Home Health Certification and Plan of Care

Order ID: 1184/669

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H68852476	08/10/2026	From: 08/10/2026 To: 10/08/2026	1437	037804

6. Patient's Name and Address

Leslie Oilund
13828 N 33RD ST,
JOSEPH CITY, AZ 85032-
6025052165

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 08/09/1952 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	08/10/26

13. ICD	Other Pertinent Diagnoses	Date
G95.89	Other specified diseases of spinal cord	08/10/26
S14.129D	Central cord synd at unsp level of cerv spinal cord subs	08/10/26
E87.6	Hypokalemia	08/10/26
I71.40	Abdominal aortic aneurysm without rupture unspecified	08/10/26
H40.9	Unspecified glaucoma	08/10/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/10/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	08/10/26
R33.8	Other retention of urine	08/10/26
R15.9	Full incontinence of feces	08/10/26
E66.9	Obesity unspecified	08/10/26
Z68.32	Body mass index [BMI] 32.0-32.9 adult	08/10/26
Z79.01	Long term (current) use of anticoagulants	08/10/26
Z46.6	Encounter for fitting and adjustment of urinary device	08/10/26
Z98.1	Arthrodesis status	08/10/26
Z86.718	Personal history of other venous thrombosis and embolism	08/10/26
Z86.711	Personal history of pulmonary embolism	08/10/26
Z87.891	Personal history of nicotine dependence	08/10/26
Z85.828	Personal history of other malignant neoplasm of skin	08/10/26
Z87.440	Personal history of urinary (tract) infections	08/10/26
Z91.81	History of falling	08/10/26

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

Losartan Potassium - Losartan Potassium 25 mg 1 by mouth once a day
Alfuzosin HCL ER 10mg by mouth at bedtime
Eliquis - Apixaban 5mg by mouth twice a day
K2 (90 mcg)+D3(125mcg[5000 IU]) 1 by mouth once a day
Finasteride - Finasteride 5 mg 1 by mouth once a day
Garlic extract 1000mg by mouth once a day
Colace - Docusate Sodium 100mg by mouth once a day
Simethicone - Simethicone 125mg by mouth as necessary
Ginger root 550mg by mouth twice a day
Potassium Cl - Potassium Chloride 99mg by mouth twice a day Potassium supplement
Beet root 1 by mouth twice a day
Turmeric 1 cap by mouth twice a day
Niacin - Niacin 500 mg 1 by mouth twice a day
Papaya enzyme extract 1 by mouth once a day

14. DME and Supplies:

urinary/catheter supplies, wound care supplies, cane, 4 wheeled walker

15. Safety Measures:

walker precautions, fall precautions, ambulates with device, standard precautions, anticoagulant precautions

16. Nutrition:

high fiber, regular, low sodium

17. Allergies:

Lovastatin, naproxen

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Up As Tolerated, Walker

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, 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: 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: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

Clinical Condition Requiring Homecare: Indwelling catheter, severe neuropathy and foot drop related to ACDF C5 - C7, posterior decompression C3-T2, BPH and hx of DVT/PE

SN Careplans

SN FREQUENCY: 2W1, 1W2 and PRN for catheter complications, assessment, diagnoses management and wound care if needed.

CLINICAL SUMMARY: Patient seen today for start of care for home health services. Patient with prior medical history of DVT/PE taking Eliquis, BPH and recent ACDF C5-C7/posterior decompression and fusion of C3 to T2, recent fall, cervical myelopathy, drop foot on right side, left hand weakness and neuropathy with increasing urinary retention related to cord compression syndrome following fall. Patient currently has an indwelling catheter for urinary retention after failing trial to drain urine independently while inpatient. Patient has an appointment with his urologist tomorrow and may trial removing catheter again. Patient will advise SN what the physician's plan is. Patient currently has a brace on right lower leg and foot for foot drop and a brace on left hand for weakness and parathesis. Patient is currently using pull-up style briefs for intermittent incontinence. Patient will require OT and PT once he has plan of care going forward for catheter status due to cord compression syndrome and increased weakness. Patient currently using FWW for ambulation and requires supervision when transferring and ambulating due to high fall risk. Patient has small denuded area on underside of

SN Goals

PATIENT-STATED GOAL: Get the catheter removed, start therapies and feel better

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

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

Mauro Tucci
3815 E. Bell Rd., Suite 4100
Phoenix, AZ 85032
PHONE: 6024945040 FAX: 6024944020 NPI: 1619156445

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 : 08/05/2026

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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right buttock formed during time at rehab facility. He is using Calmoseptine barrier cream over peri-area. SN will continue to observe for any further deterioration. Patient requires Coude tipped 16Fr catheter with 10ml balloon and SN will order if it is required to be kept in place after urology appointment. Medications reviewed and reconciled with patient and spouse and questions addressed over uses and potential side effects. Patient instructed on plan of care and is in agreement with plan. Patient to be seen 2 times in week 1 and additional visits to be scheduled depending on physician plans, for assessment, diagnoses management and catheter care if needed. Patient instructed to schedule appointment as soon as possible with PCP for post inpatient follow-up

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: 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, 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: No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, swelling in the arms/legs, abnormal blood pressure, constipation, M1610 - Urinary Catheter, increased urine output, urine retention, blood in urine, M1600 - UTI, muscle weakness, limited endurance, weak hand grips, extremity burn/tingle/numb, Pain Interference with ADLs, Pain Effect on Sleep, B1000 - Vision Deficit, pallor, red/tender pressure points, #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Buttock - Pink wound center, without drainage. Being covered with barrier cream daily

PROCEDURES: physician-ordered wound care: #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Right Buttock - Pink wound center, without drainage. Being covered with barrier cream daily, catheter change, care & irrigation

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

^ record wound measurements
* 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

patient self-administers medications as prescribed
* 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	08/10/2026