Home Health Certification and Plan of Care

Order ID: 1184/637

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4A78VJ2TD67	03/06/2026	From: 07/04/2026 To: 09/01/2026	1414	037804

6. Patient's Name and Address

Charmelle Butler
5832 S 26TH PLACE,
PHOENIX, AZ 85040-
(602) 741-4408

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 01/14/1974 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	03/06/26

13. ICD	Other Pertinent Diagnoses	Date
F88.	Other disorders of psychological development	03/06/26
G40.909	Epilepsy unsp not intractable without status epilepticus	03/06/26
I10.	Essential (primary) hypertension	03/06/26
E11.9	Type 2 diabetes mellitus without complications	03/06/26
F31.9	Bipolar disorder unspecified	03/06/26
I89.0	Lymphedema not elsewhere classified	03/06/26
G47.419	Narcolepsy without cataplexy	03/06/26
D25.9	Leiomyoma of uterus unspecified	03/06/26
D64.9	Anemia unspecified	03/06/26
F41.9	Anxiety disorder unspecified	03/06/26
G47.30	Sleep apnea unspecified	03/06/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/06/26
R45.851	Suicidal ideations	03/06/26
Z79.899	Other long term (current) drug therapy	03/06/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/06/26
Z79.82	Long term (current) use of aspirin	03/06/26
Z90.49	Acquired absence of other specified parts of digestive tract	03/06/26

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

CEFDINIR 300 mg, 1 cap Oral BID, for 7 days for UTI
Asa 81 Mg - Aspirin 81 mg by mouth once a day for blood thinning
BENZTROPINE 1 mg Oral BID
BUSPAR 10 mg Oral BID
CETIRIZINE HYDROCHLORIDE 10 mg Oral Daily
CHLORPROMAZINE HYDROCHLORIDE 100 mg Oral TID to treat behavioral symptoms
DEPAKOTE 1,000 mg Oral QMorning, @7am
Depakote - Divalproex Sodium 1500 mg by mouth once a day @ 7PM
FUROSEMIDE 40 mg Oral Daily
GABAPENTIN 600 mg Oral TID
LISINIPRIL 40 mg Oral Daily
Metformin - Metformin Hydrochloride 1000 mg by mouth twice a day for diabetes
SERTRALINE 200 mg Oral at bedtime
semaglutide 3 mg= 1 tab Oral Daily Rybelsus 3 mg oral tablet for diabetes
QUETIAPINE FUMARATE 600 mg Oral at bedtime for behavioral symptoms
Metoprolol Tartrate - Metoprolol Tartrate 25 mg 1 tablet by mouth twice a day
Potassium Chloride - Potassium Chloride 4meq/ml 2 tablets by mouth once a day
Oxygen - Oxygen 4L/min nasal cannula continuous
Oxygen - Oxygen 4L/min nasal cannula continuous

14. DME and Supplies:

bath bench, rolling walker, oxygen supplies, 4 wheeled walker

15. Safety Measures:

fall precautions, walker precautions, standard precautions, bathroom safety, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

penicillin (Moderate), TEGretol XR (Mild), carbAMAZepine (Unknown), levothyro

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Up As Tolerated, Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: 4-95, 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

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: Patient with significant deficits in self care, dependence on assistive devices and generalized weakness requires assessment and intervention with physical therapy.

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 06/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sohail Alam
9201 W THOMAS RD
PHOENIX, AZ 85037-3332
PHONE: 623-327-7313 FAX: 623-327-5437 NPI: 1598758450

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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PT WK1: 1 (07/04/26-07/04/26) ,WK2: 2 (07/05/26-07/11/26) ,WK3: 2 (07/12/26-07/18/26) ,WK4: 2 (07/19/26-07/25/26) ,WK5: 2 (07/26/26-08/01/26) ,WK6: 2 (08/02/26-08/08/26) ,WK7: 2 (08/09/26-08/15/26) ,WK8: 2 (08/16/26-08/22/26) ,WK9: 2 (08/23/26-08/29/26) ,WK10: 1 (08/30/26-09/01/26)

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: DNT

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 4. Multiple emergency department visits (2 or more) in the past 6 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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: swelling in legs/around eyes, muscle weakness, limited range of motion, limited endurance, balance deficit

PROCEDURES: Stregnth: Strength, balance, and functional training, cough/deep breathing exercises, incentive spirometer, home exercise program, equipment training, work simplification/energy conservation, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance

PATIENT-STATED GOAL: BLE weakness and stiffness

GOALS
Toilet Transfer - 06. Independent

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

Chair to Bed to Chair - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Car Transfer - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 03. Partial/moderate assistance

Walk 10 Feet - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	06/27/2026