

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	
A42300224		10/24/2025		From: 06/21/2026 To: 08/19/2026	
4. Medical Record No.		5. Provider No.			
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		
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					
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		
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 Patient with history of chronic left foot wound and right lower extremity surgical wounds, HTN, hyperlipidemia, and dependence on assistive devices for mobility Requiring Homecare: 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/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		
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 06/22/2026 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 2		

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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
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	06/19/2026