Home Health Certification and Plan of Care

Order ID: 1184/554

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A31670351	05/08/2026	From: 05/08/2026 To: 07/06/2026	1429	037804

6. Patient's Name and Address

Robert Williams
12823 N 65th Place,
Scottsdale, AZ 85254-
623-299-0568

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 10/02/1954 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G30.9	Alzheimer's disease unspecified	05/08/26

13. ICD	Other Pertinent Diagnoses	Date
F02.818	Dem in oth dis classd elswhr unsp sev with oth beh distrb	05/08/26
I10.	Essential (primary) hypertension	05/08/26
I25.2	Old myocardial infarction	05/08/26
M62.81	Muscle weakness (generalized)	05/08/26
R54.	Age-related physical debility	05/08/26
R60.9	Edema unspecified	05/08/26
Z79.899	Other long term (current) drug therapy	05/08/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/08/26

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

RISPERIDONE 0.5 mg MG Orally daily
Risperidone - Risperidone 1 mg 1 by mouth at bedtime
MELATONIN 3 MG Orally daily
LORAZEPAM 1 mg MG Orally every 4 hours As needed
LISINOPRIL 20 mg MG Orally twice a day
LIDOCAINE 1 patch Externally daily As needed 5% patch to affected area daily as needed for localized pain
IBUPROFEN 400 mg MG Orally every 6 hours As needed
HYDROXYZINE 25 mg Orally daily As needed 2 tabs daily as needed
BENZTROPINE 0.5 MG by mouth daily
Benztropine Mesylate - Benztropine Mesylate 1 mg 1 by mouth every 6 hours additional doses every 6 hrs as needed
ATORVASTATIN 40 mg Orally at bedtime
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 400 units (10MCG) by mouth once a day
Donepezil Hydrochloride - Donepezil Hydrochloride 10 mg 1 by mouth once a day
Nifedipine Er - Nifedipine 30mg by mouth twice a day Hold medication if SBP is less than 100
Clonidine Hcl - Clonidine 0.1mg by mouth once a day 2 tabs daily as needed for consistent SBP over 150 after anti-hypertensives (after 2-3 hours)
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day
Magnesium Sulfate - Magnesium Sulfate 1 by mouth once a day not listed on physicians med list (only listed on Group Home med list)
Eucerin Cream - Eucerin Cream 1 application topical as necessary Apply to affected areas daily as needed
Epsom salt 1 application topical as necessary Use for soaks to affected area daily as needed
Milk Of Magnesium - Simethicone 400mg/5ml 30ml by mouth as necessary 30ml daily, as needed for constipation
Tylenol Extra Strength - Acetaminophen 650mg by mouth every 6 hours 2 tablets every 6 hours as needed for pain or fever
Miralax - Polyethylene Glycol 3350 17gm/scoopful 1 scoop by mouth as necessary 17GM/scoop daily as needed for constipation
Diclofenac Sodium - Diclofenac Sodium 1%, 2G gel topical four times a day apply to affected area up to 4 times daily as needed
Aquaphor ointment 1 application topical once a day apply to dry areas as needed
Aluminum Magnesium Simethicone Suspension 200 200 20 mg/5 ml by mouth every 6 hours 15ml every 6 hours as needed for GI distress

14. DME and Supplies:

wheelchair, bath bench, grab bars, walker

15. Safety Measures:

fall precautions, walker precautions, ambulates with device, standard precautions, activity supervision

16. Nutrition:

soft, cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated, Walker

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: 2. Sometimes, 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!3. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc., HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

family/caregiver 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: Dementia with behaviors, significant hypertension, previous MI and CVA, muscle weakness and unsteady gait requires SN assessment of cardiopulmonary, musculoskeletal, neuro, GI/GU and integumentary systems, safety with ADLs and fall prevention, diagnoses management and education, medication management and education weekly for 2 weeks then every other week and as needed for complications. PT, OT and ST to perform evaluations and treat as appropriate.

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by DELGADO, MELISSA SN on 05/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

VALERIE PALACIOS-CHAPA
7010 E ACOMA DR SUITE 102
SCOTTSDALE, AZ 85254
PHONE: (480) 575-0576 FAX: 480-575-0512 NPI: 1699132597

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 Careplans

SN FREQUENCY: 1W2, every other week and as needed for complications.

CLINICAL SUMMARY: Patient seen today for SOC for SN assessment and for patient to be able to be evaluated by PT, OT and ST. Patient has history of significant hypertension, MI, CVA, hyperlipidemia, dementia with behavioral disturbances, generalized muscle weakness and unsteadiness of gait. Patient uses FWW for ambulation and is a stand by assist for all ADLs. Per caregiver patient would benefit from increased assistance but patient refuses hands on assistance at this time for bathing or any other ADLs unless caregivers insist. Patient reports some mild, constant pain in mouth related to multiple missing and decaying teeth and is requesting to see a dentist. Mild +1 edema present in both lower extremities without current numbness or tingling but patient does report that when his blood pressure is high, he knows it because his arms and lower legs get tingly and numb and his lower legs begin to swell. Patient also reports that he needs glasses, especially for reading. Consents and other documents needed to read to patient due to small print. Patient denies any incontinence. Patient has a fair understanding of his current medications. Patient educated on plan of care and upcoming evaluations with therapists and is in agreement with plan. Patient to be seen by SN 1W2 then every 2 weeks and as needed for complications for assessment and diagnoses management. Patient to have evaluations with therapists and they will establish individual plans of care.

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, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) 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 hazards, living space adequately lit, assistive devices prn.; Emergency preparedness: plan for prn evacuation, resumption of home health visits.
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, M1745 - Behavioral Issues, M1700 - Cognition, D0700 - Social Isolation, M2020 - Oral Med Management, swelling in the arms/legs, abnormal blood pressure, abn cholesterol > 200 mg/dL, weak pulses in feet, M1400 - Dyspnea, limited endurance, muscle weakness, Pain Interference with ADLs, impaired speech, difficulty sleeping, balance deficit, B1000 - Vision Deficit, Pain Effect on Sleep, tooth pain/decay/sensitivity

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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

SN Goals

PATIENT-STATED GOAL: Get some physical therapy, do things on my own

GOALS
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
* 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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	05/08/2026