Home Health Certification and Plan of Care

Order ID: 1184/626

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A31670351	05/08/2026	From: 07/07/2026 To: 09/04/2026	1429	037804

6. Patient's Name and Address

Robert Williams
12823 N 65th Place,
Scottsdale, AZ 85254-
623-299-0568

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 10/02/1954 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G30.9	Alzheimer's disease unspecified	05/08/26

13. ICD	Other Pertinent Diagnoses	Date
F02.818	Dem in oth dis classd elswhr unsp sev with oth beh distrb	05/08/26
I10.	Essential (primary) hypertension	05/08/26
I25.2	Old myocardial infarction	05/08/26
M62.81	Muscle weakness (generalized)	05/08/26
R54.	Age-related physical debility	05/08/26
R60.9	Edema unspecified	05/08/26
Z79.899	Other long term (current) drug therapy	05/08/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/08/26

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

MELATONIN 3 MG Orally daily
LORAZEPAM 1 mg MG Orally every 4 hours As needed
LISINOPRIL 20 mg MG Orally twice a day
LIDOCAINE 1 patch Externally daily As needed 5% patch to affected area daily as needed for localized pain
IBUPROFEN 400 mg MG Orally every 6 hours As needed
HYDROXYZINE 25 mg Orally daily As needed 2 tabs daily as needed
BENZTROPINE 0.5 MG by mouth daily
Benztropine Mesylate - Benztropine Mesylate 1 mg 1 by mouth every 6 hours additional doses every 6 hrs as needed
ATORVASTATIN 40 mg Orally at bedtime
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 400 units (10MCG) by mouth once a day
Donepezil Hydrochloride - Donepezil Hydrochloride 10 mg 1 by mouth once a day
Clonidine Hcl - Clonidine 0.1mg by mouth once a day 2 tabs daily as needed for consistent SBP over 150 after anti-hypertensives (after 2-3 hours)
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day
Magnesium Sulfate - Magnesium Sulfate 1 by mouth once a day not listed on physicians med list (only listed on Group Home med list)
Eucerin Cream - Eucerin Cream 1 application topical as necessary Apply to affected areas daily as needed
Epsom salt 1 application topical as necessary Use for soaks to affected area daily as needed
Milk Of Magnesium - Simethicone 400mg/5ml 30ml by mouth as necessary 30ml daily, as needed for constipation
Tylenol Extra Strength - Acetaminophen 650mg by mouth every 6 hours 2 tablets every 6 hours as needed for pain or fever
Miralax - Polyethylene Glycol 3350 17gm/scoopful 1 scoop by mouth as necessary 17GM/scoop daily as needed for constipation
Diclofenac Sodium - Diclofenac Sodium 1%, 2G gel topical four times a day apply to affected area up to 4 times daily as needed
Aquaphor ointment 1 application topical once a day apply to dry areas as needed
Aluminum Magnesium Simethicone Suspension 200 200 20 mg/5 ml by mouth every 6 hours 15ml every 6 hours as needed for GI distress
Nifedipine Er - Nifedipine 90mg by mouth once a day Hold medication if SBP is less than 100
Hydralazine - Hydralazine Hydrochloride 25mg by mouth twice a day As needed up to 2 times daily for SBP over 150 after antihypertensives not working
Furosemide - Furosemide 20 mg 1 by mouth once a day
Risperidone - Risperidone 1 mg 1 by mouth twice a day
K Cl - Potassium Chloride 10 MEQ by mouth once a day Patient to be taken for 30 days with Furosemide

14. DME and Supplies:

cane, wheelchair, bath bench, grab bars, walker

15. Safety Measures:

medication safety, bathroom safety, cardiac precautions, smoke detectors , remove environmental barriers, fall precautions, walker precautions, ambulates with device, standard precautions, activity supervision

16. Nutrition:

soft, cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Cane, Up As Tolerated, Walker

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 4. Constantly, 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
patient will be responsible for managing treatment
patient will be responsible for managing treatment
patient will be responsible for managing treatment

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by DELGADO, MELISSA SN on 07/02/2026

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 :

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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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: Dementia with behaviors, significant hypertension, previous MI and CVA, muscle weakness and unsteady gait requires SN assessment of cardiopulmonary, musculoskeletal, neuro, GI/GU and integumentary systems, safety with ADLs and fall prevention, diagnoses management and education, medication management and education weekly for 2 weeks then every other week and as needed for complications. PT, OT and ST to perform evaluations and treat as appropriate.

SN Careplans

SN FREQUENCY: SN 1w8 and prn for complications or medication changes.

CLINICAL SUMMARY:

Recertification visit due. Nurse visit to follow up on elevated blood pressure. Pts blood pressure was elevated this morning 185/100. Group home staff gave appropriate blood pressure medications. At the time of nurse visit, pts blood pressure was wnl. Head to toe assessment performed by nurse. Other than overgrown toenails, assessment was unremarkable. Pt denies pain. Nurse inquired with group home staff regarding when podiatrist will be there. They said the podiatrist comes every 3 months. Nurse asked them to contact the podiatrist and request a sooner visit as pt is unable to comfortably wear his shoes due to the long toe nails and he is very bothered by this. Pt became upset during visit, becoming quiet a few times. He stated Im trying to control my anxiety. Nurse allowed pt time to calm himself. He was then able to express the things that are upsetting him. He would like follow up on the podiatry visits, he needs dentures and bifocal glasses. Pt also has questions about his finances and how much he is paying for rent. Pt has dementia and is forgetful and will ask questions over and over. Nurse obtained notebook for patient. Recorded notes on the visit today and listed items we will be following up on. Told pt he can read the note to remind himself of what was discussed. Nurse will contact Native Health. Pt saw them in February 2026 for eye exam but he never received the eye glasses. Will follow up with group home manager regarding other concerns. Nurse will continue visits once per week. Following provider notified about elevated blood pressures and referrals requested.

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: 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, 8. Currently reports exhaustion

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

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, swelling in the arms/legs, weak pulses in feet, abn cholesterol > 200 mg/dL, abnormal blood pressure, limited strength, muscle weakness, limited endurance, difficulty sleeping, impaired speech, balance deficit

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, * 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 keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: Get some physical therapy, do things on my own

GOALS
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

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* 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
* 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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	07/02/2026