Home Health Certification and Plan of Care

Order ID: 1184/451

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
104522406	03/05/2026	From: 03/05/2026 To: 05/03/2026	1416	037804

6. Patient's Name and Address

Wenceslao Cano Ramos
4128 W Burgess,
PHOENIX, AZ 85041-
602-376-8933

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 01/26/1942 | **9.Sex** Male

11. ICD — Principal Diagnosis

ICD	Principal Diagnosis	Date
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	03/05/26

13. ICD — Other Pertinent Diagnoses

ICD	Other Pertinent Diagnoses	Date
N13.8	Other obstructive and reflux uropathy	03/05/26
N39.490	Overflow incontinence	03/05/26
L89.152	Pressure ulcer of sacral region stage 2	03/05/26
F03.C3	Unspecified dementia severe with mood disturbance	03/05/26
I10.	Essential (primary) hypertension	03/05/26
K76.9	Liver disease unspecified	03/05/26
K59.00	Constipation unspecified	03/05/26
R15.9	Full incontinence of feces	03/05/26
R63.0	Anorexia	03/05/26
Z46.6	Encounter for fitting and adjustment of urinary device	03/05/26
Z85.46	Personal history of malignant neoplasm of prostate	03/05/26
Z86.0100	Personal history of colonic polyps	03/05/26

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

Amlodipine - Amlodipine Besylate 0 2.5 mg/tab by mouth once a day amLODIPine (NORVASC) 2.5 mg tab
Take 1 tablet by mouth daily. - Oral
Megace - Megestrol Acetate 20 mg 20 mg by mouth twice a day Take 1 tablet (20 mg total) by mouth 2 times daily - oral
Flomax - Tamsulosin Hydrochloride 0.4 mg 0.4 mg by mouth once a day Take 2 capsules by mouth daily. - Oral
Mirtazapine - Mirtazapine 30 mg 30 mg by mouth once a day mirtazapine (REMERON SOL-TAB) 30 mg disintegrating tablet
DISSOLVE 1 TABLET ON THE TONGUE EVERY NIGHT
Senna - Senna 0 8.6-50 mg tab by mouth as necessary Senna-docusate (PERICOLACE) 8.6-50 mg tab
take 2 tablets by mouth daily as needed for Constipation. - Oral
Lasix - Furosemide 20 mg 20 mg by mouth twice a day Take 1 tablet (20 mg total) by mouth 2 times daily as needed for edema
Oral

14. DME and Supplies:

wheelchair, urinary/catheter supplies, bath bench, walker, grab bars, wound care supplies (medi-honey or similar product) gauze, wound spray, sacral pads, gloves) 18Fr. Coude tip indwelling catheters, 10ml balloon, large urinary drainage bags, Foley insertion kit, irrigation kit, Large size adult briefs, chux.

15. Safety Measures:

fall precautions, ambulates with device, transfer with assist, ambulates with assistance, standard precautions

16. Nutrition:

soft

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Speech, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Up As Tolerated, Walker, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 8. Patient unable to respond, 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!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Taxing effort to leave home, dependence on assistive devices, unable to leave home without assistance of another person.

Clinical Condition Requiring Homecare: Patient with history of dementia, decline in self care ability, BPH, previous treatment for prostate cancer, 2 sacral pressure injuries, dependence on assistive devices and indwelling catheter requires SN assessment and care of Cardiopulmonary, Neuro, Musculoskeletal, GI/GU and Integumentary systems, medication and diagnoses management/education, falls prevention, safety with ADLs, wound care and catheter care twice weekly and as needed for complications and with possibility of reduction to weekly SN visits depending on wound progression.

SN Careplans

SN FREQUENCY: 1W1, 2W2, 1W5 for assessment, wound care, diagnoses management and foley care.

CLINICAL SUMMARY: Patient seen today for SOC. History of dementia, previous prostate cancer, continued BPH, decreased mobility, long term indwelling catheter, increased need for assistance with ADLs, incontinence and new small pressure injuries to coccyx area. Vital signs within normal limits for patient. Caregiver, daughter Virginia, reports patient has fair appetite and that she adds thickener to liquids and gives patient a mechanical soft diet. Patient uses large size briefs for intermittent bowel incontinence and has an 18Fr. Coude indwelling catheter due to be changed on March 18th. Patient is a total assist for all ADLs and can ambulate with gait belt and walker with significant assist to stand and needs wheelchair for any significant distance. Caregiver states patient is very difficult to transfer into and out of car to get to appointments and now requires in home assistance for assessment and foley care as well as diagnoses management. Assessment of skin found 2 small pressure injuries beginning to form in sacral area and education and intervention focused on these areas. In addition to urinary supplies SN will order supplies to treat these areas and prevent further breakdown of area. Caregiver in agreement with plan of care. SN frequency to be 1W1, 2W2, 1W5 and PRN for complications for assessment, wound care, diagnoses management and catheter care with monthly and PRN changes.

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

SN Goals

PATIENT-STATED GOAL: Caregiver stated "Have help here at home because he is too hard to get to appointments now"

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

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by DELGADO, MELISSA SN on 03/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Juan Kamar Kharoufeh
2601 E ROOSEVELT ST
PHOENIX, AZ 85008-4973
PHONE: 602-344-5011 FAX: 16026559642 NPI: 1063974574

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 : 02/19/2026

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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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: 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications

STANDING ORDERS: Infection control: hygiene, proper hand washing.; Advance directive: plan if patient is unable to make healthcare decisions.; 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: M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, A1250 - Lack of Necessary Transportation, M1400 - Dyspnea, abnormal blood pressure, M1620 - Bowel Incontinence, M1610 - Urinary Catheter, limited endurance, limited strength, muscle weakness, balance deficit, B1000 - Vision Deficit, weak hand grips, daytime fatigue, difficulty sleeping, skin breakdown r/t incontinence, #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum - , #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum -

PROCEDURES: Physician-ordered wound care: #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum -: Cleanse area, apply medi-honey or similar product, cover with sacral pad. Change twice a week and as needed for soiling or dislodgement..

Physician-ordered wound care: #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum -: Cleanse area, apply medi-honey or similar product, cover with sacral pad. Change twice a week and as needed for soiling or dislodgement.

Coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion.

Catheter change, care & irrigation: Change indwelling catheter monthly and as needed for blockage or complications. 18Fr. Coude tip indwelling catheter, 10ml balloon. Irrigate as needed for blockage.

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.

* how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule,.

* 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) 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.

* bowel incontinence management including dietary changes bowel training skin care, 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.

* how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met.

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
* 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
* 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) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient's transportation needs are met

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	03/05/2026