

Home Health Certification and Plan of Care				Order ID: 1184/599	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
A28860474		08/11/2025		From: 06/07/2026 To: 08/05/2026	
4. Medical Record No.		5. Provider No.		1378037804	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
JOSE MARTINEZ 907 E 7TH DR, MESA, AZ 85204- 817-770-6660			Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300 Phoenix, AZ 85028-6039 480-415-4423 1457998957		
8. DOB12/28/1974			9. SexMale		
11. ICD			Date		
Z48.3			08/11/25		
Principal Diagnosis			Aftercare following surgery for neoplasm		
13. ICD			Date		
C79.51			08/11/25		
C64.9			08/11/25		
C79.70			08/11/25		
D63.0			08/11/25		
G82.20			08/11/25		
K59.2			08/11/25		
N31.9			08/11/25		
L89.159			08/11/25		
S22.061D			08/11/25		
G93.41			08/11/25		
F41.9			08/11/25		
K59.03			08/11/25		
T40.2X5D			08/11/25		
E43.			08/11/25		
R13.10			08/11/25		
R33.9			08/11/25		
Z79.891			08/11/25		
Other Pertinent Diagnoses			Date		
Secondary malignant neoplasm of bone			08/11/25		
Malignant neoplasm of unsp kidney except renal pelvis			08/11/25		
Secondary malignant neoplasm of unspecified adrenal gland			08/11/25		
Anemia in neoplastic disease			08/11/25		
Paraplegia unspecified			08/11/25		
Neurogenic bowel not elsewhere classified			08/11/25		
Neuromuscular dysfunction of bladder unspecified			08/11/25		
Pressure ulcer of sacral region unspecified stage			08/11/25		
Stable burst fx T7-T8 vertebra subs for fx w routn heal			08/11/25		
Metabolic encephalopathy			08/11/25		
Anxiety disorder unspecified			08/11/25		
Drug induced constipation			08/11/25		
Adverse effect of other opioids subsequent encounter			08/11/25		
Unspecified severe protein-calorie malnutrition			08/11/25		
Dysphagia unspecified			08/11/25		
Retention of urine unspecified			08/11/25		
Long term (current) use of opiate analgesic			08/11/25		
10. Medications: Dose/Frequency/Route (N)ew (C)hanged			Baclofen - Baclofen 10 mg by mouth three times a day baclofen 10 mg Tab 10 mg 1 tab, Oral, TID		
			Biscodyl - Bisacodyl: Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 10mg rectal at bedtime bisacodyl 10 mg Supp 10 mg 1 supp, Per rectum, QHS		
			Docusate - Docusate Sodium 50mg-0.6mg by mouth twice a day docusate-senna 50 mg-0.6 mg Tab 3 tab, Oral, BID		
			Miconazole 2% Topical cream topical twice a day Miconazole 2% Topical Cream (119mL Bulk) 1 app, Topical, BID		
			Oxycodone - Ibuprofen: Oxycodone Hydrochloride 20mg by mouth every 12 hours Oxycodone 20 mg ER Tab 20 mg 1 tab, Oral, q12hr		
			Pregabalin - Pregabalin 150mg by mouth three times a day Pregabalin 150 mg oral capsule 150 mg 1 cap, Oral, TID		
			Ropinirole Hydrochloride - Ropinirole Hydrochloride eq 0.25 mg base by mouth twice a day Ropinirole 0.25 mg Tab 0.25 mg 1 tab, Oral, BID		
			Ondansetron - Ondansetron 4 mg by mouth every 4 hours ondansetron 4 mg Tab ODT 4 mg 1 tab, Oral, q4hr		
			Simethicone - Simethicone 180mg by mouth four times a day Simethicone 80 mg Chew Tab 80 mg 1 tab, Oral, q8hr		
			Alprazolam - Alprazolam 0.25 mg 1 by mouth as necessary Alprazolam 0.25 mg Tab 0.25 mg 1 tab, Oral, TID		
			Remeron - Mirtazapine 15 mg 1 by mouth at bedtime		
			Cymbalta - Duloxetine Hydrochloride 30 mg 2 by mouth once a day		
			Bactrim Ds - Sulfamethoxazole: Trimethoprim 800 mg;160 mg 1 by mouth twice a day Twice daily for 7 days		
			Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 mg 25mg by mouth every 6 hours Hydroxyzine Hydrochloride 25 mg Tab 25 mg 1 tab, Oral, q6hr		
			Biscodyl - Bisacodyl: Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 10mg rectal once a day Bisacodyl 10 mg Supp 10 mg 1 supp, Per rectum, Daily		
			Biscodyl - Bisacodyl: Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 5mg by mouth once a day Bisacodyl 5 mg Oral EC Tab 5 mg 1 tab, Oral, Daily		
			Acetaminophen - Acetaminophen 500mg by mouth as necessary acetaminophen 500 mg Tab 1,000 mg 2 tab, Oral		
			Oxycodone - Ibuprofen: Oxycodone Hydrochloride 10mg by mouth every 4 hours Oxycodone 10 mg IR Tab 10 mg 1 tab, Oral, q4hr		
			Oxycodone - Ibuprofen: Oxycodone Hydrochloride 15mg by mouth every 4 hours Oxycodone 15 mg IR Tab 15 mg 1 tab, Oral, q4hr		
			Lactulose - Lactulose 20gm/30mL by mouth as necessary Lactulose 20gm/30mL Oral Syrup (30mL UD) 10 gm 15 mL, Oral, TID		
			Docusate - Docusate Sodium 263 mg rectal as necessary Docusate 263 mg Rectal Enema (5mL UD) 283 mg 1 EA, PR, Daily		
			Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17gm by mouth as necessary Polyethylene Glycol 3350 Oral Pwdr-Reconstit {17gm} (1EA UD) 17 gm 1 EA, Oral, BID		
			Doxycycline - Doxycycline Hyclate eq 100 mg base 1 by mouth once a day adjunct with PO chemo		
			Clindamycin Phosphate - Clindamycin Phosphate eq 1 perc base 1 application topical once a day Apply to face, neck and trunk and any areas affected.		
			Clindamycin Phosphate Gel USP 1%		
			Ativan - Lorazepam 1 mg 1 by mouth as necessary As needed for anxiety		
			Magnesium Oxide - Simethicone 400mg by mouth once a day		
			Erlotinib Hydrochloride - Erlotinib Hydrochloride 150mg by mouth three times per week PO chemotherapy		
			Methenamine Hippurate - Methenamine Hippurate 1 gram by mouth twice a day		
14. DME and Supplies:			15. Safety Measures:		
wheelchair, urinary/catheter supplies, bath bench, hoier lift, grab bars, wound care supplies, sliding board			fall precautions, transfer with assist, wheelchair precautions, standard precautions		
16. Nutrition:			17. Allergies:		
high protein, regular			Hydromorphone		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Bowel/Bladder Incontinence, Ambulation			Up As Tolerated, Wheelchair		
19 Mental &					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by DELGADO, MELISSA SN on 06/06/2026					
24. Physician's Name and Address			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.		
JOEL COHEN			F2F date : 01/21/2026		
7010 E ACOMA DR SUITE 102					
SCOTTSDALE, AZ 85254-3553					
PHONE: 480-575-0576 FAX: 14805750512 NPI: 1700934684					
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.		
			PAGE 1 of 3		

Home Health Certification and Plan of Care				Order ID: 1184/599
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A28860474	08/11/2025	From: 06/07/2026 To: 08/05/2026	1378	037804
6. Patient's Name and Address JOSE MARTINEZ 907 E 7TH DR, MESA, AZ 85204- 817-770-6660		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		
Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:				
20. Prognosis: fair				
22. A Rehabilitation Potential: SELF-CARE: , MOBILITY:		22.B.Discharge Plans family/caregiver will be responsible for managing treatment 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 History of metastatic renal carcinoma with mets to spine, various other bones and organs, neurogenic bowel and bladder due to spinal tumor burden, chronic Requiring Homecare: sacral pressure injury, increasing muscle spasms and pain, Generalized weakness, impairment in ADL bed mobility, transfers and ambulation.				
SN Careplans SN FREQUENCY: 1W1, 2W8 as tolerated and PRNN for complications. CLINICAL SUMMARY: Patient seen today for recertification for home health services. Patient assessed head to toe, skin assessed head to toe and is significant for sacral pressure injury and chemo rash to face and trunk. Patient reports adequate PO intake and neurogenic bladder and bowel require catheterization every 4-6 hours and briefs for bowel incontinence. Patient reports significant pain in abdominal wall and left upper leg/groin area today following extended time in dental chair yesterday and per patient, a rough turn of patient. Wound care performed per orders and well tolerated by patient. Wound measurements and photo uploaded today. Patient using heating pad on abdomen for discomfort. Patient education provided related to safety with heating pad use, heat settings and frequent assessment of skin underneath. Patient voiced understanding of instructions provided. Patient to continue to be seen by SN twice weekly 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: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion 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: abnormal blood pressure, abnormal thyroid <> 0.40 - 4.50 mIU/mL, constipation, urine retention, poor muscle tone, limited endurance, muscle spasms, limited strength, limited range of motion, muscle weakness, extremity burn/tingle/numb, balance deficit, involuntary movement of extremity, pain radiating to arms/legs, skin breakdown r/t incontinence, red/tender pressure points, pallor PROCEDURES: - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum - granulating wound bed, small amount of serosanguineous drainage. Mild skin breakdown surrounding wound and in peri-area. Wound being treated with wound cleanser, gauze, skin barrier wipes, calcium alginate into wound bed cover with hydrocolloid pad 3 times weekly and as needed for soiling. Duoderm or similar product placed over open areas of breakdown as needed for skin protection., physician-ordered wound care: Cleanse sacral area with wound cleanser or warm soapy water, pat dry with gauze, apply Calcium Alginate to wound bed when open, cover with bordered foam dressing/hydrocolloid dressing (sacral pad) or duoderm and change 2-3 times weekly and as needed for soiling or dislodgement. 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. * lifestyle modification to manage blood condition including dietary changes bleeding precautions, related medication(s) purpose, schedule, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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. * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies. * 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. * strategies to increase caloric intake, related medication(s) purpose, schedule. * how to minimize chemotherapy and radiation side-effects including management of nausea or		SN Goals PATIENT-STATED GOAL: I want to walk again and get stronger GOALS 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 * strategies to increase caloric intake * recalls related medication(s) purpose, schedule patient/caregiver recalls * lifestyle modification to manage blood condition including dietary changes * bleeding precautions * recalls related medication(s) purpose, schedule patient/caregiver recalls * pain control * therapeutic exercises to optimize range of motion of affected area * diet and fluids to promote healing * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet * exercise * monitoring of blood pressure * blood sugar * home * recalls related medication(s) purpose, schedule remedies patient/caregiver recalls * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting * diarrhea * appetite loss * hair loss * fatigue * insomnia * recalls related medication(s) purpose, schedule patient/caregiver recalls * dietary guidelines for managing nutritional deficit * 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/caregiver recalls * urinary catheter management including how to flush catheter * change and wash drainage bags * prevent infection including proper handwashing * positioning of catheter * recalls related medication(s) purpose, schedule patient/caregiver recalls * prevention including increase fluid intake * increase Vitamin C intake to promote acidic bladder environment (cranberry juice) * perineal hygiene		
Signature of Physician:		Date		
		PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by DELGADO, MELISSA SN		06/06/2026		

Home Health Certification and Plan of Care				Order ID: 1184/599	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
A28860474		08/11/2025		From: 06/07/2026 To: 08/05/2026	
				4. Medical Record No. 1378	
				5. Provider No. 037804	
6. Patient's Name and Address JOSE MARTINEZ 907 E 7TH DR, MESA, AZ 85204- 817-770-6660			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		
vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule. * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule. * diet and fluids to control side effects exercise healthy sleep patterns to encourage withdrawal, related medication(s) purpose, schedule. * lifestyle modifications low-residue dietary guidelines alternative medicine options for ulcerative colitis, related medication(s) purpose, schedule. * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule. * dietary guidelines for managing nutritional deficit, 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. * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, 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.			* recalls related medication(s) purpose, schedule patient/caregiver recalls * how to optimize mental status with cognition therapy * home safety * optimize mobility with active and passive range of motion therapeutic exercises * diet and fluids to optimize peripheral circulation * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient's transportation needs are met patient/caregiver recalls * diet and fluids to control side effects * exercise * healthy sleep patterns to encourage withdrawal * recalls related medication(s) purpose, schedule patient/caregiver recalls * lifestyle modifications * low-residue dietary guidelines * alternative medicine options for ulcerative colitis * 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 * bowel incontinence management including dietary changes * bowel training * skin care * 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 * 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		
PT Careplans PT TEACH PATIENT/CAREGIVER: Eating - 06. Independent			PT Goals Eating - 06. Independent		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	06/06/2026