# Home Health Certification and Plan of Care

**Order ID: 1184/468**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| A13694521 | 03/16/2026 | From: 03/16/2026 To: 05/15/2026 | 1421 | 037804 |

**6. Patient's Name and Address**

Brad Rydman
16207 N 34th Way,
PHOENIX, AZ 85032-3727
602-282-1975

**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** 02/12/1970 | **9.Sex** Male

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

ZENPEP 40,000-126,000-168,000 unit Oral as necessary take 2 capsules with meals; 1 capsule with snacks ; for a total of 8 capsules per day
LANTUS 40 units subcutaneous at night for diabetes
IMODIUM 2 MG, 1 tablet Orally as necessary 4 times a day PRN for diarrhea
Metformin - Metformin Hydrochloride 1000 mg tablets by mouth twice a day for diabetes

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| E11.65 | Type 2 diabetes mellitus with hyperglycemia | 03/16/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| K86.81 | Exocrine pancreatic insufficiency | 03/16/26 |
| E44.0 | Moderate protein-calorie malnutrition | 03/16/26 |
| L03.011 | Cellulitis of right finger | 03/16/26 |
| R19.7 | Diarrhea unspecified | 03/16/26 |
| I10. | Essential (primary) hypertension | 03/16/26 |
| F41.1 | Generalized anxiety disorder | 03/16/26 |
| E11.3299 | Type 2 diab with mild nonp rtnop without macular edema unsp | 03/16/26 |
| E11.21 | Type 2 diabetes mellitus with diabetic nephropathy | 03/16/26 |
| E11.628 | Type 2 diabetes mellitus with other skin complications | 03/16/26 |
| I25.10 | Athscl heart disease of native coronary artery w/o ang pctrs | 03/16/26 |
| E78.00 | Pure hypercholesterolemia unspecified | 03/16/26 |
| R06.2 | Wheezing | 03/16/26 |
| R15.9 | Full incontinence of feces | 03/16/26 |
| Z72.0 | Tobacco use | 03/16/26 |
| Z87.440 | Personal history of urinary (tract) infections | 03/16/26 |
| Z99.89 | Dependence on other enabling machines and devices | 03/16/26 |
| Z79.4 | Long term (current) use of insulin | 03/16/26 |
| Z91.148 | Patient's other noncompl with meds regimen for other reason | 03/16/26 |

**14. DME and Supplies:**

wheelchair, walker, grab bars, cane, 4 wheeled walker

**15. Safety Measures:**

walker precautions, smoke detectors , medication safety, fall precautions, diabetic precautions, ambulates with device, remove environmental barriers, wheelchair precautions, standard precautions, , , bathroom safety

**16. Nutrition:**

cardiac diet, diabetic, high protein

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Endurance, Bowel/Bladder Incontinence, Ambulation, Amputation

**18.B. Activities Permitted**

Up As Tolerated, Cane, Walker, Wheelchair

**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: 3. Often, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

**20. Prognosis:** good

**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, dependance on assistive device to ambulate, activity intolerace and requires the assistance of another to safely leave the home

**Clinical Condition Requiring Homecare:** Diabetic pt with recent right thumb infection requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education once a week and as needed for complications.

**SN Careplans**

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

CLINICAL SUMMARY:

SOC visit completed with pt in his home. Pt lives alone and has family members who live nearby. They assist with getting pt's medications and groceries. Pt is independent with ADLs but uses walker as an assistive device. He has generalized weakness and takes longer to perform tasks. Pt reports recent falls. He is a smoker. He was hospitalized after right hand wound became infected. The area is now closed but there is redness and swelling. The doctor should be prescribing antibiotics per pt, but pt has not received notice from the pharmacy to pick up his medications. Pt's been diagnosed with exocrine pancreatic insufficiency and he is diabetic. He needs a prescription for a glucometer and diabetic supplies so that he can check his blood sugar at home. He tries to get adequate protein in his diet daily. Currently having diarrhea and is incontinent of bowels due to this. Pt last around 50 pounds in the past year. He had previous amputations of the right great toe and

**SN Goals**

PATIENT-STATED GOAL: heal infection, no falls

GOALS
patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care

**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**

ALLISON POPA
2840 N DYSART RD
GOODYEAR, AZ 85395-2338
PHONE: 623-536-5309 FAX: 480-575-0512 NPI: 1073209276

**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.

# Home Health Certification and Plan of Care

**Order ID: 1184/468**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| A13694521 | 03/16/2026 | From: 03/16/2026 To: 05/15/2026 | 1421 | 037804 |

| 6. Patient's Name and Address | 7. Provider's Name, Address and Telephone Number |
|---|---|
| Brad Rydman<br>16207 N 34th Way,<br>PHOENIX, AZ 85032-3727<br>602-282-1975 | Devotion Home Health Care, LLC<br>11201 N Tatum Blvd, Suite 300<br>Phoenix, AZ 85028-6039<br>480-415-4423<br>1457998957 |

Pt lost around 30 pounds in the past year. He had previous amputations of the right great toe and second toe. Multiple small skin tears present which pt attributes to falls. No signs of infection noted today. Nurse reviewed all medications, performed home safety assessment and reviewed fall precautions. Nurse will see pt weekly to monitor right thumb infection and to reinforce medication and diabetic education.

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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will 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, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 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 (sister)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, M2102d - Caregiver Performs Treatment, A1250 - Lack of Necessary Transportation, M2102f - Patient Supervision, M2102c - Med Admin, Home Safety, M2020 - Oral Med Management, D0700 - Social Isolation, abnormal blood pressure, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, diarrhea, M1620 - Bowel Incontinence, limited endurance, muscle weakness, limited range of motion, limited strength, B1000 - Vision Deficit, balance deficit, Pain Effect on Sleep, Pain Interference with ADLs, loss of appetite, swell/redness surround. skin

PROCEDURES:

glucose testing via monitor,

monitor intake & output,

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

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, * 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 transportation needs are met, patient's living environment is clean/uncluttered, patient is adequately supervised

* 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 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
* 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 transportation needs are met

patient's living environment is clean/uncluttered

patient is adequately supervised

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 2 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by JOHNSON, LAURA SN | 03/16/2026 |