Home Health Certification and Plan of Care

Order ID: 1184/531

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
104522406	03/05/2026	From: 05/04/2026 To: 07/02/2026	1416	037804

6. Patient's Name and Address

Wenceslao Cano Ramos
4128 W Burgess,
PHOENIX, AZ 85041-
602-376-8933

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 01/26/1942 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	03/05/26

13. ICD	Other Pertinent Diagnoses	Date
N13.8	Other obstructive and reflux uropathy	03/05/26
N39.490	Overflow incontinence	03/05/26
L89.152	Pressure ulcer of sacral region stage 2	03/05/26
F03.C3	Unspecified dementia severe with mood disturbance	03/05/26
I10.	Essential (primary) hypertension	03/05/26
K76.9	Liver disease unspecified	03/05/26
K59.00	Constipation unspecified	03/05/26
R15.9	Full incontinence of feces	03/05/26
R63.0	Anorexia	03/05/26
Z46.6	Encounter for fitting and adjustment of urinary device	03/05/26
Z85.46	Personal history of malignant neoplasm of prostate	03/05/26
Z86.0100	Personal history of colonic polyps	03/05/26

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

Amlodipine - Amlodipine Besylate 0 2.5 mg/tab by mouth once a day
amLODIPine (NORVASC) 2.5 mg tab
Take 1 tablet by mouth daily. - Oral
Megace - Megestrol Acetate 20 mg 20 mg by mouth twice a day Take 1 tablet (20 mg total) by mouth 2 times daily - oral
Flomax - Tamsulosin Hydrochloride 0.4 mg 0.4 mg by mouth once a day Take 2 capsules by mouth daily. - Oral
Mirtazapine - Mirtazapine 30 mg 30 mg by mouth once a day mirtazapine (REMERON SOL-TAB) 30 mg disintegrating tablet
DISSOLVE 1 TABLET ON THE TONGUE EVERY NIGHT
Senna - Senna 0 8.6-50 mg tab by mouth as necessary Senna-docusate (PERICOLACE) 8.6-50 mg tab
take 2 tablets by mouth daily as needed for Constipation. - Oral
Lasix - Furosemide 20 mg 20 mg by mouth twice a day Take 1 tablet (20 mg total) by mouth 2 times daily as needed for edema
Oral
sulfamethoxazole/trimethoprim 800/160mg 1 by mouth twice a day take for 7 days or until changed for different antibiotic

14. DME and Supplies:

wheelchair, urinary/catheter supplies, bath bench, walker, grab bars, wound care supplies, hospital bed

15. Safety Measures:

fall precautions, transfer with assist, standard precautions

16. Nutrition:

soft, thickened liquids

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Hearing, Ambulation

18.B. Activities Permitted

Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment

Homebound status: Total assist for all ADLs, taxing effort to leave home, dependence on assistive devices, unsafe to leave home without assistance.

Clinical Condition Requiring Homecare: Patient with history of dementia with deteriorating status, indwelling catheter, previous sacral pressure injuries at high risk for reoccurrence and dependence on assistive devices requires SN for cardiopulmonary, neuro, integumentary, musculoskeletal and GI/GU assessment, fall prevention and safety with ADLs, medication management and education, diagnoses management and intermittent wound care as well as monthly and PRN catheter changes and intervention.

SN Careplans

SN FREQUENCY: 1W9 and PRN for complications.

CLINICAL SUMMARY: Patient seen today for recertification assessment. Patient assessed head to toe, skin assessed head to toe and is significant for resurfaced sacral pressure injuries. Areas are at high risk for reopening and continue to be covered with sacral pads for prevention and protection and assessed by SN weekly and as needed for complications. Vital signs within normal limits for patient with BP on lower side of normal. Upon assessment of urine in foley drainage bag, urine found to be thickened, darker in color, appearing to be purulent. Caregiver denies patient having any symptoms such as fever, indicating discomfort or changes in LOC or agitation. SN placed phone call to PCP @1150 to advise of concerns for urine infection. Assessment completed and caregiver educated on plan of care for new certification period as well as plan to go directly to PCP's office to request collection cup and return with it to deliver urine sample to laboratory at PCP clinic. Caregiver voiced agreement with plan and understanding of instructions provided. SN traveled to PCP clinic, retrieved specimen cup, collected clean sample and returned sample to lab in the clinic. Patient to continue to be seen weekly and as needed for complications for assessment, diagnoses management and wound care as well as monthly foley catheter changes and as needed for complications. *Physician called patient in afternoon and ordered Sulfameth/trimethroprim 800/160mg tabs twice a day until final cultures indicate if a different antibiotic is indicated.

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 months, 7. Currently taking 5 or more medications

STANDING ORDERS: Infection control: hygiene, proper hand washing.; Advance directive: plan if patient is unable to make healthcare decisions.; Fall precautions: wear sensible shoes, remove home

SN Goals

PATIENT-STATED GOAL: Caregiver stated "Have help here at home because he is too hard to get to appointments now"

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
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* 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
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by DELGADO, MELISSA SN on 04/29/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Juan Kamar Kharoufeh
2601 E ROOSEVELT ST
PHOENIX, AZ 85008-4973
PHONE: 602-344-5011 FAX: 16026559642 NPI: 1063974574

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 : 02/19/2026

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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hazards, living space adequately lit, assistive devices prn., Emergency preparedness: plan for prn evacuation, resumption of home health visits.
Advance Directive: Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, abnormal blood pressure, urine retention, muscle weakness, limited strength, limited endurance, balance deficit, difficulty sleeping, weak hand grips, skin breakdown r/t incontinence, #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum - , #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum -

PROCEDURES: catheter change, care & irrigation: Change indwelling catheter monthly and as needed for blockage or complications. 18Fr. Coude tip indwelling catheter, 10ml balloon. Irrigate as needed for blockage.

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 keep home safe for patient with dementia coping strategies for the caregiver*, 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, 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/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 self-administers medications as prescribed
* 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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	04/29/2026