Home Health Certification and Plan of Care

Order ID: 1184/558

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9W51XP2RG10	03/06/2026	From: 05/05/2026 To: 07/03/2026	1413	037804

6. Patient's Name and Address

Brenda Hammons
19574 W RANCHO DR,
LITCHFIELD PARK, AZ 85340-4216
928-649-2585

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 12/01/1951 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	03/06/26

13. ICD	Other Pertinent Diagnoses	Date
L97.422	Non-prs chr ulcer of left heel and midfoot w fat layer expos	03/06/26
L97.512	Non-prs chronic ulcer oth prt right foot w fat layer exposed	03/06/26
E11.69	Type 2 diabetes mellitus with other specified complication	03/06/26
M86.672	Other chronic osteomyelitis left ankle and foot	03/06/26
E11.610	Type 2 diabetes mellitus w diabetic neuropathic arthropathy	03/06/26
M79.7	Fibromyalgia	03/06/26
M19.071	Primary osteoarthritis right ankle and foot	03/06/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	03/06/26
F41.9	Anxiety disorder unspecified	03/06/26
F32.A	Depression unspecified	03/06/26
M06.9	Rheumatoid arthritis unspecified	03/06/26
M21.071	Valgus deformity not elsewhere classified right ankle	03/06/26
M21.072	Valgus deformity not elsewhere classified left ankle	03/06/26
M24.571	Contracture right ankle	03/06/26
M25.871	Other specified joint disorders right ankle and foot	03/06/26
S93.311S	Subluxation of tarsal joint of right foot sequela	03/06/26
S93.312S	Subluxation of tarsal joint of left foot sequela	03/06/26
Z91.81	History of falling	03/06/26

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

Ropinirole 0 3mg by mouth three times a day
Pregabalin - Pregabalin 0 300mg by mouth twice a day
Duloxetine 60 mg by mouth once a day
Carvedilol - Carvedilol 6.25 mg 6.25 mg by mouth twice a day
Sodium Bicarbonate - Sodium Bicarbonate 650 mg tablets by mouth twice a day
Famotidine - Famotidine 40 mg 1 tablet by mouth as necessary daily as needed for heartburn
Reglan - Metoclopramide Hydrochloride eq 5 mg base 1 tablet by mouth as necessary as needed daily for nausea
Tizanidine Hydrochloride - Tizanidine Hydrochloride eq 2 mg base 1 tablet by mouth as necessary as needed QHS for muscle spasms
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth as necessary oxycodone 5mg tablets; take 1 tablet by mouth Q8H prn pain

14. DME and Supplies:

ostomy supplies, bath bench, wheelchair, walker, 4 wheeled walker, wound care supplies

15. Safety Measures:

ambulates with device, fall precautions, remove environmental barriers, , walker precautions, standard precautions, infectious material management, , bathroom safety, , medication safety, smoke detectors , wheelchair precautions

16. Nutrition:

cardiac diet, high protein

17. Allergies:

Clindamycin Daptomycin Latex Oxycodone-cetaminophen

18.A. Functional Limitations

Ambulation, Endurance, Bowel/Bladder Incontinence, Amputation

18.B. Activities Permitted

Up As Tolerated, Walker, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., 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
add discharge plan

Homebound status: homebound due to generalized weakness, wound on bilateral bottom of feet and dependence on assistive device to ambulate safely

Clinical Condition Requiring Homecare: Patient with bilateral wounds on feet with history of recent falls requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, wound care per orders twice per week and as needed for complications.

SN Careplans

SN FREQUENCY: SN 2w3, 1w6 and prn for wound complications

CLINICAL SUMMARY:

Recertification visit due today. Pt has bilateral wound on the bottom of her feet. Pt saw podiatrist on Tuesday but will be unable to see him again until the end of May. Nurse will see pt twice a week until pt see the podiatrist again. Head to toe assessment complete. No new areas of concern identified today. Pt is eating well. Bowel movements have been regular. Nurse reviewed fall precautions with pt. Advised pt that the ramp outside her front door is unsafe. Suggested pt remove this and purchase or have a proper ramp installed. Pt verbalized understanding of fall risk but said she will likely not remove it because her roommate does not agree. Wound photographed and measured for EMR today. Wound care performed by nurse per orders. Pt tolerated wound care well. Scheduled to see pt on Tuesday and Friday next week.

SN Goals

PATIENT-STATED GOAL: heal wounds, no falls

GOALS
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's living environment is clean/uncluttered

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 05/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

ZACHARY FLYNN
11209 N TATUM BLVD SUITE B100
PHOENIX, AZ 85028
PHONE: (602) 973-3888 FAX: 16029733028 NPI: 1669812855

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: 1184/558

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9W51XP2RG10	03/06/2026	From: 05/05/2026 To: 07/03/2026	1413	037804

6. Patient's Name and Address
Brenda Hammons
19574 W RANCHO DR,
LITCHFIELD PARK, AZ 85340-4216
928-649-2585

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

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: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 4. Multiple emergency department visits (2 or more) in the past 6 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, 8. Currently reports exhaustion

STANDING ORDERS:

Infection control: hygiene, proper hand washing.;

Advance directive: plan if patient is unable to make healthcare decisions. MPOA (daughter and granddaughter);

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: lightheadedness, dependent edema, coughing, abnormal blood pressure, cough/gag/pain chew/swallow, nausea/vomiting, heartburn/indigestion, muscle weakness, limited endurance, limited strength, extremity burn/tingle/numb, headache, balance deficit, #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Ankle/Foot - periwound greenish/yello and dry, #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Left Ankle/Foot -

PROCEDURES:

physician-ordered wound care: #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Ankle/Foot - periwound greenish/yello and dry: cleanse wound, pat dry with 4x4 gauze, medihoney and calcium alginate with silver to wound bed, cover with dry dressing; frequency: twice a week and prn;

physician-ordered wound care: #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Left Ankle/Foot -: cleanse wound, pat dry with 4x4 gauze, medihoney and calcium alginate with silver to wound bed, cover with dry dressing; frequency: twice a week and prn;

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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 living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* 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

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date

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

Date
05/01/2026