Home Health Certification and Plan of Care

Order ID: 1184/454

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A12043035	03/05/2026	From: 03/05/2026 To: 05/03/2026	1415	037804

6. Patient's Name and Address

Manuel Gastelo
9054 S CALLE AZTECA, MARICOPA, GUADALUPE,
TEMPE, AZ 85283-
602-515-5461

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 05/23/1975 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I69.320	Aphasia following cerebral infarction	03/05/26

13. ICD	Other Pertinent Diagnoses	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	03/05/26
J96.21	Acute and chronic respiratory failure with hypoxia	03/05/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/05/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	03/05/26
I50.9	Heart failure unspecified	03/05/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	03/05/26
N18.32	Chronic kidney disease stage 3b	03/05/26
D63.1	Anemia in chronic kidney disease	03/05/26
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	03/05/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	03/05/26
E78.2	Mixed hyperlipidemia	03/05/26
R13.10	Dysphagia unspecified	03/05/26
K94.23	Gastrostomy malfunction	03/05/26
J45.909	Unspecified asthma uncomplicated	03/05/26
R33.9	Retention of urine unspecified	03/05/26
E66.811	Obesity class 1 (E66.811	03/05/26
Z95.5	Presence of coronary angioplasty implant and graft	03/05/26
Z87.01	Personal history of pneumonia (recurrent)	03/05/26
Z79.82	Long term (current) use of aspirin	03/05/26
Z79.01	Long term (current) use of anticoagulants	03/05/26
Z79.4	Long term (current) use of insulin	03/05/26

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

Heparin - Heparin Sodium 5000 units/ mL injectable solution) subcutaneous three times a day heparin 5000 units/ mL injectable solution
inject 1ml subcutaneously three times a day for blood thinning
Basaglar - Insulin Glargine 0 20 units subcutaneous once a day Once every day for diabetes
Sterile Water - Sterile Water For Irrigation water flush PEG TUBE every 4 hours Water flush 150 ml via PEG tube six times a day
Glucerna - Glucerna 720 ml (3 cartons) PEG TUBE once a day 3 cartons of glucerna with carbsteady 1.5cal formula via g-tube @60cc/hr (run over 12 hours) every evening;
Aveanna 1-866-883-1188
Humalog - Insulin Lispro Recombinant 0 Sliding Scale subcutaneous three times a day Sliding Scale
SubCutaneous
Three times a day before meals for diabetes
(pt reports he takes 10 units)

14. DME and Supplies:

urinary/catheter supplies, , bath bench, Feeding pump

15. Safety Measures:

wheelchair precautions, standard precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, aspiration precautions, infectious material management, medication safety, smoke detectors , walker precautions, transfer with assist, sharps precautions, anticoagulant precautions

16. Nutrition:

gastrostomy, G-Tube, fluids for hydration, diabetic, thickened liquids 720cc Glucerna 1.5 over 12 hours at 60cc/hr, water flush via PEG tube 150cc six times a day

17. Allergies:

metformin, enalapril, victoza (2-pak)

18.A. Functional Limitations

Speech, Ambulation, Paralysis, Bowel/Bladder Incontinence, Endurance, impaired vision

18.B. Activities Permitted

Wheelchair, Walker, Exercises Prescribed

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: 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

family/caregiver will be responsible for managing treatment
add discharge plan

Homebound status: homebound due to paralysis on right side, s/p multiple CVAs, generalized weakness, dependence on assistive device and the assistance of another to safely leave the home

Clinical Condition Requiring Homecare: Diabetic patient with recent CVAs suffering from right side paralysis and generalized weakness requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, weekly visits for caregiver education related to medications and feeding tube and monthly visits for foley catheter changes 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 03/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

PAUL BLOOMQUIST
4212 N 16TH ST
PHOENIX, AZ 85016
PHONE: 602-263-1200 FAX: 602-263-1548 NPI: 1730167065

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 : 03/02/2026

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: SN 2w1, 1w7 and prn PEG tube or foley catheter complications

CLINICAL SUMMARY:

SOC visit completed. Sister also present and is primary caregiver. Caregiver is feeling overwhelmed and will require reinforcement of teachings. Pt is s/p CVA with right sided weakness. Per cg pt had multiple CVA recently. Pt returned to the hospital several times and feeding tube was placed this last time as well as foley catheter. Most recent admission date was February 9th. Pt declined going back to a rehabilitation facility after this hosptial stay and caregiver is reporting he does not have most of his medications. Per cg, pt only has glucerna (formula for tube feed), short and long acting insulin and heparin. Nurse reviewed other medications from discharge summary but there are not present in home and cg did not receive a discharge summary (she was not present when pt discharged). Nurse gave family information for urologist who they should follow up with Dr Sharma. SN will perform monthly catheter changes if needed. Urine in drainage bag is yellow and clear. Pt is diabetic and random blood glucose during visit was 138. Nurse reviewed diabetic education with pt and famiy. Cg has long and short acting insulins stored in the same bag. Nurse cautioned against this and explained that the short acting insulin can be life threatening if given at too high a dose. Currently pt is receiving 10 units of short acting insulin 3 times a day and 20 units of lantus at night. His tube feed is glucerna 720ml (3 cartons) to run at 60cc /hr over 12 hours. Water flushes have been ordered at 150cc six times per day. Nurse reviewed all instructions with pt/ and cg. The instructions are also written inside the feeding pump manual along with the number for technical support. Nurse turned on the feeding pump (cg stated pt received feeding last night but it was very quick and not 12 hours). Nurse found the pump to be set incorrectly. Nurse changed the pump to correctly deliver at 60cc per hour. Demonstrated to cg how to check the rate and change the setting if needed. Machine turned on and off and the setting did not change. Cg has plenty of formula and tubing to give pt his feedings and they are in contact with the supply company. Nurse asked cg to demonstrate giving subcutaneous heparin injection but cg declined and asked nurse to give the injection. Stated pt had not had the injection today. Nurse administered pt's heparin injection during visit per orders 5000units/ml- 1ml given subcutaneously. Nurse requested to give injection in pt's abdomen but pt insisted on having the injection in his left arm. Nurse advised the injection site must be rotated. Demonstrated proper technique to draw up the medication and administer to cg. Cg verbalized understanding. Nurse removed the mylanta patch which was on pt's left arm. This medication was ordered to be discontinued per pt's discharge documentation. Instructed pt and cg on bleeding precautions as pt is taking high dose of blood thinners. Sent message to provider to clarify ASA on medication profile as no instructions were given. Unclear if this medication is still needed given the heparin that is ordered. HH PT was also ordered. Pt is dependent on caregivers to assist with all ADLs. He also needs some DME ordered such as a wheelchair, hospital bed, bedside table, hoyer lift and he needs a gait belt. Nurse provided education on pressure ulcers as pt is at increased risk of PU development. Pt declined full skin inspection and stated his brother checked his skin when he had a bowel movement earlier. He agreed to allow nurse to inspect his skin fully at a later time. Pt is diagnosed with glaucoma and has impaired vision on his right side. Pt has thickener on hand. Nurse reviewed aspiration precautions. Explained to cg that medications will need to be crushed, diluted with water and administered through his G-tube. She will need additional demonstration when the medications are available. Reviewed signs of intolerance of feedings such as nausea, vomiting, abdominal pain. Pt denies symptoms. Pt has chronic pain in his leg and back. He would like medication for this. Nurse instructed pt to follow up with his PCP to request pain medication as only tylenol is ordered. G-tube site was wnl, NO drainage from site. Caregiver voiced being very overwhelmed and nurse suggested she speak with a social worker who can help look into qualifying for LTC benefits. Nurse performed head to toe assessment. Heart sounds normal, lungs clear throughout. Bowel sounds active x4 quadrants. Extremities and abdomen intact except g-tube site and foley catheter in place and appears to be functioning well. Nurse performed home safety assessment and educated pt and cg on fall precautions. Instructed cg to call 911 immediately if pt has a fall due to high risk of bleeding. Nurse will return for another visit next 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, blood sugar < 60 > 300

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, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 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: M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, Home Safety, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, M1620 - Bowel Incontinence, cough/gag/pain chew/swallow, urine retention, M1610 - Urinary Catheter, poor muscle tone, limited range of motion, muscle weakness,

PATIENT-STATED GOAL: safety in home, caregiver education , foley catheter changes

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
* 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 relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase caloric intake
* 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
* 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
* 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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	03/05/2026

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limited endurance, limited strength, balance deficit, weak hand grips, extremity burn/tingle/numb, B1000 - Vision Deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, tooth pain/decay/sensitivity

PROCEDURES:

cough/deep breathing exercises,

swallowing exercises,

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

glucose testing via monitor,

administer tube feeding,

monitor intake & output,

catheter change, care & irrigation,

home exercise program,

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

coordinate/arrange for adequate patient supervision,

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 medication(s) purpose, schedule, * 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 relaxation skills and diversional activities, related medication(s) purpose, schedule, * strategies to increase caloric intake, 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, * 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 is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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