Home Health Certification and Plan of Care

Order ID: 1184/479

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3T29Q48PF25	03/26/2026	From: 03/26/2026 To: 05/24/2026	1424	037804

6. Patient's Name and Address
Christie Baker
1903 W Las Palmaritas Dr APT D142,
PHOENIX, AZ 85021-
502-631-3391

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 11/27/1964 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S06.5X0D	Traum subdr hem w/o loss of consciousness subs	03/26/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	03/26/26
I48.91	Unspecified atrial fibrillation	03/26/26
N31.9	Neuromuscular dysfunction of bladder unspecified	03/26/26
R13.12	Dysphagia oropharyngeal phase	03/26/26
F32.9	Major depressive disorder single episode unspecified	03/26/26
G47.00	Insomnia unspecified	03/26/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/26/26
I26.99	Other pulmonary embolism without acute cor pulmonale	03/26/26
I82.409	Acute embolism and thombos unsp deep vn unsp lower extremity	03/26/26
Z79.01	Long term (current) use of anticoagulants	03/26/26
Z85.43	Personal history of malignant neoplasm of ovary	03/26/26
Z85.3	Personal history of malignant neoplasm of breast	03/26/26
Z90.710	Acquired absence of both cervix and uterus	03/26/26
Z90.11	Acquired absence of right breast and nipple	03/26/26
Z90.12	Acquired absence of left breast and nipple	03/26/26
Z87.01	Personal history of pneumonia (recurrent)	03/26/26
Z87.891	Personal history of nicotine dependence	03/26/26

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

Famotidine - Famotidine 20 mg 1 tablet by mouth once a day
Zofran - Ondansetron Hydrochloride eq 4 mg base 1 tablet by mouth as necessary PRN every 8H as needed for nausea/vomiting
Temazepam - Temazepam 30 mg 1 tablet by mouth as necessary PRN at bedtime as needed for insomnia
Albuterol Inhaler - Albuterol 1 puff inhalant as necessary PRN for SOB/wheezing
Senna - Senna 8.6mg tablet by mouth as necessary PRN daily as needed for constipation
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg tablet by mouth as necessary PRN every 12 hours as needed for pain

14. DME and Supplies:
cane

15. Safety Measures:
smoke detectors , medication safety, fall precautions, bleeding precautions, aspiration precautions, remove environmental barriers, standard precautions, cardiac precautions, bathroom safety, anticoagulant precautions, ambulates with device

16. Nutrition:
soft, thickened liquids

17. Allergies:
NKDA ; latex

18.A. Functional Limitations
Speech, Ambulation, Endurance

18.B. Activities Permitted
Cane, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 1. Rarely, 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: Pt homebound due to generalized weakness and recent fall, requires assistive device to ambulate safely

Clinical Condition Requiring Homecare: Pt with history of tramatic brain injury and severe dysphagia requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal, and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education weekly and prn for complications.

SN Careplans

SN FREQUENCY: SN 1w8 and prn for complications

CLINICAL SUMMARY:

SN completed SOC visit with pt. Pt lives alone in apartment. Family live nearby, sister Kim. A&O x4. It is very difficult to understand her speech. She had previous brain injury (had car accident 15 years ago) and does not produce saliva - also does not have sense of smell. She has thick sludge in her mouth and frequently had to wipe this away when trying to speak. She was in a rehabilitation facility for 2 month following a fall. Originally hospitalized at Honor Health. Pt has dentures but only wears uppers as she states "lowers do not fit". Pt reports occasional constipation. She has cancer history and is taking oral cancer medication but was unable to provide the medication name to nurse. Nurse is attempting to obtain this information but received an incomplete medication list from referral source. PEG tube removed from abdomen recently. Nurse performed head to toe assessment. PEG site is healed with scab intact. Pt is applying clean dressing daily until the scab falls off. No signs of

SN Goals

PATIENT-STATED GOAL: safety at home

GOALS
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
* 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by JOHNSON, LAURA SN on 03/26/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
JOEL COHEN
7010 E ACOMA DR SUITE 102
SCOTTSDALE, AZ 85254-3553
PHONE: 480-575-0576 FAX: 14805750512 NPI: 1700934684

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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infection present. Nurse provided education to pt on signs of infection. Pt was recently on xarelto for PE/DVT prevention but stated she is no longer taking this medication. She has bruising at bilateral forearms and a small abrasion on forehead. Nurse advised pt that she may still be at risk of bleeding and reviewed bleeding precautions. Mild +1 edema at BLE. Nurse instructed pt to elevate feet above the level of the heart to reduce swelling. Pt uses cane to ambulate. Her diet calls for soft foods and thickened liquids. At increased risk for aspiration. Instructed pt on aspiration precautions. Appetite is poor and she has had recent weight loss. She c/o severe heartburn but stated she was out of medication. Nurse called pt's doctor during the visit per pt request and requested refill on heartburn medication. Doctor's staff agreed to send it to pt's pharmacy. Blood pressure was low today. Pt reports chronic hypotension. Advised pt that she is at risk for falls. Educated pt on signs of hypotension and fall precautions. Implanted port (non-accessed at RUC). Pt states she receives chemotherapy but is not sure when she will have the next dose. She will be contacting her doctor to arrange this. Chronic back pain. Pt takes oxycodone for pain. Nurse reviewed medication side effects and possible interactions. Pt report regular bowel movement yesterday. Pt will need DME ordered by PCP. PCP not established. Nurse advised pt she will need to make appointment. Pt would benefit from small shower chair or bench and could use oral sponges to help moisten mouth. HH ST and PT have been ordered. Medications reviewed with pt. She stated that she is not taking lactulose. Pt is able to perform ADLs herself but takes additional time due to generalized weakness. Nurse will meet with pt next week to assist with mediset set up. Currently pt has 2 weeks in mediset (prepared by sister). Nurse will see pt weekly throughout certification period.

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: 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, 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 (sister)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, 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, dependent edema, M1033 - Unintentional Weight Loss, M1033 - Exhaustion, abnormal blood pressure, M1400 - Dyspnea, heartburn/indigestion, cough/gag/pain chew/swallow, constipation, muscle weakness, limited endurance, limited strength, balance deficit, B1000 - Vision Deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, loss of appetite, bruising/discoloration

PROCEDURES:

swallowing exercises,

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

coordinate/arrange caregiver support to prevent caregiver physical,

emotional and mental exhaustion,

monitor intake & output,

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

coordinate/arrange for adequate patient supervision,

coordinate/arrange preparation of missing meals,

coordinate/arrange transportation services

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * strategies to increase caloric intake, 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, patient's transportation needs are met, patient is adequately supervised, meal preparation is available to patient for all meals

* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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
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* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient is adequately supervised

meal preparation is available to patient for all meals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by JOHNSON, LAURA SN

Date
03/26/2026

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Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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