Home Health Certification and Plan of Care

Order ID: 1184/607

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A42300224	10/24/2025	From: 06/21/2026 To: 08/19/2026	1371	037804

6. Patient's Name and Address
Jonathan Zacek
4006 W HATCHER RD,
PHOENIX, AZ 85051-
480-622-6847

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 05/28/1973 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	10/24/25

13. ICD	Other Pertinent Diagnoses	Date
L97.523	Non-prs chronic ulcer oth prt left foot w necrosis of muscle	10/24/25
L97.314	Non-pressure chronic ulcer of right ankle w necrosis of bone	10/24/25
E11.610	Type 2 diabetes mellitus w diabetic neuropathic arthropathy	10/24/25
T84.69XA	Infect/inflm reaction due to int fix of site init	10/24/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	10/24/25
M54.16	Radiculopathy lumbar region	10/24/25
F17.210	Nicotine dependence cigarettes uncomplicated	10/24/25
I89.0	Lymphedema not elsewhere classified	10/24/25
E66.3	Overweight	10/24/25
Z68.36	Body mass index [BMI] 36.0-36.9 adult	10/24/25
Z45.2	Encounter for adjustment and management of VAD	10/24/25
Z79.2	Long term (current) use of antibiotics	10/24/25

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

Suboxone - Buprenorphine Hydrochloride: Naloxone Hydrochloride 8-2mg sublingual three times a day
Colace - Docusate Sodium 100mg by mouth as necessary
Ibuprofen - Ibuprofen 800 mg by mouth as necessary
Tums - Simethicone 500mg by mouth as necessary 1-2 Tab(s) as needed for heartburn
Lisinopril - Lisinopril 5 mg 1 by mouth once a day
Lactobacillus - Lactinex 1 by mouth twice a day

14. DME and Supplies:
wheelchair, wound care supplies, grab bars, bath bench, Motorized scooter

15. Safety Measures:
standard precautions, non-weight bearing RLE, non-weight bearing LLE, fall precautions

16. Nutrition:
high protein

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Wheelchair

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: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: Patient with history of chronic left foot wound and right lower extremity surgical wounds, HTN, hyperlipidemia, and dependence on assistive devices for mobility requires SN for assessment, diagnoses management and wound care.

SN Careplans

SN FREQUENCY: 3W9 and PRN for complication.

CLINICAL SUMMARY: Patient seen today for recertification. Patient assessed head to toe, skin assessed head to toe and is significant for bilateral LE wounds. Vital signs within normal limits for patient. Patient reports adequate PO intake and bowel movements consistent with normal patterns. Patient denies falls or injuries since last visit. Patient seen by podiatry/surgeon yesterday, no chang3s made to current wound care orders. All wounds mildly debrided. Patient to return to physicians for next appointment in 2 weeks. Education reinforced on signs and symptoms of wound complications and when to contact SN. Patient voiced understanding of instructions provided. Patient to continue to be seen by SN three times 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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 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.; 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 wound, be able to walk again

GOALS
patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* 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 help resolve infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by DELGADO, MELISSA SN on 06/19/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
SCOTT MALING
1520 S DOBSON RD SUITE 312
MESA, AZ 85202
PHONE: (480) 844-8218 FAX: 14808449950 NPI: 1780643395

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 : 10/21/2025

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: abn cholesterol > 200 mg/dL, dependent edema, abnormal thyroid <> 0.40 - 4.50 mIU/mL, muscle weakness, limited strength, extremity burn/tingle/numb, rough/scaly/cracked skin, red/tender pressure points

PROCEDURES: physician-ordered wound care: Clean all wounds with wound cleanser and gauze, pat dry. Apply skin barrier around wound perimeters, apply collagen matrix dressing with silver into wound beds, cover with gauze, affix with tape. Wrap both lower extremities with gauze roll, wrap with elastic wrap. 3 times weekly and as needed for complications.

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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, * how to manage symptoms of nicotine withdrawal and nicotine cravings, related medication(s) purpose, schedule, * how to help resolve infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

patient self-administers medications as prescribed
* 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
* how to manage symptoms of nicotine withdrawal and nicotine cravings
* 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	06/19/2026