Home Health Certification and Plan of Care

Order ID: 1184/648

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A00190970	03/10/2026	From: 07/08/2026 To: 09/05/2026	1417	037804

6. Patient's Name and Address

Cathleen Sam
1919 E VILLA ST APT 10103,
PHOENIX, AZ 85001
602-551-1715

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 07/08/1965 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/10/26

13. ICD	Other Pertinent Diagnoses	Date
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	03/10/26
M17.0	Bilateral primary osteoarthritis of knee	03/10/26
C50.919	Malignant neoplasm of unsp site of unspecified female breast	03/10/26
I10.	Essential (primary) hypertension	03/10/26
J45.20	Mild intermittent asthma uncomplicated	03/10/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	03/10/26
E78.5	Hyperlipidemia unspecified	03/10/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/10/26
E55.9	Vitamin D deficiency unspecified	03/10/26
F17.210	Nicotine dependence cigarettes uncomplicated	03/10/26
Z79.82	Long term (current) use of aspirin	03/10/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/10/26

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

VITAMIN B COMPLEX WITH \/IT C TABLET 0 1 Tablet by mouth once a day TAKE 1 TABLET BY MOUTH EVERY DAY
Qutenza - Capsaicin 0 0 0. 025% CREAM 60GM topical as necessary apply a small amount topically to affected areas 4 times a day as needed for pain
Acetaminophen - Acetaminophen 0 325MG/TAB by mouth as necessary TAKE TWO (2) TABLETS BY MOUTH EVERY 6 HOURS IF NEEDED FOR PAIN do not exceed 4000 mg acetaminophen from all sources in 24 hours
AMILODIPINE 0 5mg / tab by mouth once a day EVERY DAY FOR HIGH BLOOD PRESSURE OR
HEART
Aspirin - Aspirin 0 81 MG ENTERIC COATED TAB by mouth once a day TAKE ONE TABLET BY
MOUTH EVERY DAY FOR BLOOD TH INNING
Atorvastatin - Atorvastatin Calcium 0 10 mg- 1 tablet by mouth once a day TAKE ONE 1 TABLET BY
MOUTH EVERY DAY FOR CHOLESTEROL
Calcium Carbonate, Famotidine And Magnesium Hydroxide - Calcium Carbonate: Famotidine: Magnesium Hydroxide 0 500MG (CA CARBONATE-1. 25GM) by mouth once a day 500MG (CA CARBONATE-1. 25GM)

TABLET BY MOUTh EVERY DaY WitH FOOD
FOR CALCIUM SUPPLEMENT
CHOLECALCIFEROL 0 25MCG (1,000 UNIT) by mouth once a day TAKE ONE TABLET BY MOUTH EVERY DAY WITH FOOD
FOR VITAMIN D.
Jardiance - Empagliflozin 10 mg/tab by mouth once a day for diabetes
Diclofenac - Diclofenac Epolamine 0 1% TOP GEL l00GM TUBE topical as necessary APPLY 4 GRAMS TO AFFECTED AREA FOUR TIMES A DAY as needed for pain
WASH HANDS BEFORE & AFTER USE.
DO NOT APPLY TO OPEN SKIN.
DO NOT WASH/BATHE FOR 1 HOUR AFTER USE.
ALLOW TO DRYCOMPLETELY BEFORE COVERING WITH CLOTHES.
Fexofenadine - Fexofenadine Hydrochloride 0 180MG TAB by mouth once a day TAKE ONE (1) TABLET BY
MOUTH EVERY DAY FOR ALLERGIES
Fluconazole - Fluconazole 150 mg 150 mg by mouth as necessary TAKE ONE TABLET WEEKLY FOR 6
MONTHS as antifungal
Fluticasone - Fluticasone Furoate 0 44MCG INH MDI 10. 6GM inhalant twice a day 2 PUFFS BY MOUTH TWICE A DAY ON A
REGULAR BASIS FOR ASTHMA (RINSE MOUTH)
Lidocaine - Lidocaine 0 5% OINT 35 gm topical as necessary APPLY A THIN LAYER TO
AFFECTED AREA topically THREE TIMES A DAY as needed for pain
Lidocaine Patch - Lidocaine 0 5% TOPICAL PATCH topical as necessary APPLY 1 PATCH TO AFFECTED AREA topically
EVERY DAY as needed for pain
LEAVE ON FOR 12 HOURS THEN
LEAVE OFF FOR 12 HOURS AS DIRECTED,
WASH HANDS AFTER HANDLING.
Lisinopril - Lisinopril 40 mg 40 mg by mouth once a day TAKE ONE (1) TABLET BY MOUTH
EVERY DAY FOR HIGH BLOOD PRESSURE OR
HEART. DO NOT USE IF PREGNANT.
MONTELUKAST SODIUM 10 mg 10 mg ONE (1) TABLET by mouth once a day TAKE ONE (1) TABLET BY
MOUTH EVERY DAY FOR BREATHING
PANTOPRAZOLE 0 20MG EC TAB by mouth twice a day TAKE ONE (1) TABLET BY MOUTH TWICE A DAY FOR STOMACH
Arimidex - Anastrozole 1 mg 1 tablet by mouth once a day cancer medication super beets 2 tablets by mouth once a day supplement
Augmentin - Amoxicillin: Clavulanate Potassium 1 tablet by mouth twice a day for foot infection x 10 days
Doxycycline - Doxycycline Hyclate eq 100 mg base 1 tablet by mouth twice a day for foot infection x 10 days
Metformin - Metformin Hydrochloride 500MG 24HR TABS by mouth once a day TAKE THREE (3) TABLETS BY MOUTH EVERY DAY FOR DIABETES. AVOID ALCOHOL

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
TAMARA MILLER
4212 N 16TH ST
PHOENIX, AZ 85016
PHONE: (602) 263-1200 FAX: 16022631665 NPI: 1538363254

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 : 03/06/2026

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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14. DME and Supplies:

diabetic supplies, wheelchair, 4 wheeled walker, cane, bath bench, continuous glucose monitor

15. Safety Measures:

no bp right arm, , walker precautions, smoke detectors , medication safety, infectious material management, fall precautions, diabetic precautions, bleeding precautions, sharps precautions, wheelchair precautions, standard precautions, cardiac precautions, bathroom safety, anticoagulant precautions, ambulates with device

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

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: fair

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: homebound due to generalized weakness, chronic pain and dependence on assistive device to ambulate

Clinical Condition Requiring Homecare: Diabetic patient with several comorbidities requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, ozempic injections weekly and as needed for medication changes or diabetic complications. 7/8/26-7/31/26 Diabetic patient with several comorbidities requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, ozempic injections weekly and as needed for medication changes or diabetic complications. 8/1/26-8/31/26 Diabetic patient with several comorbidities requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, ozempic injections weekly and as needed for medication changes or diabetic complications. 9/1/26-9/5/26

SN Careplans

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

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

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 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. MPOA (daughter and granddaughter);

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: abnormal blood pressure, chest pain, abnormal BS < 70/140 > mg/dL, muscle weakness, limited strength, limited endurance, extremity burn/tingle/numb, balance deficit, loss of appetite, #1 - Non-Observable Surgical Wound - Anterior Right Foot - right great toenail removed (non-removable dressing in place)

PROCEDURES:

ozempic injecion administered to pt subQ weekly (0.5 mg): administered by SN,

PRN placement of continuous glucose monitor (due every 14 days): alternate sites,

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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: improve knowledge of medical diagnosis and improved diabetic compliance

GOALS
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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by JOHNSON, LAURA SN

Date

07/07/2026