Home Health Certification and Plan of Care

Order ID: 1184/414

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A28860474	08/11/2025	From: 02/07/2026 To: 04/07/2026	1378	037804

6. Patient's Name and Address

JOSE MARTINEZ
907 E 7TH DR,
MESA, AZ 85204-
817-770-6660

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 12/28/1974 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.3	Aftercare following surgery for neoplasm	08/11/25

13. ICD	Other Pertinent Diagnoses	Date
C79.51	Secondary malignant neoplasm of bone	08/11/25
C64.9	Malignant neoplasm of unsp kidney except renal pelvis	08/11/25
C79.70	Secondary malignant neoplasm of unspecified adrenal gland	08/11/25
D63.0	Anemia in neoplastic disease	08/11/25
G82.20	Paraplegia unspecified	08/11/25
K59.2	Neurogenic bowel not elsewhere classified	08/11/25
N31.9	Neuromuscular dysfunction of bladder unspecified	08/11/25
L89.159	Pressure ulcer of sacral region unspecified stage	08/11/25
S22.061D	Stable burst fx T7-T8 vertebra subs for fx w routn heal	08/11/25
G93.41	Metabolic encephalopathy	08/11/25
F41.9	Anxiety disorder unspecified	08/11/25
K59.03	Drug induced constipation	08/11/25
T40.2X5D	Adverse effect of other opioids subsequent encounter	08/11/25
E43.	Unspecified severe protein-calorie malnutrition	08/11/25
R13.10	Dysphagia unspecified	08/11/25
R33.9	Retention of urine unspecified	08/11/25
Z79.891	Long term (current) use of opiate analgesic	08/11/25

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

Baclofen - Baclofen 10 mg by mouth three times a day baclofen 10 mg Tab 10 mg 1 tab, Oral, TID
Biscodyl - Bisacodyl: Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 10mg rectal at bedtime bisacodyl 10 mg Supp 10 mg 1 supp, Per rectum, QHS
Docusate - Docusate Sodium 50mg-0.6mg by mouth twice a day docusate-senna 50 mg-0.6 mg Tab 3 tab, Oral, BID
Miconazole 2% Topical cream topical twice a day Miconazole 2% Topical Cream (119mL Bulk) 1 app, Topical, BID
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 20mg by mouth every 12 hours Oxycodone 20 mg ER Tab 20 mg 1 tab, Oral, q12hr
Pregabalin - Pregabalin 150mg by mouth three times a day Pregabalin 150 mg oral capsule 150 mg 1 cap, Oral, TID
Ropinirole Hydrochloride - Ropinirole Hydrochloride eq 0.25 mg base by mouth twice a day Ropinirole 0.25 mg Tab 0.25 mg 1 tab, Oral, BID
Ondansetron - Ondansetron 4 mg by mouth every 4 hours ondansetron 4 mg Tab ODT 4 mg 1 tab, Oral, q4hr
Simethicone - Simethicone 180mg by mouth four times a day Simethicone 80 mg Chew Tab 80 mg 1 tab, Oral, q8hr
Alprazolam - Alprazolam 0.25 mg 1 by mouth as necessary Alprazolam 0.25 mg Tab 0.25 mg 1 tab, Oral, TID
Remeron - Mirtazapine 15 mg 1 by mouth at bedtime
Cymbalta - Duloxetine Hydrochloride 30 mg 2 by mouth once a day
Bactrim Ds - Sulfamethoxazole: Trimethoprim 800 mg;160 mg 1 by mouth twice a day Twice daily for 7 days
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 mg 25mg by mouth every 6 hours Hydroxyzine Hydrochloride 25 mg Tab 25 mg 1 tab, Oral, q6hr
Biscodyl - Bisacodyl: Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 10mg rectal once a day Bisacodyl 10 mg Supp 10 mg 1 supp, Per rectum, Daily
Biscodyl - Bisacodyl: Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 5mg by mouth once a day Bisacodyl 5 mg Oral EC Tab 5 mg 1 tab, Oral, Daily
Acetaminophen - Acetaminophen 500mg by mouth as necessary acetaminophen 500 mg Tab 1,000 mg 2 tab, Oral
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 10mg by mouth every 4 hours Oxycodone 10 mg IR Tab 10 mg 1 tab, Oral, q4hr
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 15mg by mouth every 4 hours Oxycodone 15 mg IR Tab 15 mg 1 tab, Oral, q4hr
Lactulose - Lactulose 20gm/30mL by mouth as necessary Lactulose 20gm/30mL Oral Syrup (30mL UD) 10 gm 15 mL, Oral, TID
Docusate - Docusate Sodium 263 mg rectal as necessary Docusate 263 mg Rectal Enema (5mL UD) 283 mg 1 EA, PR, Daily
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17gm by mouth as necessary Polyethylene Glycol 3350 Oral Pwdr-Reconstit {17gm} (1EA UD) 17 gm 1 EA, Oral, BID
Erlotinib Hydrochloride - Erlotinib Hydrochloride 150mg by mouth once a day PO chemotherapy
Doxycycline - Doxycycline Hyclate eq 100 mg base 1 by mouth once a day adjunct with PO chemo
Clindamycin Phosphate - Clindamycin Phosphate eq 1 perc base 1 application topical once a day Apply to face, neck and trunk and any areas affected.
Clindamycin Phosphate Gel USP 1%

14. DME and Supplies:

wheelchair, urinary/catheter supplies, bath bench, walker, hoyer lift, grab bars, commode, wound care supplies, sliding board, trapeze, incontinence supplies

15. Safety Measures:

fall precautions, standard precautions, activity supervision

16. Nutrition:

regular

17. Allergies:

Hydromorphone

18.A. Functional Limitations

Endurance, Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted

Exercises Prescribed, Transfer bed/Chair, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: poor

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by DELGADO, MELISSA SN on 02/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

JOEL COHEN
7010 E ACOMA DR SUITE 102
SCOTTSDALE, AZ 85254-3553
PHONE: 480-575-0576 FAX: 14805750512 NPI: 1700934684

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 : 01/21/2026

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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22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

Clinical Condition Requiring Homecare: Generalized weakness, impairment in ADL bed mobility, transfers and ambulation.

SN Careplans

SN FREQUENCY: Twice weekly and as needed for complications for assessment, wound care and diagnoses/medication management and education.

CLINICAL SUMMARY: Patient seen today for recertification. Patient assessed head to toe, skin assessed head to toe and is significant for sacral wound and chemo rash to face and trunk. Patient has a history of metastatic renal carcinoma with mets to spine, bones and various other organs. Patient is receiving targeted immunotherapy via IV every 2-3 weeks when tolerated and is taking PO chemo every third day as well, with significant side effects. Patient received his immunotherapy infusion on Tuesday of this week and is having significant pain all week, Due to tumor burden on spine patient has neurogenic bowel and bladder and is catheterized every 4-6 hours and uses briefs for incontinence. Patient has run out of catheter supplies and current supply company is not sending the appropriate amount of catheter supplies as per order, which is to catheterize every 6 hours and they are only sending 2 per day. Caregiver has temporarily placed foley catheter due to being out of supplies. Patient has significant pain in back, bilateral LE and clavicle areas with intermittent episodes of severe spasms. Due to considerable deficits in mobility and incontinence patient has sacral wound and although it is currently healing well he is at high risk for reopening of area and declining skin status. Wound care continues per orders to protect area, treat small open area and prevent decline of wound. Patient to have evaluation with physical therapy but was unable to complete evaluation this week due to severe pain and spasms as well as severe fatigue and other side effects of treatment. Patient to continue to be seen by SN twice weekly and as needed for complications for assessment, diagnoses management/education and wound care.

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: 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, 9. Other risk(s) not listed in 1- 8

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: Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal thyroid <> 0.40 - 4.50 mIU/mL, diarrhea, fatigue, significant body pain related to treatment for metastatic renal cell carcinoma

PROCEDURES: physician-ordered wound care: #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum - granulating wound bed, small amount of serosanguineous drainage. Mild skin breakdown surrounding wound and in peri-area. Wound being treated with wound cleanser, gauze, skin barrier wipes, calcium alginate into wound bed cover with hydrocolloid pad 3 times weekly and as needed for soiling. Duoderm or similar product placed over open areas of breakdown as needed for skin protection., physician-ordered wound care: Cleanse sacral area with wound cleanser or warm soapy water, pat dry with gauze, apply Calcium Alginate to wound bed when open, cover with bordered foam dressing/hydrocolloid dressing (sacral pad) or duoderm and change 2-3 times weekly and as needed for soiling or dislodgement.

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 medication(s) purpose, schedule.

* lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule.

* how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule.

* prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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.

* depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose

SN Goals

PATIENT-STATED GOAL: I want to walk again and get stronger

GOALS
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
* strategies to increase caloric intake
* 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
* 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 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 minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* dietary guidelines for managing nutritional deficit
* 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
* 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

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
* how to optimize mental status with cognition therapy

Signature of Physician:

Date

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

Date
02/06/2026

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identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule.

* 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 increase caloric intake, related medication(s) purpose, schedule.

* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule.

* bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule.

* diet and fluids to control side effects exercise healthy sleep patterns to encourage withdrawal, related medication(s) purpose, schedule.

* lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, 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.

* dietary guidelines for managing nutritional deficit, 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.

* 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 medication(s) purpose, schedule, patient's transportation needs are met.

* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient/caregiver recalls
* diet and fluids to control side effects
* exercise
* healthy sleep patterns to encourage withdrawal
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications
* low-residue dietary guidelines
* alternative medicine options for ulcerative colitis
* 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

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

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) 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 medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	02/06/2026