Home Health Certification and Plan of Care

Order ID: 1184/490

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
122825123	04/07/2026	From: 04/07/2026 To: 06/05/2026	390	037804

6. Patient's Name and Address

Gabbriel Pangilinan
3428 E Acoma Dr,
PHOENIX, AZ 85032-
480-466-3060

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 07/19/1985 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
T82.7XXA	Infect/inflm react d/t oth cardi/vasc dev/implnt/grft init	04/07/26

13. ICD	Other Pertinent Diagnoses	Date
I12.0	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	04/07/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/07/26
N18.6	End stage renal disease	04/07/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	04/07/26
H26.9	Unspecified cataract	04/07/26
F41.9	Anxiety disorder unspecified	04/07/26
Z79.4	Long term (current) use of insulin	04/07/26
Z99.2	Dependence on renal dialysis	04/07/26

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

Carvedilol - Carvedilol 6.25 mg 1 by mouth twice a day
Acetaminophen And Hydrocodone Bitartrate - Acetaminophen: Hydrocodone Bitartrate 5/325 mg/tablet by mouth as necessary prn pain every 4-6 hours (not to exceed 5 tablets daily)
AMLODIPINE tablet (10 mg) by mouth twice a day
LEVOFLOXACIN 500 mg tablet by oral route every 48 hours after dialysis on dialysis days for wound infection
LANTUS 30 Units under the skin in the morning for diabetes
HUMULIN Sliding Scale under the skin with breakfast, with lunch, and with evening meal for diabetes
Ambien - Zolpidem Tartrate 10 mg 1 tablet by mouth as necessary as needed for sleep
Gabapentin - Gabapentin 100 mg 1 capsule by mouth once a day
Ondansetron - Ondansetron 4 mg 1 tablet by mouth as necessary prn q8h prn nausea/vomiting
Allegra - Fexofenadine Hydrochloride 180 mg 1 tablet by mouth once a day for allergies
Buspirone Hydrochloride - Buspirone Hydrochloride 5 mg 1 tablet by mouth once a day for anxiety
Terazosin - Terazosin 1 tablet by mouth twice a day for bph
Oxygen - Oxygen 2L/min nasal cannula as necessary prn for shortness of breath
Losartan Potassium - Losartan Potassium 100 mg 1 tablet by mouth once a day

14. DME and Supplies:

wound care supplies, 4 wheeled walker, diabetic supplies

15. Safety Measures:

walker precautions, sharps precautions, remove environmental barriers, diabetic precautions, bleeding precautions, ambulates with device, infectious material management, standard precautions, smoke detectors , O2 precautions, no bp left arm, medication safety, cardiac precautions, anticoagulant precautions, fall precautions

16. Nutrition:

high protein, diabetic, cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Amputation, Ambulation, Endurance

18.B. Activities Permitted

Up As Tolerated, Walker

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: 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 due to generalized weakness and dependence on assistive devices

Clinical Condition Requiring Homecare: Diabetic pt with recent infection of large wound on upper left arm related to new fistula placement requires SN assessment for cardiopulmonary, <span style="font-size: 10.5pt; font-family: Arial, sans-serif; font-variant-numeric: normal; font-variant-east-asian: normal; font-variant-alternates: normal; font-variant-position: normal; font-variant-emoji: normal; vertical-align: baseline; white-space-collapse: preserve;">neuro, GI/GU, musculoskeletal, and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education and wound care 3 times per week and prn for complications. <span style="font-size: 10.5pt; font-family: Arial, sans-serif; font-variant-numeric: normal; font-variant-east-asian: normal; font-variant-alternates: normal; font-variant-position: normal; font-variant-emoji: normal; vertical-align: baseline; white-space-collapse: preserve;">

SN Careplans

SN FREQUENCY: SN 3w8 and prn for wound complications

CLINICAL SUMMARY:

SOC visit completed with pt today. Pt referred to home health for assistance with wound care 3 times per week. He had left arm fistula placed 2 weeks ago and it became infected. His right arm fistula had failed. Pt receives dialysis MWF via RUC catheter (dual lumen). He has been on dialysis for 9 year and is anuric. Pt is also diabetic and needs a prescription for a continuous glucose monitor. He was not able to check his blood sugar today. Nurse reviewed signs of high and low blood sugar and pt denied symptoms. He takes fast and short acting insulin. Head to toe assessment completed. Lungs clear throughout, heart sounds normal. Bowel sounds hypoactive. Pt reports recent bowel movement and denies constipation/diarrhea. He reports occasional nausea. Pt has large wound at left upper arm adjacent to fistula. The wound bed has slough tissue present. There is moderate serous drainage. Wet to dry dressing ordered 3 times per week. Pt also has

SN Goals

PATIENT-STATED GOAL: heal left arm wound

GOALS
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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 04/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Jolyon Schilling
5240 E Knight Dr
Tucson, AZ 85712
PHONE: 520-320-5665 FAX: 15203201377 NPI: 1336149277

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: 1184/490

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
122825123	04/07/2026	From: 04/07/2026 To: 06/05/2026	390	037804

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Gabbriel Pangilinan 3428 E Acoma Dr, PHOENIX, AZ 85032- 480-466-3060	Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300 Phoenix, AZ 85028-6039 480-415-4423 1457998957

There is moderate serous drainage. Wet to dry dressing ordered 3 times per week. Pt also has several old scars on arms and legs. Right ring finger amputation. He ambulates with a wheeled walker with a seat. Nurse reviewed home safety and fall precautions with pt. All medications reviewed incluing high risk medications. Pt reports using oxygen at night and reports SOB with prolonged activity. Oxygen safety and bleeding precautions reviewed. Pt reports taking heparin and vancomycin while at dialysis. He is also on an oral antibiotic. He has severe pain associated with his wound. Nurse performed wound care today per orders. Wet to dry, kerlix and ace wrap placed today. Pt had severe pain during dressing change despite taking pain medication before wound care. Nurse had to stop performing care several times due to severe pain. Pt is requesting additional pain medication which will also be used before wound care visits with SN 3 times per week. Pt does not have anyone at home who is able to assist him with the wound care. Due to the wound location, pt is unable to perform the wound care himself. Nurse will see pt 3 days per week until the wound has healed. He does not have any wound care supplies at home.

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), 3. Multiple hospitalizations (2 or more) in the past 6 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.; 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
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: meal preparation, M2102c - Med Admin, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, abnormal blood pressure, coughing, swelling in the arms/legs, M1400 - Dyspnea, abnormal BS < 70/140 > mg/dL, nausea/vomiting, decreased urine output, muscle weakness, limited endurance, limited strength, Pain Interference with ADLs, B1000 - Vision Deficit, balance deficit, extremity burn/tingle/numb, headache, difficulty sleeping, rough/scaly/cracked skin, #1 - Observable Surgical Wound - Anterior Left Upper Arm - wound adjacent to newly placed fistula (left upper arm)

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Left Upper Arm - wound adjacent to newly placed fistula (left upper arm), apply compression bandage, physician-ordered wound care: LEFT UPPER ARM WOUND: remove old dressing, cleanse with wound cleanser, pat dry with 4x4 gauze, apply saline soaked gauze to wound bed, cover with dry 4x4 gauze, cover with ABD pad, wrap with kerlix and secure with ace wrap. FREQUENCY: 3 times per week and prn dislodgement or soiling, glucose testing via monitor, monitor intake & output, teach/coordinate/arrange medication packaging and/or administration, monitor dialysis schedule

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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

* teach relaxation skills and diversional activities
* 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
* 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
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	04/07/2026