

Home Health Certification and Plan of Care				Order ID: 1184/466					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
951308289		05/23/2025		From: 03/19/2026 To: 05/17/2026		1263-1		037804	
6. Patient's Name and Address Maureen Healy 5502 E CHERYL DR, PARADISE VALLEY, AZ 85253-0000 480 483-1110					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 10/09/1950 9.Sex Female					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD	Principal Diagnosis			Date	Atorvastatin Calcium - Atorvastatin Calcium 80 mg (tablet; oral) by mouth at bedtime Omeprazole - Omeprazole 40 mg by mouth before meal 1 Cap(s) PO daily (30 mins before breakfast) Hydroxyzine - Hydroxyzine Hydrochloride 25 mg tablets by mouth three times a day hydroxyzine 25mg tablets- one tablet by mouth TID for itching Predisone - Prednisone 10 mg tablet by mouth as necessary per instructions (taper) Hydrocortisone Cream - Hydrocortisone Cream 2.5% topical once a day 1 application topically to face prn rash/dryness PRN rash/dryness Hydroxychloroquine Sulfate - Hydroxychloroquine Sulfate 100 mg by mouth twice a day Lyrica - Pregabalin 75 mg 75 mg tablets by mouth in the morning PO 1 capsule in AM, 2 capsules QHS Medroxyprogesterone Acetate - Medroxyprogesterone Acetate 10 mg by mouth at bedtime Olmesartan Medoxomil - Olmesartan Medoxomil 40-25 MG ORAL TABLET by mouth once a day Rybelsus 14 mg by mouth as necessary 1 Tab(s) PO as directed for diabetes Tramadol Hcl - Tramadol Hydrochloride 50 MG by mouth four times a day 1 Tab(s) PO 5 times daily for pain Xopenex Hfa - Levalbuterol Tartrate 45 MCG/ACT inhalant twice a day 2 puffs by mouth (inhaled) BID Terbinafine Hydrochloride - Terbinafine Hydrochloride eq 250 mg base 1 tablet by mouth once a day to prevent fungal infection Triamcinolone Acetonide - Triamcinolone Acetonide 0.1 perc 1 application topical three times a day Asmanex Hfa - Mometasone Furoate 220mcg inhalant twice a day 1 puff inhaled BID Verapamil - Verapamil Hydrochloride 240 mg by mouth once a day Singular - Montelukast Sodium 10 by mouth once a day Valtrex - Valacyclovir Hydrochloride eq 500 mg base 2 tablets by mouth as necessary PO daily prn viral infection Ibuprofen - Ibuprofen 200 mg 2 tablets by mouth as necessary PO as needed 4 times daily for inflammation Asa 81 Mg - Aspirin 1 tablet by mouth once a day Ketoconazole - Ketoconazole 2 perc 1 application topical as necessary topically daily prn rash apple cider vinegar gummies 1 tablet by mouth once a day Vitamin D - Ergocalciferol 1000mg by mouth once a day Vitamin B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day Calcium - Calcium Acetate 500 mg by mouth once a day Biotin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 MG (ORAL TABLET EXTENDED RELEASE) by mouth in the morning 1 Tab(s) PO daily with breakfast Oxybutynin - Oxybutynin 5mg by mouth once a day Doxycycline - Doxycycline Hyclate eq 100 mg base eq 100 mg base 100mg/capsule by mouth twice a day for toe infection (x10 days)				
I87.2	Venous insufficiency (chronic) (peripheral)			05/23/25					
13. ICD	Other Pertinent Diagnoses			Date					
S91.105A	Unsp opn wnd left lesser toe(s) w/o damage to nail init			05/23/25					
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy			05/23/25					
I10.	Essential (primary) hypertension			05/23/25					
E11.69	Type 2 diabetes mellitus with other specified complication			05/23/25					
M86.9	Osteomyelitis unspecified			05/23/25					
J44.9	Chronic obstructive pulmonary disease unspecified			05/23/25					
M20.41	Other hammer toe(s) (acquired) right foot			05/23/25					
M20.42	Other hammer toe(s) (acquired) left foot			05/23/25					
L84.	Corns and callosities			05/23/25					
E78.5	Hyperlipidemia unspecified			05/23/25					
R26.2	Difficulty in walking not elsewhere classified			05/23/25					
14. DME and Supplies: diabetic supplies, large base quad cane, wheelchair, walker, cane, wound care supplies					15. Safety Measures: ambulates with device, bleeding precautions, diabetic precautions, fall precautions, sharps precautions, walker precautions, standard precautions, wheelchair precautions, smoke detectors , medication safety, cardiac precautions, anticoagulant precautions				
16. Nutrition: high protein, diabetic, cardiac diet					17. Allergies: Penicillin, Binding agent oxycodone				
18.A. Functional Limitations Bowel/Bladder Incontinence, Endurance, Ambulation					18.B. Activities Permitted Up As Tolerated, Cane, Walker, Exercises Prescribed, Wheelchair				
19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:									
20. Prognosis: fair									
22. A Rehabilitation Potential:					22.B.Discharge Plans				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by JOHNSON, LAURA SN on 03/16/2026						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. PAGE 1 of 3				

Home Health Certification and Plan of Care				Order ID: 1184/466
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
951308289	05/23/2025	From: 03/19/2026 To: 05/17/2026	1263-1	037804
6. Patient's Name and Address Maureen Healy 5502 E CHERYL DR, PARADISE VALLEY, AZ 85253-0000 480 483-1110		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		
SELF-CARE: , MOBILITY:		patient will be responsible for managing treatment		
Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home				
Clinical Condition Requiring Home Care per Certifying Physician: Chronic wounds on bilateral feet, Diabetes, Medication management. SN to assess Cardiopulmonary, GI/GU, Neuro, Requiring Homecare: Musculoskeletal and Integumentary systems, Safety with ADLs and fall precautions, medication management and education, diagnoses management and education, and wound care per orders 3 times weekly and as needed for complications.				
SN Careplans		SN Goals		
SN FREQUENCY: SN 3w8 and prn for wound complications		PATIENT-STATED GOAL: wound care, skin care, prevent pressure ulcer developement		
CLINICAL SUMMARY: Recertification visit completed. Head to toe assessment performed. No new areas of concern noted. Skin intact except wound to left 4th toe which is being treated by HH nurse. Several areas on pt's feet/toes show signs of pressure which is likely caused by deformity of pt's foot. Left bunion, left 2nd toe and right 2nd toe show signs of pressure. Protective dressings applied today. This appears to help reduce the pressure to these areas and prevent them from becoming open wounds. Pt's lungs are clear today and heart sounds are normal. Bowel sounds active x4 quadrants. Pt has mild erythema to upper arms and lower legs. She continues on antibiotic prescribed for toe infection. She c/o itchiness. Diabetic pt with blood sugar readings staying below 200 for several months. Nurse reinforced good care and instructed pt to keep wound clean and dry. Nurse performed wound care today per orders. Wound care well tolerated. Pt has pain in left foot as well as back pain. She sees a pain management specialist. Nurse will continue seeing pt 3 times a week until wound has healed. 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: 0. No assistance needed - patient is independent or does not have needs in this area HOSPITALIZATION RISKS: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 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 MPOA; 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 PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, coughing, abnormal BS < 70/140 > mg/dL, muscle weakness, limited range of motion, limited strength, limited endurance, involuntary movement of extremity, balance deficit, weak hand grips, rough/scaly/cracked skin, swell/redness surround. skin, #1 - 1 - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. - Anterior Left Foot - newly healed, #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Anterior Left Foot - left 4th toe, #3 - 3 - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles not exposed. - Anterior Left Foot - new wound, #4 - Puncture - Anterior Left Foot - LEFT 4th toe PROCEDURES: physician-ordered wound care: #4 - Puncture - Anterior Left Foot - LEFT 4th toe, physician-ordered wound care: foot and toe wounds: cleanse the area, pat dry, apply betadine, apply aquacel ag, cover with dry dressing and secure with tape or bandaid; lamb's wool weaved between toes Frequency: 3 times per week and prn, glucose testing via monitor: Nurse to review logs TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * 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, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, related medication(s) purpose, schedule, * low cholesterol dietary guidelines, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver, 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, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * how to manage skin condition including physician-prescribed treatment skin care bathing sun protection diet exercise, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, * how to optimize joint mobility		GOALS patient/caregiver recalls * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic diet * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to manage skin condition including physician-prescribed treatment * skin care * bathing * sun protection * diet * exercise * recalls related medication(s) purpose, schedule 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 * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings * physical exercise plan * diet * recalls related medication(s) purpose, schedule patient/caregiver recalls * low cholesterol dietary guidelines * 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 * how to keep home safe for patient with dementia * coping strategies for the caregiver * recalls related medication(s) purpose, schedule patient/caregiver recalls * diet * weight-bearing exercises to promote bone healing and strengthening * fluids to prevent constipation * home safety * pain control * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to manage complications of immobility including * skin care * strength, balance * dexterity and range-of-motion therapeutic exercises * promotion of peripheral circulation * fluid and diet intake to promote healing and prevent constipation patient/caregiver recalls * how to take the patient's blood pressure * record the reading * recalls related medication(s) purpose, schedule		
Signature of Physician:		Date		
		PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by JOHNSON, LAURA SN		03/16/2026		

Home Health Certification and Plan of Care				Order ID: 1184/466
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
951308289	05/23/2025	From: 03/19/2026 To: 05/17/2026	1263-1	037804
6. Patient's Name and Address Maureen Healy 5502 E CHERYL DR, PARADISE VALLEY, AZ 85253-0000 480 483-1110		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		
with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety pain control, related medication(s) purpose, schedule, * how to optimize joint mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety pain control, related medication(s)		patient/caregiver recalls * how to optimize joint mobility with active and passive range of motion exercises * fluid and diet intake to promote healing * prevent constipation * home safety * pain control * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to optimize joint mobility with active and passive range of motion exercises * fluid and diet intake to promote healing * prevent constipation * home safety * pain control * recalls related medication(s)		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	03/16/2026