Home Health Certification and Plan of Care

Order ID: 1184/572

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A24450555	03/20/2026	From: 05/19/2026 To: 07/17/2026	1423	037804

6. Patient's Name and Address
Andrea Kalectaca
5132 N 15TH ST APT 158,
PHOENIX, AZ 85014-
928-240-3959

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 12/24/1962 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L97.913	Non-prs chronic ulc unsp prt of r low leg w necros muscle	03/20/26

13. ICD	Other Pertinent Diagnoses	Date
L88.	Pyoderma gangrenosum	03/20/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	03/20/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	03/20/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	03/20/26
N18.30	Chronic kidney disease stage 3 unspecified	03/20/26
E78.5	Hyperlipidemia unspecified	03/20/26
Z79.01	Long term (current) use of anticoagulants	03/20/26
Z86.711	Personal history of pulmonary embolism	03/20/26
Z86.718	Personal history of other venous thrombosis and embolism	03/20/26

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

Omeprazole - Omeprazole 20 mg 20 mg by mouth twice a day Give 1 capsule by mouth two times a day for GERD
Vitamin B Complex - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 0 1 tablet by mouth once a day Give 1 tablet by mouth one time a day for supplement
Apixaban 0 5 mg by mouth twice a day for DVT PPX
Amlodipine Besylate - Amlodipine Besylate eq 10 mg base eq 10 mg base 1 tablet by mouth once a day For HTN
LISINIPRIL 0 40 MG Oral Give one time a day for HTN
Empagliflozin 0 10 mg by mouth once a day for diabetes
GABAPENTIN 300 mg 300 mg 100 MG Oral every 8 hours
ozempic 1mg subcutaneous once a week for diabetes
Tramadol - Tramadol Hydrochloride 50mg by mouth as necessary Q8H PRN pain
Lantus Insulin - Insulin Glargine Recombinant 35 unit subcutaneous at bedtime for diabetes

14. DME and Supplies:
bath bench, grab bars, wound care supplies, 4 wheeled walker

15. Safety Measures:
fall precautions, ambulates with device, standard precautions

16. Nutrition:
diabetic, increased protein

17. Allergies:
Ibuprofen, oxyCODONE, Pioglitazone, Benadryl, Motrin, latex

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, 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

Homebound status: Taxing effort to leave home, dependence on assistive devices

Clinical Condition Requiring Homecare: Non-Pressure Chronic Ulcer of Unspecified part of Right lower leg with Necrosis of muscle

SN Careplans

SN FREQUENCY: 2W1, 3W8 + PRN for complications.

CLINICAL SUMMARY: Patient seen today for recertification of HH services, assessment and wound care. Patient assessed head to toe, skin assessed head to toe and is significant for LE wound. Patient has history of necrotic left lower extremity wound following a bug bite resulting in long term hospitalization and rehab, currently being treated with 3 time a week wound care with HH and weekly wound clinic visits. Patient has history of DM II and tests Bg daily and is independent with this care. Vital signs within normal limits for patient. Patient reports pain at 4/10 to left leg. Patient denies falls or injuries since last SN visit. Patient reports adequate PO intake and bowel movements consistent with normal patterns. Wound care performed per orders and was well tolerated by patient. Patient educated on plan of care for new certification period and voiced agreement with plan of care. Patient to continue to be seen 3 times a week and as needed for complications for assessment, diagnoses management and wound 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, blood sugar < 60 > 300

CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 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. No Advanced Directive; 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: abnormal blood pressure, abnormal BS < 70/140 > mg/dL, muscle weakness, limited endurance, balance deficit, #1 - Observable Surgical Wound - Anterior Right Below Knee -

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Right Below Knee -: Right lower leg wound care: remove old dressing; apply lidocaine gel for 10 minutes; cleanse

SN Goals

PATIENT-STATED GOAL: heal wound; decreased pain

GOALS
patient/caregiver recalls
* strategies to increase caloric intake
* 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/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
* 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
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by JOHNSON, LAURA SN on 05/18/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
HELEN HAYDEN
4212 N 16th St
Phoenix, AZ 85016
PHONE: 602-263-1200 FAX: 16022005387 NPI: 1700161791

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: 1184/572

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A24450555	03/20/2026	From: 05/19/2026 To: 07/17/2026	1423	037804

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Andrea Kalectaca 5132 N 15TH ST APT 158, PHOENIX, AZ 85014- 928-240-3959	Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300 Phoenix, AZ 85028-6039 480-415-4423 1457998957

wound with vashe wound cleanser, pat dry with 4x4 gauze, apply santyl to wound bed, cover wound with vashe soaked 4x4 gauze, dry 4x4 gauze and abd pad, wrap with kerlix and ace wrap frequency: daily and prn for soiling or dislodgement; SN visits 3 times per week, apply compression bandage, glucose testing via monitor, monitor intake & output

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 increase caloric intake, 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's transportation needs are met, patient is adequately supervised

^ home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient is adequately supervised

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	05/18/2026