9	Pneumonia unspecified organism	01/23/26

13. ICD	Other Pertinent Diagnoses	Date
J45.901	Unspecified asthma with (acute) exacerbation	01/23/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	01/23/26
I50.20	Unspecified systolic (congestive) heart failure	01/23/26
N18.2	Chronic kidney disease stage 2 (mild)	01/23/26
I42.8	Other cardiomyopathies	01/23/26
J96.21	Acute and chronic respiratory failure with hypoxia	01/23/26
M06.9	Rheumatoid arthritis unspecified	01/23/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	01/23/26
M81.0	Age-related osteoporosis w/o current pathological fracture	01/23/26
M54.9	Dorsalgia unspecified	01/23/26
G89.29	Other chronic pain	01/23/26
D53.9	Nutritional anemia unspecified	01/23/26
D47.2	Monoclonal gammopathy	01/23/26
R91.1	Solitary pulmonary nodule	01/23/26
E66.01	Morbid (severe) obesity due to excess calories	01/23/26
Z68.41	Body mass index [BMI] 40.0-44.9 adult	01/23/26
Z96.653	Presence of artificial knee joint bilateral	01/23/26
Z85.3	Personal history of malignant neoplasm of breast	01/23/26
Z86.0100	Personal history of colonic polyps	01/23/26

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

Budesonide - Budesonide 080 mcg / Formoterol 4.5 mcg Inhaler inhalant as necessary ** SCHEDULED AND PRN** 2 puffs inhaled twice daily (scheduled); and every 4 hours as needed PRN wheezing - do not exceed 12 puffs per day
Atorvastatin - Atorvastatin Calcium 040 mg by mouth once a day 40 mg PO daily
Naproxen - Naproxen 500 mg 500 mg by mouth twice a day Take 1 tablet by mouth twice a day as needed for pain/inflammation; Take with food or milk; Do not take with ibuprofen. Qty 60 / 30 days
Acetaminophen - Acetaminophen 325 mg 1 tablet by mouth as necessary every 6 hours prn pain or fever (maximum 4 g/day)
Exemestane - Exemestane 25 mg by mouth once a day Take 1 tablet by mouth daily after a meal. Qty 30 / 30 days
Docusate Sodium - Docusate Sodium 100 mg by mouth twice a day Take 1 tablet by mouth twice daily for stool softener.
Albuterol - Albuterol 000.083% Nebulizer Solution inhalant every 4 hours 2.5 mg/3 mL neb q4h PRN wheezing.
Biotin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day
Lidocaine - Lidocaine 5 perc 5 perc topical once a day Apply 1 patch to affected area daily; leave on 12 hours, then off 12 hours. Qty 30 / 30 days
Entresto - Sacubitril: Valsartan 24 mg by mouth twice a day Take 1 tablet by mouth twice daily.
Macrobid - Nitrofurantoin: Nitrofurantoin, Macrocrystalline 100 mg tablets by mouth twice a day for UTI
Diclofenac - Diclofenac Epolamine 1% topical gel topical as necessary apply topically to affected area 4 times per day PRN pain
Senna - Senna 8.6 mg tablets by mouth as necessary 2 tablets by mouth QHS PRN constipation
Asa 81 Mg - Aspirin 81 mg by mouth once a day to prevent clots
Carvedilol - Carvedilol 3.125 mg 1 tablet by mouth twice a day
Vitamin D2 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25mcg (1000IU) per tablet by mouth once a day take 2 tablets by mouth daily
Jardiance - Empagliflozin 10 mg by mouth once a day for diabetes
Furosemide - Furosemide 20 mg 1 tablet by mouth twice a day

14. DME and Supplies:

nebulizer, urinary/catheter supplies,

15. Safety Measures:

walker precautions, smoke detectors , medication safety, infectious material management, fall precautions, , ambulates with device, remove environmental barriers, standard precautions, , cardiac precautions,

16. Nutrition:

diabetic, cardiac diet

17. Allergies:

antibiotics, Levofloxacin

18.A. Functional Limitations

Hearing, Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated, Exercises Prescribed, Walker

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: 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
add discharge plan

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

Clinical Condition Requiring Homecare: Patient diagnosed with CHF, recurrent pneumonia and recent foley catheter placed requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, foley catheter changes every month 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 01/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

MICHAEL HUDSON
4212 N 16TH ST
PHOENIX, AZ 85016
PHONE: (602) 600-2684 FAX: 16022631665 NPI: 1811006059

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 : 01/23/2026

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.

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SN FREQUENCY: 1W2, 1M2 and prn for catheter comlications or medication changes

CLINICAL SUMMARY:

SOC visit completed today. Pt discharged from the hospital yesterday where she was being treated for pneumonia. While in-patient a foley catheter was placed (1/17). Pt was referred to home health services for monthly catheter changes (SN) and PT and OT evaluations. Pt initially declined therapy evaluations but later agreed as we discussed her unsteady gait and need for assistive device to ambulate. Pt is requesting a seated walker because she is easily fatigued and becomes SOB due to CHF and respiratory problems. Pt uses an inhaler (frequently used) and was prescribed a CPAP which she does not use. Pt does not like how the CPAP fits. She also uses a nebulizer but is in need of a new machine. Nurse performed head to toe assessment today. Pt has some bruising which she stated is from IVs at the hospital. Skin is intact. Pt was previously independent with ADLs but requires assistance since foley has been in place as she has had increased weakness and activity intolerance since returning from the hospital and is at risk for falls due to the catheter tubing. Appetite is poor and she requires soft food due to missing teeth. Heart sounds normal, lungs clear. Bowel sounds active x4 quadrants. Urine in drainage bag yellow and clear. Pt reports she feels discomfort since foley catheter has been in place. Nurse provided education on foley care and instructed pt to discuss discomfort at upcoming PCP visit. She denies any other UTI symptoms. Appetite is fair and pt reports regular bowel movements. Nurse reviewed all medications including high risk medications. Pt is taking antibiotics. She receives assistance setting up her mediset from her family and declined additional assistance from nurse. Home safety evaluation completed. Nurse provided education on fall prevention, disease management (CHF), pt weighed today and she agreed to weigh daily. Nurse will see pt monthly and as needed for foley catheter changes, medication changes or complications.

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), 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, M1745 - Behavioral Issues, meal preparation, M2020 - Oral Med Management, Home Safety, weight gain > 2lb/24 h OR 5lb/1 wk, dependent edema, coughing, M1400 - Dyspnea, M1033 - Exhaustion, abnormal BS < 70/140 > mg/dL, cough/gag/pain chew/swallow, genital irritation, M1600 - UTI, muscle weakness, limited endurance, limited range of motion, limited strength, balance deficit, B0200 - Hearing Deficit, loss of appetite, bruising/discoloration

PROCEDURES:

monitor daily weights,

cough/deep breathing exercises,

monitor intake & output,

catheter change, care & irrigation,

home exercise program,

coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * 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 medicatio, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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 medication(s) purpose, schedule, patient's living environment is clean/uncluttered

PATIENT-STATED GOAL: no urinary tract infections, safety in home

GOALS
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 medicatio

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

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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	01/23/2026