Home Health Certification and Plan of Care

Order ID: 1184/617

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
DZ2FZR	07/01/2025	From: 06/26/2026 To: 08/24/2026	1386	037804

6. Patient's Name and Address

Felipe Tagaban
1411 E MOBILE LANE,
PHOENIX, AZ 85040-0000
602-692-1065

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 11/21/1941 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/01/25

13. ICD	Other Pertinent Diagnoses	Date
N18.30	Chronic kidney disease stage 3 unspecified	07/01/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	07/01/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/01/25
M21.372	Foot drop left foot	07/01/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/01/25
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	07/01/25
Z79.82	Long term (current) use of aspirin	07/01/25

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

Aspirin - Aspirin 81mg - 1 tablet by mouth once a day 1 Cap(s) PO daily to prevent clots
Empagliflozin 10 mg- 1 tablet by mouth once a day 1 Tab(s) PO daily for diabetes
SGLT2 INHIBITORS
Atorvastatin Calcium - Atorvastatin Calcium 40 mg = 1 tab by mouth at bedtime 1 Tab(s) PO QHS
Atorvastatin Calcium Oral Tablet 40 MG
Calcitrate/Vitamin D Oral Tablet 315-200 MG-UNIT 315-200 MG - UNIT by mouth twice a day 2 Tab(s) PO BID
Calcitrate/Vitamin D Oral Tablet 315-200 MG-UNIT
Donepezil Hydrochloride - Donepezil Hydrochloride 5 mg by mouth at bedtime 1 Tab(s) PO QHS
Donepezil HCl Oral Tablet 5 MG
Losartan Potassium - Losartan Potassium 100 mg by mouth once a day 1 Tab(s) PO daily
Losartan Potassium Oral Tablet 100 MG
Metoprolol Succinate - Metoprolol Succinate eq 50 mg tartrate by mouth twice a day 1 tablet PO BID
Metoprolol Succinate Oral Capsule ER 24 Hour Sprinkle 50 MG
Allopurinol - Allopurinol 100 mg by mouth once a day 2 Tab(s) PO daily
Allopurinol Oral Tablet 100 MG
Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day
Ozempic 0.25 mg or 0.5 mg 0.25 mg subcutaneous once a week 0.25 mg subQ injection weekly for diabetes
Ozempic (0.25 MG/DOSE) Subcutaneous Solution Pen-injector 2 MG/1.5ML
riboflavin 100 mg tablets by mouth twice a day riboflavin 100mg - take 2 tablets by mouth BID
Metformin - Metformin Hydrochloride 500 mg - 1 tablet by mouth twice a day 1 Tab(s) PO BID for diabetes
metFORMIN HCl ER (OSM) Oral Tablet Extended Release 24 Hour 500 MG
Colace - Docusate Sodium 100mg tablet by mouth twice a day

14. DME and Supplies:

bath bench, grab bars, 4 wheeled walker

15. Safety Measures:

fall precautions, ambulates with assistance, standard precautions, activity supervision

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

Lisinopril

18.A. Functional Limitations

Endurance, Ambulation, Hearing

18.B. Activities Permitted

Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 3. During the day and evening, but not constantly, 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
family/caregiver will be responsible for managing treatment

Homebound status: Requires assistance for most to all ADL, Residual weakness, There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort, because of illness or injury, the person needs the following in order to leave their place of residence, the aid of supportive device(s): Cane, Wheelchair, Walker, the assistance of another person

Clinical Condition Requiring Homecare: Primary Diagnosis

SN Careplans

SN WK1: 1 (06/26/26-06/27/26) ,WK2: 1 (06/28/26-07/04/26) ,WK3: 1 (07/05/26-07/11/26) ,WK4: 1 (07/12/26-07/18/26) ,WK5: 1 (07/19/26-07/25/26)
CLINICAL SUMMARY: Patient seen today for recertification. Patient assessed head to toe, skin assessed head to toe and is intact throughout without redness, significant bruising or areas of concern. Caregiver reports they missed patient's lab work appointment yesterday due to another appointment running late and have to reschedule lab work. Caregiver reports patient has increased daytime fatigue intermittently. Caregiver denies recent falls or injuries but patient continues to be high fall risk due to intermittent fatigue, occasional increased confusion and progression of disease. Medications reconciled and MAR updated to reflect most current medications. Caregiver reports that patient had been taking magnesium but has not been able to get it refilled without taking patient in to see PCP and has not been able to schedule that appointment yet. Vital signs within normal limits for patient today. Patient denies any pain currently. Caregiver reports adequate PO intake and bowel movements consistent with normal patterns with use of prescribed stool softeners. Patient continues

SN Goals

PATIENT-STATED GOAL: blood sugar checks, ozempic injection

GOALS
patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 06/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

WILLIAM LA ROSA
4212 N. 16TH ST
PHOENIX, AZ 85016
PHONE: (602) 263-1200 FAX: 16022631547 NPI: 1710372651

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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to benefit from continued physical therapy for balance, coordination and strength improvement as well as safety with ambulation. Bg checked by SN and Ozempic injection administered in RUQ and was well tolerated by patient. Patient to continue to be seen weekly for assessment, diagnoses management and Ozempic injections.

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, blood sugar < 60 > 300

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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.Living Will; 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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal blood pressure, abnormal BS < 70/140 > mg/dL, limited strength, limited endurance, balance deficit

PROCEDURES: weekly injection: OZEMPIC INJECTION- given by SN subcutaneous 0.25mg once per week for diabetes, glucose testing via monitor

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, 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

* diabetic foot care
* exercise
* diabetic diet
* recalls related medication(s) purpose, schedule

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

PT Careplans

PT WK1: 1 (06/26/26-06/27/26) ,WK2: 1 (06/28/26-07/04/26) ,WK3: 1 (07/05/26-07/11/26) ,WK4: 1 (07/12/26-07/18/26) ,WK5: 1 (07/19/26-07/25/26)

PROCEDURES: strengthening exercises: Strength training to improve balance and safety.

TEACH PATIENT/CAREGIVER: Oral Hygiene - 06. Independent, Sit to Stand - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Eating - 06. Independent, Toilet Transfer - 06. Independent

PT Goals

PATIENT-STATED GOAL: blood sugar checks, ozempic injection, physical therapy evaluation

GOALS
Toilet Transfer - 06. Independent

Oral Hygiene - 06. Independent

Eating - 06. Independent

Toileting Hygiene - 06. Independent

Sit to Stand - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	06/23/2026