Home Health Certification and Plan of Care

Order ID: 1184/403

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9HA1UF2GX07	01/27/2026	From: 01/27/2026 To: 03/27/2026	1410	037804

6. Patient's Name and Address

Mark Ostreicher
1115 E Village circle DR S,
PHOENIX, AZ 85022-4818
6023581547

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 08/23/1948 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	01/27/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.653	Presence of artificial knee joint bilateral	01/27/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	01/27/26
I10.	Essential (primary) hypertension	01/27/26
I48.0	Paroxysmal atrial fibrillation	01/27/26
I65.23	Occlusion and stenosis of bilateral carotid arteries	01/27/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/27/26
I74.3	Embolism and thrombosis of arteries of the lower extremities	01/27/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	01/27/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	01/27/26
K21.9	Gastro-esophageal reflux disease without esophagitis	01/27/26
E78.5	Hyperlipidemia unspecified	01/27/26
E03.9	Hypothyroidism unspecified	01/27/26
H91.91	Unspecified hearing loss right ear	01/27/26
F17.220	Nicotine dependence chewing tobacco uncomplicated	01/27/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	01/27/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	01/27/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	01/27/26
Z98.61	Coronary angioplasty status	01/27/26
Z95.5	Presence of coronary angioplasty implant and graft	01/27/26

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

Lipitor - Atorvastatin Calcium eq 80 mg base eq 80 mg base by mouth once a day
Toprol Xl - Metoprolol Tartrate 50mg by mouth once a day
Levothroxine - Levothyroxine Sodium 100mcg by mouth in the morning
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 65 FE mg by mouth once a day
Zetia - Ezetimibe 10 mg 1 tablet by mouth once a day
Aricept - Donepezil Hydrochloride 10 mg 1 tablet by mouth once a day
Plavix - Clopidogrel Bisulfate eq 75 mg base 1 tablet by mouth once a day to prevent blood clots
Amaryl - Glimepiride 2 mg by mouth once a day for diabetes
Glucophage - Metformin Hydrochloride 1000 mg by mouth twice a day for diabetes
Cozaar - Losartan Potassium 25 mg by mouth once a day
Senokot - Senna 8.6mg by mouth as necessary 2 tablets QHS PRN constipation
Januvia - Sitagliptin Phosphate eq 100 mg base by mouth once a day for diabetes
Jardiance - Empagliflozin 25mg by mouth once a day for diabetes
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg IR tablet by mouth as necessary 1 tablet PO Q4H PRN pain
Cefuroxime Axetil - Cefuroxime Axetil 150 mg by mouth twice a day 1 tablet PO BID to prevent infection (3 days)

14. DME and Supplies:

walker, bath bench

15. Safety Measures:

medication safety, anticoagulant precautions, bleeding precautions, infectious material management, fall precautions, ambulates with device, knee precautions, cardiac precautions, diabetic precautions, smoke detectors , standard precautions, walker precautions

16. Nutrition:

cardiac diet, diabetic, high protein

17. Allergies:

no known allergies

18.A. Functional Limitations

Hearing, Ambulation, Endurance

18.B. Activities Permitted

Walker, Exercises Prescribed, Up As Tolerated

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: 1. Rarely, 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 recent knee surgery, generalized weakness, unsteady gait and dependence on assistive device to ambulate

Clinical Condition Requiring Homecare: Pt with recent left TKA requires SN for assessment of cardiopulmonary, neuro, musculoskeletal, GI/GU and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education once per week and prn incision complications or medication changes.

SN Careplans

SN FREQUENCY: 2w1, 1w4 and prn for wound complications or medication changes

CLINICAL SUMMARY:

SOC visit completed. Pt's son also present for SOC. Pt lives alone and had recent hospitalization for left TKA. Pt is diabetic but does not have glucometer and supplies. He would like those supplies ordered so that SN may help him in checking his blood sugar at home. Medical history includes mutiple stents and TBI. Pt has a cardiologist and urology specialist. The medication list sent to nurse included 2 medications for BPH but pt does not take them and they are not in the home. Nurse called and spoke with urology office and they say the medication should still be active. Next

SN Goals

PATIENT-STATED GOAL: safety in home

GOALS
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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 01/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Daniel Galat
10290 N 92nd St #200
SCOTTSDALE, AZ 85258-4528
PHONE: (602) 767-4732 FAX: 16023515660 NPI: 1104803949

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.

Home Health Certification and Plan of Care

Order ID: 1184/403

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9HA1UF2GX07	01/27/2026	From: 01/27/2026 To: 03/27/2026	1410	037804

6. Patient's Name and Address
Mark Ostreicher
1115 E Village circle DR S,
PHOENIX, AZ 85022-4818
6023581547

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

urology visit is scheduled for February 16th. Pt is on an antibiotic (3 day course). Nurse instructed pt on antibiotic use and reviewed all medications. Head to toe assessment performed. Lungs clear on right side, rhochi noted (left). Heart sounds normal but irregular rhythm. Bowel sounds active x4 quadrants. Pt reports good appetite and denies constipation or diarrhea. Pain is moderate and he has prn pain medication if needed. Left leg is wrapped with ace wrap. Pt reports he shower and his surgical dressing became wet. Nurse provided education to pt on keeping dressing clean and dry as getting the dressing wet can increase the risk of infection. Nurse removed the ace wrap as well as the padding underneath. Leg leg is bruised, with some swelling, mild warmth. Image captured for EMR. Nurse called and spoke with staff at orthopedic doctor office to advise them of pt showering with ace wrap on and the condition of his leg. Nurse educated pt and cg on icing and elevating leg to reduce swelling. Instructed pt to leave steri-strips in place. Incision is well approximated and without signs of infection. Nurse re-wrapped leg with kerlix and replaced dry ace wrap on leg. Diabetic education also provided. Advised pt to wear foot wear and check feet daily. Pedal pulse weak on left side. +2 edema present in left foot/ankle. Blood pressure was on low side of normal. Provided education on hypotension and fall prevention. Home safety evaluation copmleted. Pt will see orthopedic surgeon tomorrow. HH PT also ordered. Nurse will return later in the week to review medications and be sure pt has safe method of taking his medications (mediset, son agreed to purchase box). Nurse will see pt once per week after initial week.

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: 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, 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 (friend)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, M1720 - Anxiety, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, M2020 - Oral Med Management, Home Safety, lung sounds not clear, abnormal blood pressure, dependent edema, M1400 - Dyspnea, M1033 - Exhaustion, M1033 - Unintentional Weight Loss, abnormal BS < 70/140 > mg/dL, limited range of motion, limited endurance, muscle weakness, limited strength, balance deficit, B0200 - Hearing Deficit, Pain Interference with ADLs, Pain Effect on Sleep, bruising/discoloration, rough/scaly/cracked skin, #1 - Non-Observable Surgical Wound - Anterior Left Knee -

PROCEDURES:

train caregiver(s) to perform medical/rehabilitation treatments,

glucose testing via monitor,

home exercise program,

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

coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

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
* 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
* 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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT Goals

Signature of Physician:

Date

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

Date
01/27/2026

Home Health Certification and Plan of Care

Order ID: 1184/403

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9HA1UF2GX07	01/27/2026	From: 01/27/2026 To: 03/27/2026	1410	037804

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Mark Ostreicher 1115 E Village circle DR S, PHOENIX, AZ 85022-4818 6023581547	Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300 Phoenix, AZ 85028-6039 480-415-4423 1457998957

PT WK1: 1 (01/27/26-01/31/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea

PROCEDURES: cough/deep breathing exercises, incentive spirometer

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, * 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-STATED GOAL: add patient-stated goal

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
* 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by JOHNSON, LAURA SN

Date

01/27/2026