

Home Health Certification and Plan of Care				Order ID: 1184/635	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
A24450555		03/20/2026		From: 07/18/2026 To: 09/15/2026	
4. Medical Record No.		5. Provider No.		1423037804	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Andrea Kalectaca				Devotion Home Health Care, LLC	
5132 N 15TH ST APT 158,				11201 N Tatum Blvd, Suite 300	
PHOENIX, AZ 85014-				Phoenix, AZ 85028-6039	
928-240-3959				480-415-4423	
				1457998957	
8. DOB12/24/1962				9. SexFemale	
11. ICD		Principal Diagnosis		Date	
L97.913		Non-prs chronic ulc unsp prt of r low leg w necros muscle		03/20/26	
13. ICD		Other Pertinent Diagnoses		Date	
L88.		Pyoderma gangrenosum		03/20/26	
E11.51		Type 2 diabetes w diabetic peripheral angiopath w/o gangrene		03/20/26	
I12.9		Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny		03/20/26	
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease		03/20/26	
N18.30		Chronic kidney disease stage 3 unspecified		03/20/26	
E78.5		Hyperlipidemia unspecified		03/20/26	
Z79.01		Long term (current) use of anticoagulants		03/20/26	
Z86.711		Personal history of pulmonary embolism		03/20/26	
Z86.718		Personal history of other venous thrombosis and embolism		03/20/26	
14. DME and Supplies:				15. Safety Measures:	
diabetic supplies, walker, wheelchair, wound care supplies, 4 wheeled walker, bath bench				walker precautions, smoke detectors , medication safety, infectious material management, fall precautions, diabetic precautions, sharps precautions, wheelchair precautions, standard precautions, cardiac precautions, bleeding precautions, anticoagulant precautions, ambulates with device	
16. Nutrition:				17. Allergies:	
high protein, diabetic, cardiac diet				Ibuprofen, oxyCODONE, Pioglitazone, Benadryl, Motrin, latex	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation, Endurance				Walker, Wheelchair, 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: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:					
20. Prognosis: good					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
SELF-CARE: , MOBILITY:				patient will be responsible for managing treatment	

Homebound status:

Taxing effort to leave home, dependence on assistive devices

Clinical Condition <p style="font-size: 18.666666px;">Non-Pressure Chronic Ulcer of Unspecified part of Right lower leg with Necrosis of muscle;</p><p style="font-size: 18.666666px;">Diabetic patient with large wound at right lower leg, requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, wound care per orders 2 times per week and as needed for complications 7/18/26-7/31/26</p><p style="font-size: 18.666666px;">Diabetic patient with large wound at right lower leg, requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, wound care per orders 2 times per week and as needed for complications 8/01/26-8/31/26</p><p style="font-size: 18.666666px;">Diabetic patient with large wound at right lower leg, requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, wound care per orders 2 times per week and as needed for complications 9/01/26-9/15/26</p></div>
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SN Careplans		SN Goals	
SN FREQUENCY: SN 2w8 and prn for wound complications		PATIENT-STATED GOAL: heal wound; decreased pain	
CLINICAL SUMMARY:		GOALS	
Head to toe assessment completed. Right lower leg edema has resolved. Pt continues to use compression stockings. Skin intact except wound at right lower leg which is being treated today. Lungs clear, heart sounds normal. Bowel sounds active x4 quadrants. Pt reports eating well. Denies falls. Bowel movements have been regular. There have been no medication changes. Nurse reinforced fall prevention and energy conservation with pt during visit today. Pt able to verbalize understanding of education provided. Wound bed with a very minimal amount of slough tissue present. Small amount of sanguineous drainage. No signs of infection noted. Pt admitted to applying santyl and dry dressing (instead of vashe wet to dry) last night. Nurse performed wound care as ordered. After the visit updated wound care instructions were obtained. Nurse instructed cg on updated wound care instructions. Santyl has been discontinued. Vashe wet to dry ordered. Pt had questions about slough present on wound bed. Instructed pt to perform wet to dry as ordered as wet to dry does act as a mechanical debridement. Pt verbalized understanding. Nurse will see pt twice per week in upcoming certification period. Wound appears to be healing appropriately and nurse anticipates discharging pt from HH within the next two months.		patient/caregiver recalls	
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		* 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	
CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area		* teach relaxation skills and diversional activities	
		* 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 self-administers medications as prescribed	
		* recalls related medication(s) purpose, schedule	
		patient/caregiver recalls	
		* strategies to increase caloric intake	
		* recalls related medication(s) purpose, schedule	

23. Signature and Date of Verbal SOC Where Applicable:		25. Date HHA Received Signed POT	
Electronically Signed by JOHNSON, LAURA SN on 07/13/2026			
24. Physician's Name and Address		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.	
HELEN HAYDEN		F2F date :	
4212 N 16th St			
Phoenix, AZ 85016			
PHONE: 602-263-1200 FAX: 16022005387 NPI: 1700161791			
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.	
		PAGE 1 of 2	

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6. Patient's Name and Address Andrea Kalectaca 5132 N 15TH ST APT 158, PHOENIX, AZ 85014- 928-240-3959		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		

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 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. No Advanced Directive; 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. PROBLEMS IDENTIFIED ON ASSESSMENT: dependent edema, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, muscle weakness, limited strength, limited endurance, extremity burn/tingle/numb, balance deficit PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Right Below Knee -: Right lower leg wound care: remove old dressing; apply lidocaine gel for 10 minutes; cleanse wound with vashe wound cleanser, pat dry with 4x4 gauze, cover wound with vashe soaked 4x4 gauze, dry 4x4 gauze and wrap with kerlix and ace wrap frequency: daily and prn for soiling or dislodgement; SN visits 2 times per week, apply compression bandage, glucose testing via monitor, monitor intake & output 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 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, * strategies to increase caloric intake, 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, patient's transportation needs are met, patient is adequately supervised	patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule 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's transportation needs are met patient is adequately supervised
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Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	07/13/2026