Home Health Certification and Plan of Care

Order ID: 1184/628

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
104522406	03/05/2026	From: 07/03/2026 To: 08/31/2026	1416	037804

6. Patient's Name and Address
Wenceslao Cano Ramos
4128 W Burgess,
PHOENIX, AZ 85041-
602-376-8933

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 01/26/1942 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	03/05/26

13. ICD	Other Pertinent Diagnoses	Date
N13.8	Other obstructive and reflux uropathy	03/05/26
N39.490	Overflow incontinence	03/05/26
L89.152	Pressure ulcer of sacral region stage 2	03/05/26
F03.C3	Unspecified dementia severe with mood disturbance	03/05/26
I10.	Essential (primary) hypertension	03/05/26
K76.9	Liver disease unspecified	03/05/26
K59.00	Constipation unspecified	03/05/26
R15.9	Full incontinence of feces	03/05/26
R63.0	Anorexia	03/05/26
Z46.6	Encounter for fitting and adjustment of urinary device	03/05/26
Z85.46	Personal history of malignant neoplasm of prostate	03/05/26
Z86.0100	Personal history of colonic polyps	03/05/26

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

Amlodipine - Amlodipine Besylate 0 2.5 mg/tab by mouth once a day
amLODIPine (NORVASC) 2.5 mg tab
Take 1 tablet by mouth daily. - Oral
Megace - Megestrol Acetate 20 mg 20 mg by mouth twice a day Take 1 tablet (20 mg total) by mouth 2 times daily - oral
Flomax - Tamsulosin Hydrochloride 0.4 mg 0.4 mg by mouth once a day Take 2 capsules by mouth daily. - Oral
Mirtazapine - Mirtazapine 30 mg 30 mg by mouth once a day mirtazapine (REMERON SOL-TAB) 30 mg disintegrating tablet
DISSOLVE 1 TABLET ON THE TONGUE EVERY NIGHT
Senna - Senna 0 8.6-50 mg tab by mouth as necessary Senna-docusate (PERICOLACE) 8.6-50 mg tab
take 2 tablets by mouth daily as needed for Constipation. - Oral
Lasix - Furosemide 20 mg 20 mg by mouth twice a day Take 1 tablet (20 mg total) by mouth 2 times daily as needed for edema
Oral
Ibuprofen - Ibuprofen 800 mg 1 by mouth every 8 hours As needed for pain, swelling

14. DME and Supplies:
hospital bed, wheelchair, urinary/catheter supplies, bath bench, walker, grab bars, wound care supplies, gait belt

15. Safety Measures:
fall precautions, ambulates with device, transfer with assist, ambulates with assistance, standard precautions

16. Nutrition:
soft, thickened liquids

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Speech, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted
Up As Tolerated, Walker, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., 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
family/caregiver will be responsible for managing treatment

Homebound status: Taxing effort to leave home, Dependence on assistive devices

Clinical Condition Requiring Homecare: Patient with history of urinary retention related to BPH and history of prostate cancer requiring long term indwelling catheter, dementia, HTN, pedal edema and chairbound status. Patient is a total assist for all ADLs.

SN Careplans

SN FREQUENCY: 1W9 and PRN for complications.

CLINICAL SUMMARY: Patient assessed today for recertification. Patient assessed head to toe, skin assessed head to toe and is significant for intermittent irritation and redness to groin and scrotal area. Previous sacral injuries continue resurfaced, being covered for protection. Vital signs within normal limits for patient. Caregiver reports adequate PO intake and stool output in briefs consistent with normal patterns and consistency. Caregiver denies falls or injuries since last visit, but right ankle area remains swollen without discoloration. Physician has been advised and imaging has been requested by SN. Caregiver reports patient received order for X-ray to be done yesterday, no fracture found but patient has appointment for tomorrow with PCP for an ankle brace. Caregiver to request prescription for gait belt as well. Indwelling catheter is patent and draining clear yellow urine. Next change due mid July. Patient continues with mechanical soft diet and thickened liquids. Caregiver instructed on ongoing plan of care and prevention interventions for pressure injury and catheter care. Caregiver voiced understanding of instructions and is in agreement with plan of care. Patient to continue to be seen by SN weekly and as needed for complications for assessment, diagnoses management and monthly and PRN catheter 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

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:Durable power of attorney for health care/Medical power of attorney

SN Goals

PATIENT-STATED GOAL: Caregiver stated "Have help here at home because he is too hard to get to appointments now"

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
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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 self-administers medications as prescribed
* 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by DELGADO, MELISSA SN on 07/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Juan Kamar Kharoufeh
2601 E ROOSEVELT ST
PHOENIX, AZ 85008-4973
PHONE: 602-344-5011 FAX: 16026559642 NPI: 1063974574

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 : 02/19/2026

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: M1700 - Cognition, dependent edema, urine retention, muscle weakness, limited strength, limited endurance, balance deficit, difficulty sleeping, drooling, skin breakdown r/t incontinence, #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum - , #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum -

PROCEDURES: physician-ordered wound care: #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum -, physician-ordered wound care: #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum -, catheter change, care & irrigation: Change indwelling catheter monthly and as needed for blockage or complications. 18Fr. Coude tip indwelling catheter, 10ml balloon. Irrigate as needed for blockage.

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, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, 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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

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
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	07/01/2026