Home Health Certification and Plan of Care

Order ID: 1184/463

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6G89RR9NF21	03/17/2026	From: 03/17/2026 To: 05/15/2026	1422	037804

6. Patient's Name and Address

Juanita Walker
8350 E Mckellips Rd Unit 4,
SCOTTSDALE, AZ 85257-
480-403-1930

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 09/28/1940 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M62.82	Rhabdomyolysis	03/17/26

13. ICD	Other Pertinent Diagnoses	Date
M15.0	Primary generalized (osteo)arthritis	03/17/26
I48.91	Unspecified atrial fibrillation	03/17/26
I10.	Essential (primary) hypertension	03/17/26
G25.81	Restless legs syndrome	03/17/26
K80.20	Calculus of gallbladder w/o cholecystitis w/o obstruction	03/17/26
D64.9	Anemia unspecified	03/17/26
E87.1	Hypo-osmolality and hyponatremia	03/17/26
Z79.01	Long term (current) use of anticoagulants	03/17/26
Z79.52	Long term (current) use of systemic steroids	03/17/26
Z87.440	Personal history of urinary (tract) infections	03/17/26
Z91.81	History of falling	03/17/26

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

Megace - Megestrol Acetate 40 mg/ml by mouth every 12 hours megestrol 400 mg/10 ml oral suspension
Take 10 mls (400 mg total) by mouth every 12 (twelve) hours.
Commonly known as: M EGACE
Melatonin - Melatonin 3mg/tablet by mouth as necessary melatonin 3 MG Tabs tablet
Take 3 tablets (9 mg total) by mouth at bedtime as needed for Sleep.
Requip - Ropinirole Hydrochloride eq 1 mg base by mouth every 8 hours rOPINIRole 1 mg tablet
Take 1 tablet (1 mg total) by mouth every 8 (eight) hours.
Commonly known as: REQUIP
Senokot - Senna 8.6mg-tablet by mouth at bedtime senna 8.6 mg tablet
Take 2 tablets (17.2 mg total) by mouth at bedtime.
Commonly known as: SENOKOT
Tylenol - Acetaminophen 325 mg tablet by mouth every 6 hours acetaminophen 325 mg tablet
Take 650 mg by mouth every 6 (six) hours as needed for Pain.
Commonly known as: TYLENOL
Norvasc - Amlodipine Besylate eq 5 mg base by mouth once a day amLODIPine 5 mg tablet
Take 5 mg by mouth daily.
Commonly known as: NORVASC
Eliquis - Apixaban 2.5 mg Tabs by mouth twice a day apixaban 2.5 mg Tabs tablet
Take 2.5 mg by mouth 2 (two) times daily.
Commonly known as: ELIQUIS
Voltaren - Diclofenac Sodium 1 perc topical four times a day diclofenac 1 % Gel gel
Place 2 g onto the skin 4 (four) limes daily as needed.
Commonly known as: VOL TAREN
Tambocor - Flecainide Acetate 50 mg by mouth twice a day flecainide 50 mg tablet
Take 50 mg by mouth 2 (two) times daily.
Commonly known as: TAMBOCOR
Neurontin - Gabapentin 100 mg by mouth at bedtime gabapentin 100 mg capsule
Take 100 mg by mouth at bedtime.
Commonly known as: NEURONTIN
Genteal - Genteal 0.3 % Gel ophthalmic gel both eyes at bedtime GenTeal Severe 0.3 % Gel ophthalmic gel
Place 1 g into both eyes at bedtime.
Generic drug: hypromellose
Cozaar - Losartan Potassium 25 mg by mouth once a day losartan 25 mg tablet
Take 25 mg by mouth daily.
Commonly known as: COZAAR
Toprol Xl - Metoprolol Tartrate 25 mg 24 hr tablet by mouth twice a day metoprolol succinate 25 mg 24 hr tablet
Take 25 mg by mouth 2 (two) times daily.
Commonly known as: TOPROL XL
multi-vitamins 1 tablet by mouth every other day Take 1 tablet by mouth every other day.
Deltasone - Prednisone 10 mg by mouth once a day predniSONE 10 mg tablet
Take 1O mg by mouth daily.
Commonly known as: DELTASONE
Psyllium - Psyllium 0.36 g Caps by mouth twice a day Psyllium 0.36 g Caps
Take 0.36 g by mouth 2 (two) times daily.
Restasis - Cyclosporine 0.05 perc both eyes twice a day Restasis 0.05 % ophthalmic emulsion
Place 1 drop into both eyes 2 (two) times daily.
Generic drug: cycloSPORINE
Crestor - Rosuvastatin Calcium 40 mg by mouth at bedtime rosuvastatin 40 mg tablet
Take 1 tablet (40 mg total) by mouth at bedtime.
Commonly known as: CRESTOR

14. DME and Supplies:

hand held shower, bath bench, walker, grab bars, cane

15. Safety Measures:

fall precautions, standard precautions, anticoagulant precautions

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by DELGADO, MELISSA SN on 03/17/2026

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 : 03/12/2026

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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16. Nutrition:
low sodium

17. Allergies:
antibiotics- Amoxicillin, Clindamycin

18.A. Functional Limitations
Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted
Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, 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
patient will be responsible for managing treatment

Homebound status: Taxing effort to leave home, intermittent dependence on assistive devices

Clinical Condition Requiring Homecare: Patient with recent rhabdomyolysis, meningioma undergoing radiation, increased weakness, history of multiple cardiac deficits, restless leg syndrome and weight loss requires home health services for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, medication management and education, fall prevention and safety with ADLs, diagnoses management and education as well as physical therapy evaluation and development of plan of care if appropriate. Patient to be seen by SN weekly for 2-3 weeks and every other week depending on tumor progression and radiation schedule as well as PRN for complications.

SN Careplans

SN FREQUENCY: 1W3, 1 every other week and PRN for complications.

CLINICAL SUMMARY: Patient seen today for SOC. Patient assessed head to toe, skin assessed head to toe and is intact throughout, without redness, significant bruising or areas of concern. Vital signs within normal limits for patient. Patient denies falls or injuries since discharge from SNF, but does exhibit some weakness, hand tremors and slow gait. Patient reports significant feelings of pressure inside left side of head and behind left eye following radiation as well as fatigue. Patient states she needs a nap after radiation which is not normal for her. Patient currently has a brother staying with her to assist, 2 cousins visiting from Washington as well as a daughter who lives fairly close, locally. Patient has had grab bars, raised toilet seat and shower chair installed in her home as well as a cane and walker available when needed. Patient has history of HTN, A-fib on Eliquis, restless leg syndrome, osteoarthritis, recent episode of significant weight loss, hyponatremia, rhabdomyolysis and left - center meningioma brain tumor. Patient was recently hospitalized due to complications believed to be related to meningioma causing severe weakness and the rhabdomyolysis. Patient transferred from acute hospital to a SNF for continued rehabilitation and has been discharged home now to begin outpatient radiation Monday through Friday. Patient reports she is scheduled to do 1 week of radiation then repeat scans to see if there was any shrinkage of the tumor and then develop a plan of care going forward. Patient is amenable to skilled nursing weekly initially and developing further plan of care once radiation plans are finalized. Patient is also in agreement with physical therapy evaluation and development of plan of care if needed with continuing radiation and tumor developments

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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: Living Will, POA - daughter Terri Grenon

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, constipation, M1610 - Urinary Incontinence, limited endurance, daytime fatigue

TEACH PATIENT/CAREGIVER: * strategies to increase caloric intake, related medication(s) purpose, schedule.

* urinary incontinence management including bladder training Kegel exercises skin care, 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.

SN Goals

PATIENT-STATED GOAL: Return to being independent again

GOALS

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

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

Signature of Physician:

Date

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

Date
03/17/2026