Home Health Certification and Plan of Care

Order ID: 1184/476

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
122439665	03/16/2026	From: 03/16/2026 To: 05/15/2026	1420	037804

6. Patient's Name and Address

Victoria Meneses
2231 N 38th Street,
PHOENIX, AZ 85008-
602-244-1218

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 03/20/1955 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L03.116	Cellulitis of left lower limb	03/16/26

13. ICD	Other Pertinent Diagnoses	Date
L03.115	Cellulitis of right lower limb	03/16/26
I87.2	Venous insufficiency (chronic) (peripheral)	03/16/26
I89.0	Lymphedema not elsewhere classified	03/16/26
J45.30	Mild persistent asthma uncomplicated	03/16/26
J44.89	Other specified chronic obstructive pulmonary disease	03/16/26
I95.0	Idiopathic hypotension	03/16/26
E11.9	Type 2 diabetes mellitus without complications	03/16/26
E55.9	Vitamin D deficiency unspecified	03/16/26
E66.01	Morbid (severe) obesity due to excess calories	03/16/26
G89.29	Other chronic pain	03/16/26
I10.	Essential (primary) hypertension	03/16/26
L30.4	Erythema intertrigo	03/16/26
L40.9	Psoriasis unspecified	03/16/26
N39.42	Incontinence without sensory awareness	03/16/26
E78.5	Hyperlipidemia unspecified	03/16/26
E03.9	Hypothyroidism unspecified	03/16/26
I48.91	Unspecified atrial fibrillation	03/16/26
M19.90	Unspecified osteoarthritis unspecified site	03/16/26
M21.379	Foot drop unspecified foot	03/16/26
H40.9	Unspecified glaucoma	03/16/26
Z74.01	Bed confinement status	03/16/26
Z79.51	Long term (current) use of inhaled steroids	03/16/26

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

amonium lactate 12% (topical) 1 application topical twice a day apply before other topicals to skin on legs and feet
Acetaminophen - Acetaminophen 500 mg tablet by mouth twice a day
Aspirin Ec - Aspirin 325 tablets by mouth once a day for blood thinning
Calamine 1 application topical twice a day apply to skin under breasts twice a day after gentle skin care
Cetirizine Hydrochloride - Cetirizine Hydrochloride 10 mg 1 tablet by mouth once a day
Ciclopirox - Ciclopirox 1 application (thin layer) topical twice a day apply to scalp, face, ears, neck for sebborheic dermatitis
Fiber - Benefiber chewable tablet by mouth once a day
Fluticasone - Fluticasone Furoate 50mcg inhaler inhalant twice a day 1 spray per nostril twice daily
FUROSEMIDE 80 mg 1 tablet Orally daily
Ketoconazole - Ketoconazole 2 perc 1 application topical two times per week lather topically to scalp, ears and face ; leave in place for 10 minutes and rinse off twice weekly for yeast infection
Lumigan - Bimatoprost 0.01 perc 1 drop both eyes at bedtime
Metoprolol Tartrate - Metoprolol Tartrate 25 mg 1 tablet by mouth twice a day with food
Triamcinolone - Triamcinolone 1% topical topical as necessary as needed for skin irritation; do not apply to for or genitals
Ipratropium - Ipratropium Bromide 0.5-2.5mg/3ML inhalant as necessary as needed for SOB, wheezing
ALEVE 500mg tablet Orally as necessary 1 tablet orally twice a day as needed for pain
ATIVAN 2 mg/ml 0.5 mL Orally every 6 hours as needed Sig: 0.5 mL (1 mg) Orally every 6 hours as needed for agitation/anxiety
Tramadol - Tramadol Hydrochloride 50mg by mouth as necessary every 6 hours as needed for pain
Oxygen - Oxygen 2L/min nasal cannula as necessary PRN SOB/dyspnea
Prochlorperazine - Prochlorperazine eq 5 mg base 1 tablet by mouth as necessary PRN nausea/vomiting
Nystatin Powder - Nystatin Powder 100000units/gm topical as necessary 3 times a day as needed for itching
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 2 gummies by mouth once a day clarify dose on medication bottle
Potassium Chloride - Potassium Chloride 20meq 1 tablet by mouth once a day take with furosemide
Quetiapine Fumarate - Quetiapine Fumarate 50 mg 1 tablet by mouth at bedtime for anxiety / restlessness
SERTRALINE 25mg tablet Orally daily
ACCUNEB 2 puffs Inhalation every 4 hours As needed 2 puffs inhaled every 4 hours As needed for SOB
BACTRIM 800-160mg tablets Orally every 12 hours for bacterial infection (cellulitis) stop date: 03/19/2026
Tacrolimus - Tacrolimus 0.1% topical topical once a day apply to affected areas of skin on bilateral lower extremities
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50mcg (2000U) tablet by mouth once a day

14. DME and Supplies:

oxygen supplies, hospital bed, hoyer lift, Side rails , oxygen concentrator

15. Safety Measures:

bleeding precautions, diabetic precautions, fall precautions, seizure precautions, standard precautions, wheelchair precautions, smoke detectors , medication safety, infectious material management, anticoagulant precautions, cardiac precautions

16. Nutrition:

diabetic, cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

Exercises Prescribed

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: 0. Never, 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:

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

Julia Tuleneva
2905 W WARNER RD STE 12
CHANDLER, AZ 85224-1674
PHONE: 480-831-8457 FAX: 480-575-0512 NPI: 1134648009

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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Victoria Meneses 2231 N 38th Street, PHOENIX, AZ 85008- 602-244-1218	Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300 Phoenix, AZ 85028-6039 480-415-4423 1457998957

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

another facility/provider 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 Homecare: Diabetic pt diagnosed with lower extemity cellulitis and edema requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses managment and education weekly and prn for complications.

SN Careplans

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

CLINICAL SUMMARY:

Nurse met with pt at group home for SOC visit. Pt denies recent hospitalizations. She was referred to home health by PCP r/t bilateral lower leg cellulitis. Pt is bedbound, has hospital bed. She wears a brief and is incontinent of bowel and bladder. Pt reports occasional constipation. Nurse provided education to pt and cg on bowel care. Pt has bowel care medication ordered but may benefit from additional stool softener. Nurse performed head to toe assessment. Pt unable to turn or reposition herself and is fully dependent on caregivers. Erythema under right breast. Nystatin is available. Pt reports history of seizures in her childhood but has not had a seizure since she was 20 years old. Diabetic history but blood sugar is not checked and pt does not take any diabetic medications. Pt denies falls. Appetite is fair. Heart and lungs sounds normal. Lungs clear throughout. History of shortness of breath and prn oxygen is available. Bowel sounds hypoactive x4. Lower legs with erythema, multiple pustules and thick scaly skin on feet. Pt has been diagnosed with lymphedema and cellulitis. Pt is on oral antibiotics. Pt stated that she has lymphedema pumps but she is not able to use them due to the size of her legs. She denies general pain but did have pain to pressure on left lower leg. Group home staff applys prescribed medications to legs as ordered. Nurse applied additional moisturizer to BLE today. Skin is intact except for areas mentioned above. Nurse provided pt education on preventing pressure ulcers. Instructed staff to turn and reposition pt at least every 2 hours and monitor skin for skins of breakdown. Home safety assessment performed. All medications reviewed with pt and cg. Nurse will see pt twice a week and then weekly to monitor cellulitis.

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: 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: M1745 - Behavioral Issues, D0160 - Depression, M2102d - Caregiver Performs Treatment, A1250 - Lack of Necessary Transportation, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, swelling in the arms/legs, dependent edema, abnormal blood pressure, M1033 - Exhaustion, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, M1620 - Bowel Incontinence, constipation, M1610 - Urinary Incontinence, limited range of motion, limited endurance, muscle weakness, limited strength, swelling of affected area, B1000 - Vision Deficit, Pain Interference with ADLs, seizures, obesity, swell/redness surround. skin, raised bumps that are red/white, rough/scaly/cracked skin

PROCEDURES:

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

monitor intake & output,

teach/coordinate/arrange medication packaging and/or administration

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive 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's transportation needs are met, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: resolve cellulitis (lower legs); improved edema

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
* 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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive 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's transportation needs are met

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

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