Home Health Certification and Plan of Care

Order ID: 1184/456

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9W51XP2RG10	03/06/2026	From: 03/06/2026 To: 05/04/2026	1413	037804

6. Patient's Name and Address

Brenda Hammons
19574 W RANCHO DR,
LITCHFIELD PARK, AZ 85340-4216
928-649-2585

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 12/01/1951 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	03/06/26

13. ICD	Other Pertinent Diagnoses	Date
L97.422	Non-prs chr ulcer of left heel and midfoot w fat layer expos	03/06/26
L97.512	Non-prs chronic ulcer oth prt right foot w fat layer exposed	03/06/26
E11.69	Type 2 diabetes mellitus with other specified complication	03/06/26
M86.672	Other chronic osteomyelitis left ankle and foot	03/06/26
E11.610	Type 2 diabetes mellitus w diabetic neuropathic arthropathy	03/06/26
M79.7	Fibromyalgia	03/06/26
M19.071	Primary osteoarthritis right ankle and foot	03/06/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	03/06/26
F41.9	Anxiety disorder unspecified	03/06/26
F32.A	Depression unspecified	03/06/26
M06.9	Rheumatoid arthritis unspecified	03/06/26
M21.071	Valgus deformity not elsewhere classified right ankle	03/06/26
M21.072	Valgus deformity not elsewhere classified left ankle	03/06/26
M24.571	Contracture right ankle	03/06/26
M25.871	Other specified joint disorders right ankle and foot	03/06/26
S93.311S	Subluxation of tarsal joint of right foot sequela	03/06/26
S93.312S	Subluxation of tarsal joint of left foot sequela	03/06/26
Z91.81	History of falling	03/06/26

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

Ropinirole 0 3mg by mouth three times a day
Pregabalin - Pregabalin 0 300mg by mouth twice a day
Duloxetine 60 mg by mouth once a day
Carvedilol - Carvedilol 6.25 mg 6.25 mg by mouth twice a day
Sodium Bicarbonate - Sodium Bicarbonate 650 mg tablets by mouth twice a day
Famotidine - Famotidine 40 mg 1 tablet by mouth as necessary daily as needed for heartburn
Reglan - Metoclopramide Hydrochloride eq 5 mg base 1 tablet by mouth as necessary as needed daily for nausea
Tizanidine Hydrochloride - Tizanidine Hydrochloride eq 2 mg base 1 tablet by mouth as necessary as needed QHS for muscle spasms

14. DME and Supplies:

walker, wheelchair, wound care supplies, ostomy supplies, bath bench, 4 wheeled walker

15. Safety Measures:

wheelchair precautions, standard precautions, fall precautions, infectious material management, medication safety, smoke detectors , walker precautions, bathroom safety, ambulates with device

16. Nutrition:

high protein, cardiac diet

17. Allergies:

Clindamycin Daptomycin Latex Oxycodone-cetaminophen

18.A. Functional Limitations

Bowel/Bladder Incontinence, Ambulation, Amputation, Endurance

18.B. Activities Permitted

Walker, Wheelchair, 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: 2. Sometimes, 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: Yes

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

Homebound status: homebound due to generalized weakness, wound on bilateral bottom of feet and dependence on assistive device to ambulate safely

Clinical Condition Requiring Homecare: Patient with bilateral wounds on feet with history of recent falls requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, wound care per orders once per week and as needed for complications.

SN Careplans

SN FREQUENCY: SN 1w8 and prn for wound complications or medication changes

CLINICAL SUMMARY:

SOC visit completed. Pt lives in a single family home with friend, Eric, who is her primary caregiver. Caregiver not present for visit today. Pt has some memory issues but is A&O x4 today. Her medications are very disorganized. Nurse reviewed each medication with pt today. Pt is willing to allow nurse to assist her with mediset during weekly wound care visits. Pt was referred to home health by podiatrist for treatment of bilateral foot wounds (both on plantar aspect of feet). The doctor also requested a fall risk assessment. Nurse performed fall risk assessment and safety assessment during the visit. Pt is at a high risk for falls. The porch of her home has a non-fixed ramp like structure which is very unstable and should be replaced with a non-movable, wider structure. The current set-up was captured via photograph and uploaded to pt's chart. Nurse

SN Goals

PATIENT-STATED GOAL: heal wounds, no falls

GOALS
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
* how to achieve wound healing including cleaning and dressing wound

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 03/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

ZACHARY FLYNN
11209 N TATUM BLVD SUITE B100
PHOENIX, AZ 85028
PHONE: (602) 973-3888 FAX: 16029733028 NPI: 1669812855

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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suggested pt speak with a SW who may advise on how insurance may be able to assist with making home modifications which will reduce her risk for falls. Pt has several other situations which put her at increased fall risk including, no safety rails in bathroom, several pets in the home, pain, wounds on both feet, generalized weakness, dependence on assistive device to ambulate and occasional confusion. Nurse will see pt weekly for wound care to bilateral foot wounds. Nurse also suggested HH PT and will request referral from physician if a PT provider is found in pt's area. Pt has ileostomy in place (since 1982) and will need HH administrator to order supplies while pt is on home health. A list of supplies was provided and will be ordered. Skin surrounding the stoma is reddened and irritated. Pt is independent with the ileostomy care but states she sometimes has to change the appliance twice a day. She reports pain in tailbone, due to recent fall. Pain is a 10/10. She has had several recent falls. She was hospitalized in January of this year due to a fall. She was treated for UTI at that time. She has completed the antibiotics and denies any current symptoms. She reports poor appetite. Pt c/o ringing in her ears (sometimes a buzzing sound), occasional trouble swallowing and urinary incontinence. She has had a left 2nd toe amputation and partial left 4th toe amputation. Skin is intact except areas mentioned previously. Heart sounds are normal, lungs are clear. Bowel sounds are active x4 quadrants. Nurse performed wound care to bilateral feet today. Small abrasions present on left great toe and the lateral side of right foot. Areas cleansed and dry dressings applied. Pt agreed to meet with pt every Thursday for wound care visits. She will see the podiatrist again this coming Tuesday.

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), 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. MPOA (daughter and granddaughter)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, D0700 - Social Isolation, meal preparation, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, Home Safety, coughing, abnormal blood pressure, dependent edema, lightheadedness, M1400 - Dyspnea, M1033 - Exhaustion, nausea/vomiting, heartburn/indigestion, cough/gag/pain chew/swallow, M1610 - Urinary Incontinence, M1600 - UTI, muscle weakness, limited endurance, limited strength, balance deficit, B1000 - Vision Deficit, B0200 - Hearing Deficit, extremity burn/tingle/numb, daytime fatigue, headache, Pain Interference with ADLs, Pain Effect on Sleep, obesity, loss of appetite, irritation/discharge stoma site, #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Ankle/Foot - periwound greenish/yello and dry, #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Left Ankle/Foot -

PROCEDURES:

physician-ordered wound care: #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Ankle/Foot - periwound greenish/yello and dry: cleanse wound, pat dry with 4x4 gauze, apply calcium alginate with silver to wound bed, cover with dry dressing; frequency: twice a week and prn; SN visits once per week,

physician-ordered wound care: #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Left Ankle/Foot -: cleanse wound, pat dry with 4x4 gauze, apply calcium alginate with silver to wound bed, cover with dry dressing; frequency: twice a week and prn; SN visits once per week,

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 relaxation skills and diversional activities, 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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 living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with

position changes
* skin care
* diet modification
* record wound measurements
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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 living environment is clean/uncluttered

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	03/06/2026

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adequate competence

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by JOHNSON, LAURA SN

Date

03/06/2026