Home Health Certification and Plan of Care

Order ID: 1184/590

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
122439665	06/05/2026	From: 06/05/2026 To: 08/03/2026	1433	037804

6. Patient's Name and Address

Victoria Meneses
2231 N 38th St,
PHOENIX, AZ 85008-
602-244-1218

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 03/20/1955 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L03.116	Cellulitis of left lower limb	06/05/26

13. ICD	Other Pertinent Diagnoses	Date
L03.115	Cellulitis of right lower limb	06/05/26
I89.0	Lymphedema not elsewhere classified	06/05/26
A46.	Erysipelas	06/05/26
I87.2	Venous insufficiency (chronic) (peripheral)	06/05/26
I10.	Essential (primary) hypertension	06/05/26
J45.30	Mild persistent asthma uncomplicated	06/05/26
I95.0	Idiopathic hypotension	06/05/26
Z74.01	Bed confinement status	06/05/26
Z79.82	Long term (current) use of aspirin	06/05/26

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

ACETAMINOPHEN 500 MG Orally twice a day 1 Capsule
ALBUTEROL 108 MCG/ACT Inhalation daily 2 puff
Ammonium Lactate - Ammonium Lactate 12% Cream Apply externally to affected areas Externally 2 times per day Ammonium Lactate 12% Cream - Apply externally to affected areas twice daily.
Aspirin 325Mg - Aspirin 1 tablet Orally daily
POTASSIUM 20 MEQ Orally daily with food 1 tablet (20 mEq) Extended Release
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG (2000 UT) Orally Daily 1 tablet
CETIRIZINE HYDROCHLORIDE 10 mg Orally Daily 1 tablet (10 mg)
Fluticasone-Salmeterol MCG/ACT Inhalation twice a day 1 puff Aerosol Powder Breath Activated
Fluticasone Propionate - Fluticasone Propionate 50 MCG/ACT Nasally twice a day 1 spray Suspension
IBUPROFEN 600 mg Orally as necessary Take 1 tablet (600 mg) orally every 6 hours as needed.
Ipratropium-Albuterol (3) MG/3ML Inhalation Once every 6 hours prn Inhale 1 vial via nebulizer daily.
LORAZEPAM 2 mg mL (1 mg) Orally every 6 hours as needed Start Date: 08/26/2025
Lumigan - Bimatoprost 0.01 perc Ophthalmic daily in the evening 1 drop Ophthalmic
PROAIR 108 MCG/ACT Inhalation every 4 hours As needed no more than 12 inhalations per 24 hours Inhale 1-2 puffs every 4 hours as needed; do not exceed 12 inhalations in 24 hours.
Prochlorperazine Maleate - Prochlorperazine Maleate 5 MG Orally daily in the evening 1 tablet (5 mg)
QUETIAPINE FUMARATE 50 MG Orally daily in the evening 1 tablet (50 mg) Extended Release 24 Hour
SERTRALINE 25 MG Orally daily 0.5 tablet (12.5 mg)
Bumetanide - Bumetanide 2 mg by mouth once a day Take 1 tablet (2 mg) orally once daily.
Calamine 1 application topical twice a day apply to skin under breasts twice a day as needed for irritation
Ciclopirox - Ciclopirox 0.77 perc 1 application topical twice a day apply topically thin layer to scalp, face, ears and neck twice weekly for seborrheic dermatitis
Fiber - Benefiber 1 chew tab by mouth once a day
Ketonazole 2% topical shampoo 1 application topical two times per week lather topically to scalp, ears and face, leave in place for 10 minutes and rinse off, twice weekly
Ketonazole 2% topical 1 application topical twice a day apply thin layer to bilateral feet twice daily
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 by mouth once a day
Mupirocin - Mupirocin 2 perc 1 application topical once a day apply to bilateral lower legs once daily
Immodium Ad - Loperamide Hydrochloride 2 tabs by mouth as necessary 2 tabs by mouth after 1st loose stool, then 1 tab after each subsequent loose stool, do not exceed 7 tabs in 24 hr period
Naproxen - Naproxen 500 mg 1 by mouth twice a day twice a day as needed for pain
Nystatin - Nystatin 100,000 units/gm 1 application topical three times a day apply to affected areas up to 3 times a day as needed for rash
Miralax - Polyethylene Glycol 3350 17gm/scoopful 1 by mouth once a day as needed for constipation
Tramadol - Tramadol Hydrochloride 1 50mg by mouth every 6 hours as needed for pain
Triamcinolone - Triamcinolone 1 application topical twice a day apply to affected areas as needed

14. DME and Supplies:

wheelchair, bath bench, nebulizer, hoyer lift, wound care supplies, eggcrate, hospital bed

15. Safety Measures:

fall precautions, standard precautions, hand rails

16. Nutrition:

low cholesterol, regular

17. Allergies:

no known allergies

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by DELGADO, MELISSA SN on 06/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

JOEL COHEN
7010 E ACOMA DR SUITE 102
SCOTTSDALE, AZ 85254-3553
PHONE: 480-575-0576 FAX: 14805750512 NPI: 1700934684

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 : 03/09/2026

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: 1184/590

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
122439665	06/05/2026	From: 06/05/2026 To: 08/03/2026	1433	037804

6. Patient's Name and Address
Victoria Meneses
2231 N 38th St,
PHOENIX, AZ 85008-
602-244-1218

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

18.A. Functional Limitations
Endurance, Contracture, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted
Complete Bedrest

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 9. Not Applicable

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: The patient is medically frail with reduced physiologic reserve. Travel outside the home poses a considerable and taxing effort due to functional limitations and medical vulnerability.

Clinical Condition Requiring Homecare: Please evaluate and treat for SN for assessment, diagnoses management and wound care.

SN Careplans

SN FREQUENCY: 1W1, 3W2, 2W3, 1W5

CLINICAL SUMMARY: Patient seen today for assessment for start of care of home health services. Patient with chronic erysipelas cellulitis to bilateral lower extremities, chronic venous insufficiency, chronic lymphedema, hypotension and asthma. Patient is completely bedbound. Patient has some intermittent confusion but is alert and oriented today during assessment. Patient has recently finished 2 oral antibiotics to treat skin condition on legs without improvement. Mupirocin ointment continues to be used for emollient properties. Wound photos uploaded measurements unable to be accurately recorded due to prevalence of carbuncles over both lower legs. Patient is bed bound and is a total assist for mobility and bathing but is able to feed herself and use arms for fine motor ADLs. patient has resided in current group home for several years. Patient is awaiting mobile doppler study for lower legs. SN will assist PCP with interventions to improve wound care and improve status of skin on lower legs. Patient to be seen 3 times weekly for initial week or two, then visits may be reduced to less frequent.

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: 7. Currently taking 5 or more medications

STANDING ORDERS: Infection control: hygiene, proper hand washing.; 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: Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M1400 - Dyspnea, swelling in the arms/legs, weak pulses in feet, dependent edema, delayed capillary refill, abnormal blood pressure, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, poor muscle tone, limited range of motion, muscle weakness, extremity burn/tingle/numb, Pain Interference with ADLs, Pain Effect on Sleep, obesity, rough/scaly/cracked skin, discolored patches of skin, swell/redness surround. skin, raised bumps that are red/white, red/tender pressure points, #1 - Nodule - Anterior Left Below Knee - nodules/areas with erythema covering both lower legs and in between upper thighs

PROCEDURES: physician-ordered wound care: #1 - Nodule - Anterior Left Below Knee - nodules/areas with erythema covering both lower legs and in between upper thighs: apply topical treatments to bilateral lower legs, wrap as tolerated, encourage elevation

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

SN Goals

PATIENT-STATED GOAL: Improve skin on legs

GOALS
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/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

Signature of Physician:

Date

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

Date
06/05/2026