Home Health Certification and Plan of Care

Order ID: 1184/594

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
109978984	06/06/2026	From: 06/06/2026 To: 08/04/2026	1432	037804

6. Patient's Name and Address

Julie Prill
5812 E THUNDERBIRD RD,
SCOTTSDALE, AZ 85254-3746
602-619-5437

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 01/07/1979 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L89.212	Pressure ulcer of right hip stage 2	06/06/26

13. ICD	Other Pertinent Diagnoses	Date
G80.0	Spastic quadriplegic cerebral palsy	06/06/26
G40.909	Epilepsy unsp not intractable without status epilepticus	06/06/26
I34.1	Nonrheumatic mitral (valve) prolapse	06/06/26
N39.42	Incontinence without sensory awareness	06/06/26
K59.09	Other constipation	06/06/26
M62.461	Contracture of muscle right lower leg	06/06/26
M62.462	Contracture of muscle left lower leg	06/06/26
R32.	Unspecified urinary incontinence	06/06/26
R47.01	Aphasia	06/06/26
R79.89	Other specified abnormal findings of blood chemistry	06/06/26
R13.19	Other dysphagia	06/06/26
R63.6	Underweight	06/06/26
Z91.81	History of falling	06/06/26

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

TRAMADOL 25 MG Tablet Orally every 4 hours As needed for pain
FLUCONAZOLE 150 MG Tablet Orally daily
IBUPROFEN 100 MG/5ML Suspension 7.5 mL Orally every 6 hours As needed for pain
TYLENOL 160 MG/5ML Suspension 5mL Orally every 6 hours As needed for pain
SENNA 8.6-50 MG, 2 tablet Orally daily in the evening OK TO CRUSH Start Date: 06/01/2026 Stop Date: 05/28/2027

14. DME and Supplies:

urinary/catheter supplies, wheelchair, Hoyer lift, wound care supplies (gauze loaf, barrier cream, wound cleanser, medium gloves, bordered foam dressing), hospital bed

15. Safety Measures:

fall precautions, aspiration precautions, wheelchair precautions, standard precautions

16. Nutrition:

soft, high calorie, pureed

17. Allergies:

Ferrous Sulfate, Azithromycin, Cephalexin, Zithromax Z-Pak, Ferrous Gluconate

18.A. Functional Limitations

Contracture, Speech, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.

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

Clinical Condition Requiring Homecare: Patient with history of cerebral palsy, severe contractures, heart murmur, non-verbal, nutritional deficits and stage 2 pressure injury to right posterior hip requires assessment of cardiopulmonary, neuro, musculoskeletal, GI/GU and integumentary systems, diagnoses management and education, medication management and wound care twice weekly and as needed for complications.

SN Careplans

SN FREQUENCY: 1W1, 2W8 and as needed for complications.

CLINICAL SUMMARY: Patient seen today for SOC admission to home health services. Patient with history of cerebral palsy, contractures and is non-verbal. HH services requested to provide wound care for area of concern on right hip. Patient assessed head to toe, skin assessed head to toe and is significant for stage 2 pressure injury to right hip over bony prominence. Skin to all other areas intact. Patient is non-verbal. Patient has severe contractures to legs and arms, has baclofen pump present, uses briefs for incontinence and is bedbound/wheelchair bound. Mild heart murmur auscultated on assessment. Patient is awaiting swallow study for potential aspiration risks and will then be evaluated by speech therapy. Wound care performed to right hip, area cleansed, barrier ointment applied and bordered foam dressing placed over area. Group home staff instructed on wound care/dressing care, instructed to leave dressing in place until Tuesday if possible unless wet, soiled or dislodged. Staff also instructed to change patient position every 1-2 hours and to offload area frequently. Staff voiced understanding of instructions provided. Due to patient's attendance to an adult day program during the week, on MWF, patient will be seen by SN for wound care on Tuesdays and Thursdays 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

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12

SN Goals

PATIENT-STATED GOAL: Patient unable to verbalize goal, CG goal is healing of wound

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
* 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
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training

23. Signature and Date of Verbal SOC Where Applicable:

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

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 : 06/02/2026

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.

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months, 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: M1700 - Cognition, M2020 - Oral Med Management, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, weak pulses in feet, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, muscle weakness, limited range of motion, poor muscle tone, muscle spasms, impaired speech, weak hand grips, loss of appetite, red/tender pressure points, #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Other - Posterior right hip 2 areas in same location - 2 areas of identical size next to each other, red areas currently intact without drainage. High potential for opening up and deteriorating.

PROCEDURES: physician-ordered wound care: Clean area with wound cleanser, pat dry with gauze, apply barrier cream/ointment, cover with bordered foam dressing. Change 3 times weekly and as needed for soiling, saturation or dislodgement. SN to perform twice weekly and as needed for complications.

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 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule

^ skin 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	06/06/2026