Home Health Certification and Plan of Care

Order ID: 1184/651

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4CR2U84NR15	07/31/2026	From: 07/31/2026 To: 09/28/2026	466	037804

6. Patient's Name and Address
Rebecca Collins
2019 N Longmore Rd,
SCOTTSDALE, AZ 85256
6028808585

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 08/26/1948 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
C44.1322	Sebaceous cell carcinoma skin/ right low eyelid inc canthus	07/31/26

13. ICD	Other Pertinent Diagnoses	Date
G62.9	Polyneuropathy unspecified	07/31/26
D50.9	Iron deficiency anemia unspecified	07/31/26
E11.3393	Type 2 diab with mod nonp rtnop without macular edema bi	07/31/26
I10.	Essential (primary) hypertension	07/31/26
E78.5	Hyperlipidemia unspecified	07/31/26
J45.20	Mild intermittent asthma uncomplicated	07/31/26
M50.30	Other cervical disc degeneration unsp cervical region	07/31/26
H04.123	Dry eye syndrome of bilateral lacrimal glands	07/31/26
H52.223	Regular astigmatism bilateral	07/31/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/31/26
Z96.1	Presence of intraocular lens	07/31/26
Z91.81	History of falling	07/31/26
Z79.4	Long term (current) use of insulin	07/31/26

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

Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg (65mg Iron) by mouth once a day
Lactulose - Lactulose 10gm/15ml 30ml by mouth as necessary take as needed for constipation
Lantus - Insulin Glargine Recombinant 30 units subcutaneous at bedtime
Multi Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 by mouth once a day
Extra Strength Tylenol - Acetaminophen 1000mg powder by mouth as necessary Take 1 tube of powder one to 2 times daily as needed for pain.
Dulcolax - Bisacodyl 1 by mouth as necessary take daily as needed for constipation

14. DME and Supplies:
wheelchair, diabetic supplies, bath bench, grab bars, cane, 4 wheeled walker

15. Safety Measures:
fall precautions, diabetic precautions, ambulates with assistance, standard precautions

16. Nutrition:
diabetic, regular

17. Allergies:
sulfa drugs, latex

18.A. Functional Limitations
Endurance, Ambulation

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

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
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

Clinical Condition Requiring Homecare: Patient with prior medical history of chemotherapy induced neuropathy of fingers and toes, recent metatarsal fractures, sebaceous carcinoma of right eyelid with metastases to right carotid gland and liver, frequent falls, DM II well controlled with insulin (long acting only), generalized weakness with dependence on assistive devices, HTN and HLD requires SN assessment of cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, fall precautions and safety with ADLs and evaluation and treatment with OT and PT.

SN Careplans

SN WK1: 1 (07/31/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26)

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

CLINICAL SUMMARY: Patient seen today for Start of Care for HH services for SN, OT and PT. Patient with prior medical history of chemotherapy induced neuropathy of fingers and toes, recent metatarsal fractures, sebaceous carcinoma of right eyelid with metastases to right carotid gland and liver, frequent falls, DM II well controlled with insulin (long acting only), generalized weakness with dependence on assistive devices, HTN and HLD. Patient assessed head to toe, skin assessed head to toe and is intact throughout without redness, significant bruising or areas of concern. Vital signs within normal parameters. Patient reports fairly constant pain level of 3/10 in fingers and toes due to neuropathy and 5/10 in left foot and knee if it is bumped into something or moved too much due to 3 metatarsal fractures suffered in left foot from a fall in June. She has an orthotic boot for her left lower leg to use when standing but does not have it on currently. Patient reports she has great difficulty standing or walking currently and spends the majority of time in a wheelchair for mobility. Patient does have canes, FWW, shower chair in addition to her wheelchair. Tribal services recently installed ramps for entry ways into patient's home. Currently family and occasionally the tribe provide assistance with transportation to appointments and getting groceries and other needs met

SN Goals

PATIENT-STATED GOAL: Be able to walk on my own again

GOALS
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
* 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's transportation needs are met

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by DELGADO, MELISSA SN on 07/31/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
MICHAEL TRUESDELL
10901 E MCDOWELL DR
SCOTTSDALE, AZ 85256
PHONE: 480-278-7742 FAX: 14803625831 NPI: 1144263377

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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provide assistance with transportation to appointments and getting groceries and other needs met. Patient has 2 caregivers from tribal services to provide housekeeping, occasional cooking and assistance with bathing. Patient is currently undergoing targeted immunotherapy infusions at Mayo Clinic every 3 weeks via a right chest port and states she finished 12 treatments of radiation on the 16th of July. patient denies stress incontinence or use of hearing aides or dentures but does use glasses for distance and reading. Patient will be having evaluations with both OT and PT soon and will be seen by SN every other week and as needed for complications.

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), 4. Multiple emergency department visits (2 or more) in the past 6 months

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: Do not resuscitate (DNR) orders

PROBLEMS IDENTIFIED ON ASSESSMENT: A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1400 - Dyspnea, weak pulses in feet, abnormal BS < 70/140 > mg/dL, constipation, muscle weakness, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, extremity burn/tingle/numb, balance deficit, weak hand grips, hair loss

PROCEDURES: 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	07/31/2026