Home Health Certification and Plan of Care

Order ID: 1184/670

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H77249873	08/10/2026	From: 08/10/2026 To: 10/08/2026	1438	037804

6. Patient's Name and Address

Joshua Perron
9259 E RAINTREE DR APT 2073,
SCOTTSDALE, AZ 85260
720-951-3294

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 06/23/1976 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	08/10/26

13. ICD	Other Pertinent Diagnoses	Date
L97.411	Non-prs chr ulcer of right heel and midft lmt to brkdwn skin	08/10/26
J01.90	Acute sinusitis unspecified	08/10/26
J02.9	Acute pharyngitis unspecified	08/10/26
F41.9	Anxiety disorder unspecified	08/10/26
R09.82	Postnasal drip	08/10/26
G61.81	Chronic inflammatory demyelinating polyneuritis	08/10/26

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

Monjouro 12.5mg subcutaneous once a week
Allopurinal - Allopurinol 300mg by mouth once a day
Amilodipine - Amlodipine Besylate 10mg by mouth once a day
Atorvastatin - Atorvastatin Calcium 80mg by mouth at bedtime
Celexa - Citalopram Hydrobromide eq 40 mg base 1 by mouth once a day
Gabapentin - Gabapentin 600 mg 1 by mouth every 4 hours
Gammagard 160G intravenous monthly **Every 3 weeks, infusion over 48 hours. Medication provided by infusion service in patient home on scheduled infusion days.
Lisinopril - Lisinopril 20 mg 1 by mouth once a day
Zofran - Ondansetron Hydrochloride eq 4 mg base 1 by mouth every 6 hours As needed for nausea
Xanax - Alprazolam 1 mg 1 by mouth twice a day As needed for anxiety
Zolpidem Tartrate - Zolpidem Tartrate 10 mg 1 by mouth at bedtime as needed for difficulty sleeping

14. DME and Supplies:

hand held shower, diabetic supplies, wound care supplies, 4 wheeled walker, cane

15. Safety Measures:

diabetic precautions, fall precautions, standard precautions

16. Nutrition:

diabetic, low sodium

17. Allergies:

sulfa drugs, GammaNex, Nortriptyline

18.A. Functional Limitations

Endurance, Ambulation

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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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: Taxing effort to leave home, intermittent dependence on assistive devices

Clinical Condition Requiring Homecare: Patient has significant prior medical history including DM II without insulin dependence, chronic foot ulcers/wounds, depression, anxiety, HTN, HLD, difficulty with ambulation and CIDP requiring IVIG infusions. Patient requires SN for right foot ulcer wound care, assessment and diagnoses management.

SN Careplans

SN FREQUENCY: 2W1, 1W4 and PRN for complications for assessment, diagnoses management and wound care.

CLINICAL SUMMARY: Patient seen today for start of care for admission to home health services. Patient has significant prior medical history including DM II without insulin dependence, chronic foot ulcers/wounds, depression, anxiety, HTN, HLD, difficulty with ambulation and CIDP requiring IVIG infusions. Patient recently seen by PCP at HonorHealth primary care and referred to HH services for assessment and wound care. Patient also sees podiatry through AZ Foot and Ankle, Hanger orthotics and neurology with Dr. Sosinsky who manages his GammaGard IVIG infusions. IVIG infusions are done every 3 weeks in home through Enliven infusion services. Assessment performed head to toe, skin assessed head to toe and is significant for right foot ulcer on underside of right foot on area a few inches below great toe. Podiatry has ordered Veris dressing to be placed on wound bed and changed every 3 days and as needed for dislodgement or soiling. Wound care performed to right foot, dressing placed, measurements and photo uploaded to EHR. Patient reports he does not regularly wear socks or shoes due to severe neuropathy caused by CIDP and is usually barefoot inside home. Patient instructed to wear appropriate foot ware to protect feet if tolerated and to assess feet often due to high risk of damage to skin on feet and risk of complications due to diagnoses. Patient reports his apartment does not currently have grab bars, shower bench or any accommodations for disabled residents and home is on second floor and stairs make it difficult for him and his mother, who is also disabled to leave apartment. Patient states he has requested alterations from complex but they state that they are not required to make changes due the age of apartments. SN will look into this and assist patient with letter of need for alterations due to medical conditions if appropriate. Patient reports pain currently at 2/10 with intermittent flares of higher pain levels with neuropathy in hands and feet. Patient reports he checks blood sugar with glucose monitor only when he feels "off" and doesn't check it regularly. He reports he has maintained his A1c at 5.4 or below for over a year. Patient states he rarely has hyperglycemic results and more often has hypoglycemic results. Patient education provided on having emergency glucagon or other quick rescue items to increase blood glucose as needed. Patient voiced understanding of instructions provided. Patient to be seen twice a week initially then weekly and PRN for wound care assistance, diagnoses management and assessment. Medications reviewed and reconciled, plan of care reviewed with patient and patient states agreement with plan.

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 120,

SN Goals

PATIENT-STATED GOAL: Help heal foot wound

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

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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

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

Casey Lynn Myers
3501 N Scottsdale road suite 280
Scottsdale, AZ 85251-5650
PHONE: 480-882-7300 FAX: 14808827310 NPI: 1831650019

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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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: 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: No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M1720 - Anxiety, D0700 - Social Isolation, M2020 - Oral Med Management, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, limited range of motion, limited endurance, limited strength, poor muscle tone, extremity burn/tingle/numb, Pain Interference with ADLs, Pain Effect on Sleep, red/tender pressure points, #1 - Diabetic Ulcer - Anterior Right Foot - Granulating wound bed with irregular edges, small amount of serosanguineous to serous drainage.

PROCEDURES: physician-ordered wound care: #1 Right foot-underside of right foot- Clean area with wound cleanser, pat dry with gauze, apply Veris dressing moistened with saline to wound bed, cover with 2x2 bordered foam dressing. Change every 3rd day and as needed for dislodgement or soiling.

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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

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