# Home Health Certification and Plan of Care

**Order ID: 1184/665**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| A46102754 | 08/10/2026 | From: 08/10/2026 To: 10/08/2026 | 476 | 037804 |

**6. Patient's Name and Address**

Victor Jackson Sr
17632 N 5TH PL,
PHOENIX, AZ 85022
6024913864

**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 03/04/1964 | 9.Sex Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| G40.419 | Oth generalized epilepsy intractable w/o stat epi | 08/10/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| E03.9 | Hypothyroidism unspecified | 08/10/26 |
| F02.C11 | Dem in other diseases classd elswhr severe with agitation | 08/10/26 |
| T83.038D | Leakage of other urinary catheter subsequent encounter | 08/10/26 |
| N39.42 | Incontinence without sensory awareness | 08/10/26 |
| N30.90 | Cystitis unspecified without hematuria | 08/10/26 |
| B96.1 | Klebsiella pneumoniae as the cause of diseases classd elswhr | 08/10/26 |
| I10. | Essential (primary) hypertension | 08/10/26 |
| E11.51 | Type 2 diabetes w diabetic peripheral angiopath w/o gangrene | 08/10/26 |
| I69.354 | Hemiplga following cerebral infrc affecting left nondom side | 08/10/26 |
| K74.60 | Unspecified cirrhosis of liver | 08/10/26 |
| B19.20 | Unspecified viral hepatitis C without hepatic coma | 08/10/26 |
| D69.6 | Thrombocytopenia unspecified | 08/10/26 |
| F10.10 | Alcohol abuse uncomplicated | 08/10/26 |
| Z79.51 | Long term (current) use of inhaled steroids | 08/10/26 |
| Z79.82 | Long term (current) use of aspirin | 08/10/26 |
| Z89.511 | Acquired absence of right leg below knee | 08/10/26 |
| Z89.512 | Acquired absence of left leg below knee | 08/10/26 |
| Z74.01 | Bed confinement status | 08/10/26 |

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

Zonisamide - Zonisamide 100 mg 1 by mouth twice a day
Xalatan - Latanoprost 0.005 perc 1 drop drops in the evening both eyes
Trazodone Hydrochloride - Trazodone Hydrochloride 50 mg 1 by mouth at bedtime additional dose available as needed at bedtime
Sertraline Hydrochloride - Sertraline Hydrochloride eq 100 mg base 1 by mouth once a day
Onfi - Clobazam 10mg (1/2 tab) by mouth twice a day
Mucinex - Guaifenesin 600 mg 1 tab by mouth twice a day Take with plenty of water
Levothyroxine Sodium - Levothyroxine Sodium 0.050 mg 50mcg by mouth in the morning take at 6am, before other morning medications
Lactulose - Lactulose 10gm/15ml 45ml by mouth three times a day 0800, 1400 and 2000
Keppra - Levetiracetam 500 mg 1 and 1/2 tabs (750mg) by mouth twice a day
Fluticasone Propionate - Fluticasone Propionate 0.05 mg/spray 1 spray each nostril Nasal once a day
Doxazosin Mesylate - Doxazosin Mesylate eq 4 mg base 1 tablet by mouth at bedtime
Clonidine Hydrochloride - Clonidine Hydrochloride 0.1 mg 1/2 tab by mouth once a day
Asa 81 Mg - Aspirin 81mg by mouth once a day
Acetaminophen - Acetaminophen 325 mg 2 tabs by mouth as necessary every 6 hours as needed for pain
Pseudoephedrine Hydrochloride - Pseudoephedrine Hydrochloride 30mg by mouth every 6 hours as needed for congestion
Zinc Oxide - Zinc Oxide 11.3% - 1 application topical twice a day apply to affected area as needed
Lorazepam - Lorazepam 2 mg/ml 0.25-0.5ml by mouth at bedtime as needed for agitation
Novolog - Insulin Aspart Recombinant 100 units/ml per sliding scale subcutaneous three times a day with meals per facility sliding scale guidelines
Semaglutide 1 injection subcutaneous once a week

**14. DME and Supplies:**

wheelchair, urinary/catheter supplies, diabetic supplies, bath bench, grab bars, hospital bed

**15. Safety Measures:**

fall precautions, diabetic precautions, bedrails up while in bed, standard precautions, seizure precautions,

**16. Nutrition:**

pureed, diabetic

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Contracture, Speech, Bowel/Bladder Incontinence, Ambulation, Amputation

**18.B. Activities Permitted**

Wheelchair

**19. Mental & Pyschosocial Status:** COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 4. Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects), HISTORY OF DEPRESSION: Yes

**20. Prognosis:** fair

**22. A Rehabilitation Potential:**

SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 9. Not Applicable

**22.B.Discharge Plans**

patient to receive home care indefinately

**Homebound status:** Taxing effort to leave home, patient requires assistance of another person to leave home, dependence on assistive devices

**Clinical Condition Requiring Homecare:** Patient with significant medical history including CVA, non-verbal, bilateral above knee amputations, cirrhosis, hepatitis C, DM II, epilepsy and chronic urinary retention requiring long term indwelling foley catheter that needs catheter care and management with SN every 2 weeks and as needed for complications.

**SN Careplans**

SN FREQUENCY: 1W1, every 2 weeks and PRN for assessment, diagnoses and catheter management.

CLINICAL SUMMARY: Patient seen today for start of care for admission to home health services. Patient with significant medical history including CVA, non-verbal, bilateral above knee amputations, cirrhosis, hepatitis C, DM II and chronic urinary retention requiring long term indwelling foley catheter. Patient recently discharged from hospice services and resides in a group home. Patient is a total assist for all ADLs. POA is sister Delberta Phillips who could not be present for assessment today due illness. SN received verbal consent for services and documents will sent to her for docusign. Per caregiver at group home, patient has had current indwelling catheter present for a little over a month. Supplies were delivered yesterday and indwelling catheter was changed today without complication. Some mucous with blood smeared on inside of brief and some thick mucous with blood present on deflated balloon when catheter was removed. Small amount of blood mixed in with urine

**SN Goals**

PATIENT-STATED GOAL: Patient unable to state goal, caregiver requires assistance for catheter maintenance

GOALS
patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing

**23. Signature and Date of Verbal SOC Where Applicable:**

Electronically Signed by DELGADO, MELISSA SN on 08/10/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**

ALLISON POPA
2840 N DYSART RD
GOODYEAR, AZ 85395-2338
PHONE: 623-536-5309 FAX: 480-575-0512 NPI: 1073209276

**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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flowing into new drainage bag. Caregiver advised to contact SN if amount of blood increases or clots present. Caregiver voiced understanding of instructions provided. 16Fr catheter with 10ml balloon used. Vital signs within normal parameters. Caregiver denies any falls or injuries recently. Patient previously hospitalized with significant UTI and has completed antibiotics. Patient receives total assist for all ADLs from group home staff. Skin is intact and without current areas of concern. Patient to be seen by SN twice monthly and as needed for complications for catheter care, assessment and diagnoses management. Caregiver in agreement with plan of care. Mobile PCP contacted and orders placed for SOC and frequency.

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: 3. Multiple hospitalizations (2 or more) in the past 6 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: Sister is POA

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, M1745 - Behavioral Issues, M1700 - Cognition, M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, abnormal thyroid <> 0.40 - 4.50 mIU/mL, M1620 - Bowel Incontinence, constipation, M1600 - UTI, dark-colored urine, urine retention, blood in urine, M1610 - Urinary Catheter, poor muscle tone, limited range of motion, seizures, impaired speech, B1000 - Vision Deficit, discolored patches of skin

PROCEDURES: catheter change, care & irrigation

TEACH PATIENT/CAREGIVER: * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule

* positioning of catheter
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

| Signature of Physician: | Date |
|---|---|
| | PAGE 2 of 2 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by DELGADO, MELISSA SN | 08/10/2026 |