Home Health Certification and Plan of Care

Order ID: 1184/533

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
DZ2FZR	07/01/2025	From: 04/27/2026 To: 06/25/2026	1386	037804

6. Patient's Name and Address

Felipe Tagaban
1411 E MOBILE LANE,
PHOENIX, AZ 85040-0000
602-692-1065

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 11/21/1941 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/01/25

13. ICD	Other Pertinent Diagnoses	Date
N18.30	Chronic kidney disease stage 3 unspecified	07/01/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	07/01/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/01/25
M21.372	Foot drop left foot	07/01/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/01/25
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	07/01/25
Z79.82	Long term (current) use of aspirin	07/01/25

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

Aspirin - Aspirin 81mg - 1 tablet by mouth once a day 1 Cap(s) PO daily to prevent clots
Empagliflozin 10 mg- 1 tablet by mouth once a day 1 Tab(s) PO daily for diabetes
SGLT2 INHIBITORS
Atorvastatin Calcium - Atorvastatin Calcium 40 mg = 1 tab by mouth at bedtime 1 Tab(s) PO QHS
Atorvastatin Calcium Oral Tablet 40 MG
Calcitrate/Vitamin D Oral Tablet 315-200 MG-UNIT 315-200 MG - UNIT by mouth twice a day 2 Tab(s) PO BID
Calcitrate/Vitamin D Oral Tablet 315-200 MG-UNIT
Donepezil Hydrochloride - Donepezil Hydrochloride 5 mg by mouth at bedtime 1 Tab(s) PO QHS
Donepezil HCl Oral Tablet 5 MG
Losartan Potassium - Losartan Potassium 100 mg by mouth once a day 1 Tab(s) PO daily
Losartan Potassium Oral Tablet 100 MG
Metoprolol Succinate - Metoprolol Succinate eq 50 mg tartrate by mouth twice a day 1 tablet PO BID
Metoprolol Succinate Oral Capsule ER 24 Hour Sprinkle 50 MG
Magnesium Oxide - Simethicone 400 mg tablets by mouth twice a day
Allopurinol - Allopurinol 100 mg by mouth once a day 2 Tab(s) PO daily
Allopurinol Oral Tablet 100 MG
Glipizide Xl - Glipizide 2.5 mg tablet by mouth once a day glipizide xl 2.5 mg tablet - once daily PO for diabetes- (glipizide 5mg +2.5 mg = 7.5 mg total)
Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day
Ozempic 0.25 mg or 0.5 mg 0.25 mg subcutaneous once a week 0.25 mg subQ injection weekly for diabetes
Ozempic (0.25 MG/DOSE) Subcutaneous Solution Pen-injector 2 MG/1.5ML
riboflavin 100 mg tablets by mouth twice a day riboflavin 100mg - take 2 tablets by mouth BID
Metformin - Metformin Hydrochloride 500 mg - 1 tablet by mouth twice a day 1 Tab(s) PO BID for diabetes
metFORMIN HCl ER (OSM) Oral Tablet Extended Release 24 Hour 500 MG
Colace - Docusate Sodium 100mg tablet by mouth twice a day

14. DME and Supplies:

bath bench, diabetic supplies, wheelchair, cane, walker, 4 wheeled walker, AFO

15. Safety Measures:

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

16. Nutrition:

diabetic, cardiac diet

17. Allergies:

Lisinopril

18.A. Functional Limitations

Endurance, Ambulation, Hearing

18.B. Activities Permitted

Wheelchair, Walker, Up As Tolerated, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 0. Able to manage toileting hygiene and clothing management without assistance, 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

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Requires assistance for most to all ADL, Residual weakness, There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort, because of illness or injury, the person needs the following in order to leave their place of residence, the aid of supportive device(s): Cane, Wheelchair, Walker, the assistance of another person

Clinical Condition Requiring Homecare: Diabetic patient requires SN for blood sugar checks and ozempic injections as well as assessment of cardiopulmonary, GI/GU, musculoskeletal, neuro and integumentary systems, medication and diagnoses management and education, safety with ADLs and fall prevention weekly and as needed for complications.

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 04/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

WILLIAM LA ROSA
4212 N. 16TH ST
PHOENIX, AZ 85016
PHONE: (602) 263-1200 FAX: 16022631547 NPI: 1710372651

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

CLINICAL SUMMARY:

Recertification visit due today. Head to toe assessment performed today. Lungs clear, heart sounds normal, bowel sounds active x4 quadrants. Bowel movements have been regular. Appetite fair. No recent falls (since most recent 2 falls about 2 months ago which resulted in fractured rib). Pt is diabetic. No wounds at this time. He continues to ambulate with walker. Requires frequent reminders and reinforcement of education due to dementia. Pt continues to benefit from HH physical therapy visits to work on strength, gait and balance. Nurse visit with pt will continue weekly for re-assessments and ozempic injection.

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

STANDING ORDERS:

Infection control: hygiene, proper hand washing.;

Advance directive: plan if patient is unable to make healthcare decisions. Living Will;

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.

PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal blood pressure, abnormal BS < 70/140 > mg/dL, limited strength, muscle weakness, limited endurance, balance deficit

PROCEDURES:

weekly injection: OZEMPIC INJECTION- given by SN subcutaneous 0.25mg once per week for diabetes,

glucose testing via monitor

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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-STATED GOAL: blood sugar checks, ozempic injection

GOALS
patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* 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

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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK1: 1 (04/27/26-05/02/26) ,WK2: 1 (05/03/26-05/09/26) ,WK3: 1 (05/10/26-05/16/26) ,WK4: 1 (05/17/26-05/23/26) ,WK5: 1 (05/24/26-05/30/26)

PROCEDURES: strengthening exercises: Strength training to improve balance and safety.

TEACH PATIENT/CAREGIVER: Oral Hygiene - 06. Independent, Sit to Stand - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Eating - 06. Independent, Toilet Transfer - 06. Independent

PT Goals

PATIENT-STATED GOAL: blood sugar checks, ozempic injection, physical therapy evaluation

GOALS
Toilet Transfer - 06. Independent

Oral Hygiene - 06. Independent

Eating - 06. Independent

Toileting Hygiene - 06. Independent

Sit to Stand - 05. Setup or clean-up assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by JOHNSON, LAURA SN

Date

04/23/2026