Home Health Certification and Plan of Care

Order ID: 1184/663

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A28860474	08/11/2025	From: 08/06/2026 To: 10/04/2026	1378	037804

6. Patient's Name and Address

JOSE MARTINEZ
907 E 7TH DR,
MESA, AZ 85204-
817-770-6660

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 12/28/1974 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
T83.511A	I/I react d/t indwelling urethral catheter init	08/11/25

13. ICD	Other Pertinent Diagnoses	Date
C79.51	Secondary malignant neoplasm of bone	08/11/25
C64.9	Malignant neoplasm of unsp kidney except renal pelvis	08/11/25
C79.70	Secondary malignant neoplasm of unspecified adrenal gland	08/11/25
D63.0	Anemia in neoplastic disease	08/11/25
G82.20	Paraplegia unspecified	08/11/25
K59.2	Neurogenic bowel not elsewhere classified	08/11/25
N31.9	Neuromuscular dysfunction of bladder unspecified	08/11/25
L89.159	Pressure ulcer of sacral region unspecified stage	08/11/25
S22.061D	Stable burst fx T7-T8 vertebra subs for fx w routn heal	08/11/25
G93.41	Metabolic encephalopathy	08/11/25
F41.9	Anxiety disorder unspecified	08/11/25
K59.03	Drug induced constipation	08/11/25
T40.2X5D	Adverse effect of other opioids subsequent encounter	08/11/25
E43.	Unspecified severe protein-calorie malnutrition	08/11/25
R13.10	Dysphagia unspecified	08/11/25
R33.9	Retention of urine unspecified	08/11/25
Z79.891	Long term (current) use of opiate analgesic	08/11/25
N13.6	Pyonephrosis	08/11/25
B95.2	Enterococcus as the cause of diseases classified elsewhere	08/11/25
E87.6	Hypokalemia	08/11/25
E83.42	Hypomagnesemia	08/11/25
A04.72	Enterocolitis d/t Clostridium difficile not spcf as recur (A04.72)	08/11/25
E03.9	Hypothyroidism unspecified	08/11/25
F39.	Unspecified mood [affective] disorder	08/11/25
G25.81	Restless legs syndrome	08/11/25
Z79.2	Long term (current) use of antibiotics	08/11/25

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

Baclofen - Baclofen 10 mg by mouth three times a day baclofen 10 mg Tab 10 mg 1 tab, Oral, TID
Biscodyl - Bisacodyl: Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 10mg rectal at bedtime bisacodyl 10 mg Supp 10 mg 1 supp, Per rectum, QHS
Docusate - Docusate Sodium 50mg-0.6mg by mouth twice a day docusate-senna 50 mg-0.6 mg Tab 3 tab, Oral, BID
Miconazole 2% Topical cream topical twice a day Miconazole 2% Topical Cream (119mL Bulk) 1 app, Topical, BID
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 20mg by mouth every 12 hours Oxycodone 20 mg ER Tab 20 mg 1 tab, Oral, q12hr
Pregabalin - Pregabalin 150mg by mouth three times a day Pregabalin 150 mg oral capsule 150 mg 1 cap, Oral, TID
Ropinirole Hydrochloride - Ropinirole Hydrochloride eq 0.25 mg base by mouth twice a day Ropinirole 0.25 mg Tab 0.25 mg 1 tab, Oral, BID
Ondansetron - Ondansetron 4 mg by mouth every 4 hours ondansetron 4 mg Tab ODT 4 mg 1 tab, Oral, q4hr
Simethicone - Simethicone 180mg by mouth four times a day Simethicone 80 mg Chew Tab 80 mg 1 tab, Oral, q8hr
Alprazolam - Alprazolam 0.25 mg 1 by mouth as necessary Alprazolam 0.25 mg Tab 0.25 mg 1 tab, Oral, TID
Remeron - Mirtazapine 15 mg 1 by mouth at bedtime
Cymbalta - Duloxetine Hydrochloride 30 mg 2 by mouth once a day
Bactrim Ds - Sulfamethoxazole: Trimethoprim 800 mg;160 mg 1 by mouth twice a day Twice daily for 7 days
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 mg 25mg by mouth every 6 hours Hydroxyzine Hydrochloride 25 mg Tab 25 mg 1 tab, Oral, q6hr
Biscodyl - Bisacodyl: Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 10mg rectal once a day Bisacodyl 10 mg Supp 10 mg 1 supp, Per rectum, Daily
Biscodyl - Bisacodyl: Polyethylene Glycol 3350: Potassium Chloride: Sodium Bicarbonate: Sodium Chloride 5mg by mouth once a day Bisacodyl 5 mg Oral EC Tab 5 mg 1 tab, Oral, Daily
Acetaminophen - Acetaminophen 500mg by mouth as necessary acetaminophen 500 mg Tab 1,000 mg 2 tab, Oral
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 10mg by mouth every 4 hours Oxycodone 10 mg IR Tab 10 mg 1 tab, Oral, q4hr
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 15mg by mouth every 4 hours Oxycodone 15 mg IR Tab 15 mg 1 tab, Oral, q4hr
Lactulose - Lactulose 20gm/30mL by mouth as necessary Lactulose 20gm/30mL Oral Syrup (30mL UD) 10 gm 15 mL, Oral, TID
Docusate - Docusate Sodium 263 mg rectal as necessary Docusate 263 mg Rectal Enema (5mL UD) 283 mg 1 EA, PR, Daily
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 17gm by mouth as necessary Polyethylene Glycol 3350 Oral Pwdr-Reconstit {17gm} (1EA UD) 17 gm 1 EA, Oral, BID
Doxycycline - Doxycycline Hyclate eq 100 mg base 1 by mouth once a day adjunct with PO chemo
Clindamycin Phosphate - Clindamycin Phosphate eq 1 perc base 1 application topical once a day Apply to face, neck and trunk and any areas affected.
Clindamycin Phosphate Gel USP 1%
Ativan - Lorazepam 1 mg 1 by mouth as necessary As needed for anxiety
Magnesium Oxide - Simethicone 400mg by mouth once a day
Erlotinib Hydrochloride - Erlotinib Hydrochloride 150mg by mouth three times per week PO chemotherapy
Methenamine Hippurate - Methenamine Hippurate 1 gram by mouth twice a day

14. DME and Supplies:

urinary/catheter supplies, wheelchair, bath bench, hoyer lift, grab bars, wound care supplies, sliding board

15. Safety Measures:

infectious material management, fall precautions, transfer with assist, bedrails up while in bed, hand rails, standard precautions

16. Nutrition:

regular, high protein

17. Allergies:

Hydromorphone

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Up As Tolerated, Wheelchair

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by DELGADO, MELISSA SN on 08/04/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

JOEL COHEN
7010 E ACOMA DR SUITE 102
SCOTTSDALE, AZ 85254-3553
PHONE: 480-575-0576 FAX: 14805750512 NPI: 1700934684

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 : 01/21/2026

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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JOSE MARTINEZ 907 E 7TH DR, MESA, AZ 85204- 817-770-6660	Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300 Phoenix, AZ 85028-6039 480-415-4423 1457998957

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: poor

22. A Rehabilitation Potential:	22.B.Discharge Plans
SELF-CARE: , MOBILITY:	family/caregiver 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: Metastatic Renal cell carcinoma, neurogenic bowel/bladder, Generalized weakness, impairment in ADL bed mobility, transfers and ambulation.

SN Careplans

SN FREQUENCY: 2W9 and PRN for complications.

CLINICAL SUMMARY: Patient assessed head to toe, skin assessed head to toe and is significant for sacral pressure injury and chemo rash to face and trunk. Patient recently hospitalized for kidney stones, complex UTI and C-diff. Contact precautions utilized for C-diff. Due to tumor burden from spinal tumors, patient has neurogenic bowel and bladder and is catheterized every 4-6 hours and uses briefs for bowel incontinence. SN performed catheterization during visit with approximately 850ml of pale yellow urine drained. Patient has chronic pain and spasms in upper and lower bilateral legs and trunk and uses scheduled pain medications to manage symptoms. Per patient report, stools have been less loose since hospital discharge. Main caregiver, mother, is out of town thus week and there is a paid caregiver assisting with patient's care. Wound care performed per orders. Photos and measurements uploaded today. Patient education provided on appropriate infection control including hand hygiene, with soap and water instead of hand sanitizer due to C-diff and repetitive symptoms to be alert to and to report to caregiver and SN. Patient voiced understanding of instructions provided. Patient to continue to be seen twice weekly and as needed for complications for assessment, diagnoses management and wound 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: 4. Multiple emergency department visits (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

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: coughing, abnormal thyroid <> 0.40 - 4.50 mIU/mL, diarrhea, constipation, urine retention, limited endurance, muscle spasms, muscle weakness, limited strength, extremity burn/tingle/numb, pain radiating to arms/legs, involuntary movement of extremity, #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum - granulating wound bed, small amount of serosanguineous drainage. Mild skin breakdown surrounding wound and in peri-area. Wound being treated with wound cleanser, gauze, skin barrier wipes, calcium alginate into wound bed cover with hydrocolloid pad 3 times weekly and as needed for soiling. Duoderm or similar product placed over open areas of breakdown as needed for skin protection.

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 - granulating wound bed, small amount of serosanguineous drainage. Mild skin breakdown surrounding wound and in peri-area. Wound being treated with wound cleanser, gauze, skin barrier wipes, calcium alginate into wound bed cover with hydrocolloid pad 3 times weekly and as needed for soiling. Duoderm or similar product placed over open areas of breakdown as needed for skin protection.

TEACH PATIENT/CAREGIVER: * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: Get stronger, keep fighting my cancer

GOALS
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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	08/04/2026