Home Health Certification and Plan of Care

Order ID: 1184/439

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
RPHC590	02/27/2026	From: 02/27/2026 To: 04/27/2026	328	037804

6. Patient's Name and Address
Vincent Toya
10754 E Indian School Rd,
SCOTTSDALE, AZ 85256-
480-370-7343

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 01/03/1963 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.811	Encntr for surgical aftcr fol surgery on the nervous sys	02/27/26

13. ICD	Other Pertinent Diagnoses	Date
B38.89	Other forms of coccidioidomycosis	02/27/26
E87.1	Hypo-osmolality and hyponatremia	02/27/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	02/27/26
I10.	Essential (primary) hypertension	02/27/26
E78.2	Mixed hyperlipidemia	02/27/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	02/27/26
I95.1	Orthostatic hypotension	02/27/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	02/27/26
R33.8	Other retention of urine	02/27/26
Z86.718	Personal history of other venous thrombosis and embolism	02/27/26

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

Fioricet - Acetaminophen: Butalbital: Caffeine 325 mg;50 mg;40 mg 1 tablet by mouth as necessary Q4H prn headaches
Flomax - Tamsulosin Hydrochloride 0.4 mg 0.4 mg by mouth once a day
MIDODRINE HYDROCHLORIDE 2.5 mg 0 2.5 mg 0.5 tab Oral three times a day
PANTOPRAZOLE 40 mg 40 mg 1 tab Oral Before breakfast
Polyethylene Glycol - Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 17gm by mouth as necessary Daily PRN constipation
Sodium Chloride - Sodium Chloride 0 1 gm Tablet by mouth three times a day Take 2 tablets by mouth 3 times a day
Colace - Docusate Sodium 100mg by mouth once a day
empagliflozin 0 25 mg 1 Tablet by mouth in the morning For diabetes
DIFLUCAN 200 mg 800 mg 8 tab Oral Daily 200 mg tablets take 4 tablets by mouth daily for fungal infection (end date unknown)
Metformin - Metformin Hydrochloride 500mg tablet by mouth twice a day For diabetes

14. DME and Supplies:
diabetic supplies, wheelchair, walker

15. Safety Measures:
hand rails, standard precautions, bathroom safety, remove environmental barriers, sharps precautions, smoke detectors , medication safety, fall precautions, diabetic precautions, ambulates with device, walker precautions, wheelchair precautions, toilet bars

16. Nutrition:
diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Exercises Prescribed, Wheelchair, Walker, 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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

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
add discharge plan

Homebound status: homebound due to generalized weakness, recent fall and unsteady gait, requires assistive device and the assistance of another person to leave the home safely.

Clinical Condition Requiring Homecare: Diabetic patient recently hospitalized for encephalitis requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses managment and education weekly and as needed for complications.

SN Careplans

SN FREQUENCY: 1w1

CLINICAL SUMMARY:

SOC visit completed today. Daughter is primary caregiver and was present for the visit. Pt lives with wife but has family who live nearby and also provide assistance to him. Discharged from rehabilitation facility yesterday following hospitalization. Pt thought he had the flu but was diagnosed with encephalitis and brain mass which was cause by valley fever, per cg. Pt is now on anti-fungal medication (long term, unsure of how long). Infectious disease doctor visit is Thursday and PCP visit will be on Monday. Pt had recent fall before he went to the hospital. All of his medications are new. Nurse reviewed all medications with pt and caregiver. All medications are in the home. Daughter will be assisting with filling mediset for pt. Pt is diabetic and is independent with checking blood sugar but has not checked since coming home. He reports blood sugars were well controlled in-patient. Pt is A&O x4. Nurse performed head to toe assessment. Skin intact. Lung fields diminished throughout. However, oxygenation is good per pulse ox value. Pt showed no signs of respiratory distress. Heart sounds normal, bowel sounds active x4 quadrants. Bowel care medications on hand. Pt denies signs of UTI, constipation or diarrhea. Appetite is fair. Recently started on midodrine for orthstatic hypotension. Nurse provided education to pt and family on orthostatic hypotension. Blood pressure after standing for 2 minutes was 123/56 and pulse was 124. Diastolic blood pressure decreased and pt's pulse was much more elevated. Pt denied symptoms but did appear a bit unsteady and weak while standing. Nurse described symptoms pt should look for and explained he should sit back down if feeling dizzy when he stands up and he should let his legs dangle and get up slowing after sitting for a period of time. Suggested family obtain blood

SN Goals

PATIENT-STATED GOAL: 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 medication(s) purpose, schedule

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

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

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by JOHNSON, LAURA SN on 02/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
MICHAEL TRUESDELL
10901 E MCDOWELL DR
SCOTTSDALE, AZ 85256
PHONE: 480-278-7742 FAX: 14803625831 NPI: 1144263377

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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legs dangle and get up slowing after sitting for a period of time. Suggested family obtain blood pressure cuff. Pt has assistive devices available to him at home but he does not use them routinely. Nurse reviewed home safety and fall prevention. Pt and family declined addition nursing visits but will have HH OT and PT evaluations completed. Pt signed paper consents at time of visit. He was unable to sign electronically due to a problem in the EMR.

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 pressure systolic ortho-1 < 85 > 170, blood pressure diastolic ortho-1 < 50 > 90

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

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: M2020 - Oral Med Management, meal preparation, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, lightheadedness, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, muscle weakness, limited strength, limited endurance, headache

PROCEDURES:

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

glucose testing via monitor,

teach/coordinate/arrange medication packaging and/or administration

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, * strategies to increase caloric intake, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, 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
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	02/27/2026