Home Health Certification and Plan of Care

Order ID: 1184/574

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A77710194	05/18/2026	From: 05/18/2026 To: 07/16/2026	426	037804

6. Patient's Name and Address

Trudy Castanelli
9644 N 11th Ave, Apt 1,
Phoenix, AZ 85021-
602-339-8578

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 05/06/1974 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
T81.31XA	Disruption of external operation (surgical) wound NEC init	05/18/26

13. ICD	Other Pertinent Diagnoses	Date
D05.11	Intraductal carcinoma in situ of right breast	05/18/26
F31.9	Bipolar disorder unspecified	05/18/26
M05.79	Rheu arthritis w rheu factor mult site w/o org/sys involv	05/18/26
F41.9	Anxiety disorder unspecified	05/18/26
F60.89	Other specific personality disorders	05/18/26
F32.A	Depression unspecified	05/18/26
G43.909	Migraine unsp not intractable without status migrainosus	05/18/26
I10.	Essential (primary) hypertension	05/18/26
M54.9	Dorsalgia unspecified	05/18/26
G89.29	Other chronic pain	05/18/26
E66.812	Obesity class 2 (E66.812	05/18/26
Z68.41	Body mass index [BMI] 40.0-44.9 adult	05/18/26
Z79.899	Other long term (current) drug therapy	05/18/26
Z79.52	Long term (current) use of systemic steroids	05/18/26

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

Amoxicillin - Amoxicillin 500 mg 1 by mouth every 8 hours take 3 times a day for 7 days
Ciprofloxacin - Ciprofloxacin 750mg by mouth twice a day 1 tab twice daily for 7 days
Predisone - Prednisone 10mg by mouth once a day
Trazadone - Trazodone Hydrochloride 50mg by mouth at bedtime
Lisinopril - Lisinopril 10 mg 1 by mouth once a day
Seroquel - Quetiapine Fumarate eq 50 mg base 1 by mouth in the morning
Seroquel Xr - Quetiapine Fumarate 200 mg 1 by mouth in the evening
Cyclobenzaprine - Cyclobenzaprine Hydrochloride 10mg by mouth as necessary
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 10mg by mouth every 4 hours as needed for severe pain
Gabapentin - Gabapentin 800 mg 1 by mouth three times a day
Tizanidine Hydrochloride - Tizanidine Hydrochloride eq 4 mg base 1 by mouth at bedtime

14. DME and Supplies:

bath bench, wound care supplies

15. Safety Measures:

no bp right arm, no bp left arm, standard precautions

16. Nutrition:

low sodium

17. Allergies:

Ambien, Toradol, Abilify, Lithium, Lamictal

18.A. Functional Limitations

Endurance

18.B. Activities Permitted

Up As Tolerated, Independent at Home

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Taxing effort to leave home, Requires assistance from another person to leave home

Clinical Condition Requiring Homecare: Wound vac MWF for surgical wound complications following double mastectomy.

SN Careplans

SN 3W9 and PRN for complications.

CLINICAL SUMMARY: Patient seen today for SOC and wound care with new wound vac. Patient with history of recent breast cancer diagnoses with double mastectomy with multiple infections resulting in wounds to both breasts, right side requiring wound vac. Patient has been unable to begin chemotherapy due to wound status. Patient also has history of HTN, Bipolar disorder, Rheumatoid arthritis and obesity. Patient was seen today at the PIMC wound clinic and wound vac was changed in clinic. Patient was scheduled to have SOC performed on 5-20, however dressing began leaking and SOC was performed this evening to be able to correct the issue. Consent signed and wound care performed. Medications reconciled and assessment completed. Vital signs within normal limits for patient. Plan made for pain control and dressing changes for next appointment on Wednesday. Patient is in agreement with plan 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: 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, 9. Other risk(s) not listed in 1- 8

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

SN Goals

PATIENT-STATED GOAL: Heal wounds so I can start chemotherapy

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/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

patient/caregiver recalls

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by DELGADO, MELISSA SN on 05/18/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

SHALENE YAZZIE
4212 N 16TH ST
PHOENIX, AZ 85016
PHONE: (602) 263-1684 FAX: 16022005387 NPI: 1427615038

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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PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, D0700 - Social Isolation, M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, extremity burn/tingle/numb, obesity, #1 - Observable Surgical Wound - Anterior Right Upper Chest - Red granulating wound bed with moderate to large amount of sanguineous drainage. Wound vac present, #2 - Observable Surgical Wound - Anterior Left Upper Chest - granulating wound bed with small amount of serosanguineous drainage

PROCEDURES: physician-ordered wound care: #2 - Observable Surgical Wound - Anterior Left Upper Chest - granulating wound bed with small amount of serosanguineous drainage, physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Right Upper Chest - Red granulating wound bed with moderate to large amount of sanguineous drainage. Wound vac present, physician-ordered wound care #2: Cleanse left breast surgical wound with Vashe solution and gauze, pat dry with gauze. Apply Aquacel Ag to open areas, cover with sterile gauze, cover with ABD pad, affix with tape. Perform wound care daily and PRN. HH SN to perform 3xW and PRN for complications., wound vacuum #1: Clean right breast surgical wound with Vashe solution and gauze, pat dry with gauze, app,apply, skin barrier prep around wound perimeter, apply Duoderm border around wound perimeter, apply plastic drape around wound, insert black granufoam into wound bed, packing both tunnels with foam, cover with plastic drape, attach trac-pad and initiate continuous suction at 125mHz. Change 3 times weekly and as needed for complications. SN may apply wet to dry dressing covered with ABD pad in case of supply disruption or other complications with vac.

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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, patient self-administers medications as prescribed, 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
* 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
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by DELGADO, MELISSA SN

Date
05/18/2026