Home Health Certification and Plan of Care

Order ID: 1184/668

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A00580371	08/11/2026	From: 08/11/2026 To: 10/09/2026	1440	037804

6. Patient's Name and Address
Christina Hernandez
4950 N ALMA SCHOOL RD,
SCOTTSDALE, AZ 85256-
480-677-9291

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 08/03/1981 | **9.Sex** Female

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

Tylenol - Acetaminophen 325 mg tablets by mouth as necessary tylenol 325 mg tablets; take 2 tablets by mouth every 8 hours as needed for pain. do not exceed 4000mg acetaminophen from all sources in 24 hours
Clindamycin - Clindamycin Hydrochloride 300 mg capsule by mouth three times a day clindamycin 300mg capsules; take 1 capsule by mouth 3 times per day for wound infection x 10 days

11. ICD	Principal Diagnosis	Date
L02.212	Cutaneous abscess of back [any part except buttock]	08/11/26

13. ICD	Other Pertinent Diagnoses	Date
D72.829	Elevated white blood cell count unspecified	08/11/26
K80.20	Calculus of gallbladder w/o cholecystitis w/o obstruction	08/11/26
N20.0	Calculus of kidney	08/11/26
E66.813	Other obesity	08/11/26
Z68.43	Body mass index [BMI] 50.0-59.9 adult	08/11/26
Z79.2	Long term (current) use of antibiotics	08/11/26
Z90.89	Acquired absence of other organs	08/11/26

14. DME and Supplies:
grab bars, wound care supplies

15. Safety Measures:
medication safety, infectious material management, standard precautions, smoke detectors , fall precautions

16. Nutrition:
high protein

17. Allergies:
Penicillins

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
Up As Tolerated

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: good

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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: The patient has a condition which makes it medically contraindicated and/or difficult to leave the home: needs assist with activities or ambulation.

Clinical Condition Requiring Homecare:
Patient with history of recent infected wound at left back requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, visits 3 times per week for wound care and as needed for complications. 08/11/26- 8/31/26 Patient with history of recent infected wound at left back requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, visits 3 times per week for wound care and as needed for complications. 9/01/26-9/30/26

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SN Careplans

SN FREQUENCY: SN 3w8 and prn for wound complications

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 4. Multiple emergency department visits (2 or more) in the past 6 months, 8. Currently reports exhaustion

STANDING ORDERS:

Infection control: hygiene, proper hand washing.;

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: plan if patient is unable to make healthcare decisions. No advanced directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, Home Safety, M2102c - Med Admin, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, obesity, #1 - Observable Surgical Wound - Posterior Left Middle Back - surgical site which started as an infected insect bite

SN Goals

PATIENT-STATED GOAL: Heal wound

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/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

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by DELGADO, MELISSA SN on 08/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
DONALD J WHITE
1855 N STAPLEY DR
MESA, AZ 85203
PHONE: 480-834-7546 FAX: 480-833-8313 NPI: 1558504357

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 : 08/09/2026

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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PROCEDURES:

physician-ordered wound care: #1 - Observable Surgical Wound - Posterior Left Middle Back - surgical site which started as an infected insect bite,

physician-ordered wound care: Left back wound: remove old dressing, cleanse area with wound cleanser, pat dry with 4x4 gauze, pack wound with iodoform 1/4" gauze strip, cover with sterile gauze, ABD pad and secure with tape. Frequency : daily and prn for soiling or dislodgement; SN visits 3 times per week,

monitor intake & output,

teach/coordinate/arrange medication packaging and/or administration,

coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

patient's living environment is clean/uncluttered

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	08/11/2026