Home Health Certification and Plan of Care

Order ID: 1184/681

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H10061840	08/14/2026	From: 08/14/2026 To: 10/12/2026	1443	037804

6. Patient's Name and Address
Siham Ismail
16453 N 59th St,
SCOTTSDALE, AZ 85254-
602-432-5948

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 07/27/1934 | **9.Sex** Female

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

LEVOTHYROXINE 1 tablet Orally once a day in the morning on an empty stomach
FAMOTIDINE 40 mg tablet Orally once a day
DICYCLOMINE capsule Orally three times a day as needed
ATENOLOL 25 mg tablet Orally once a day
NYSTATIN 1 application Externally twice a day Start Date: 06/30/2026, needs refill ordered
Rexulti - Brexpiprazole 0.5mg by mouth once a day 0.5mg for 1 week, then 1mg for 1 week. Report efficacy to physician for continued use

11. ICD	Principal Diagnosis	Date
E03.9	Hypothyroidism unspecified	08/14/26

13. ICD	Other Pertinent Diagnoses	Date
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	08/14/26
L89.90	Pressure ulcer of unspecified site unspecified stage	08/14/26
I10.	Essential (primary) hypertension	08/14/26
D51.9	Vitamin B12 deficiency anemia unspecified	08/14/26
I95.9	Hypotension unspecified	08/14/26
R63.4	Abnormal weight loss	08/14/26
Z95.2	Presence of prosthetic heart valve	08/14/26
Z68.20	Body mass index [BMI] 20.0-20.9 adult	08/14/26

14. DME and Supplies:
urinary/catheter supplies, bath bench, walker, grab bars, wound care supplies

15. Safety Measures:
fall precautions, ambulates with assistance, standard precautions, activity supervision

16. Nutrition:
high calorie, soft

17. Allergies:
sulfa drugs!Sulfa Antibiotics: rash

18.A. Functional Limitations
Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted
Up As Tolerated, Walker

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: 1. Rarely, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!6. Delusional, hallucinatory, or paranoid behavior, 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
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: referral to home health for eval for weakness, dementia, and pressure sores

SN Careplans

SN WK1: 1 (08/14/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26)

CLINICAL SUMMARY: Patient seen today for start of care for home health services. Patient with PMH of dementia without behaviors but has repetitive speech, increasing confusion and episodes of high anxiety, but is redirectable by family members, recent skin breakdown on upper back (currently clear) and recurring redness to sacral area, hypothyroidism and hypertension with episodes of hypotension, poor feeding due to recent texture aversion and generalized weakness. Patient assessed head to toe, skin assessed head to toe and is significant for some pallor and mildly reddened area over sacrum being treated with barrier cream. Caregiver (daughter in law, Iman) present for assessment and provides history. Caregiver states area on upper back is currently resolved but that area as well as sacral area flare up without noted cause. Caregiver states she will provide photo of area if another flare occurs. SN instructed caregiver on interventions with protective measures to care for areas when irritated, with barrier ointment as well as frequent position changes and offloading bony prominences, CG voiced understanding of those instructions. SN placed barrier ointment on sacral area after assessing area. Patient uses pull up brief for stress incontinence of urine. Caregiver denies bowel incontinence. Caregiver assists patient with all ADLs including showering, grooming and toileting assistance. Caregiver reports that patient has recently begun spitting out any foods that requiring chewing, such as vegetables and meats. Softer diet, including soups and mashed foods with increased water or drinks with meals encouraged. Caregiver states that patient does not seem to have an issue actually swallowing, but seems to not remember that she needs to swallow her chewed up foods, but does fine with liquids and things like soups or yogurt type consistency. Patient has a FWW for ambulation and transfers but primarily uses it in the morning when first waking up and for any prolonged need for ambulation but usually walks within the home with hands on assistance of family members. Patient has dentures but does not use hearing aids or glasses. Caregiver reports patient had cataract surgery awhile back and does not require glasses any more. Patient recently seen by neurologist, Dr. Navid Vehra, and was prescribed Rexulti, for her dementia. Dosing is 0.5mg for 1 week and then 1mg for 1 week. Depending on efficacy, medication will be refilled at that time for continued use. After multiple episodes of hypotension, patient's PCP put

SN Goals

PATIENT-STATED GOAL: Caregiver states, improve skin status, manage medications and diagnoses

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
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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
* preventing pressure ulcer recurrence
* record wound measurements
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by DELGADO, MELISSA SN on 08/14/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
JASLEEN KHANUJA
8880 E DESERT COVE AVE
SCOTTSDALE, AZ 85260
PHONE: (480) 314-6696 FAX: 14802571997 NPI: 1871936799

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 : 06/30/2026

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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refilled at that time for continued use. After multiple episodes of hypotension, patient's PCP put Losartan on hold and Atenolol continues as prescribed. Patient needs a refill on Nystatin powder to apply to affected areas as needed. Patient scheduled to be seen again next week for assessment, medication and diagnoses management and skin care. Caregiver is in agreement with plan of care at this time.

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: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 5. Decline in mental, emotional, or behavioral status in the past 3 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: M1720 - Anxiety, M1745 - Behavioral Issues, D0160 - Depression, M1700 - Cognition, M2020 - Oral Med Management, abnormal blood pressure, delayed capillary refill, M1400 - Dyspnea, M1033 - Unintentional Weight Loss, abnormal thyroid <> 0.40 - 4.50 mIU/mL, abdominal pain, M1610 - Urinary Incontinence, muscle weakness, limited strength, limited endurance, Pain Interference with ADLs, Pain Effect on Sleep, loss of appetite, pallor, red/tender pressure points, #1 - 1 - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. - Posterior Sacrum - not open currently, apply barrier ointment daily, offload bony prominences

PROCEDURES: physician-ordered wound care: #1 - 1 - Intact skin with non-blanchable redness of a localized area usually over a bony prominence. - Posterior Sacrum - not open currently, apply barrier ointment daily, offload bony prominences, monitor intake & output

TEACH PATIENT/CAREGIVER: * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification preventing pressure ulcer recurrence record wound measurements, related medication(s) purpose, schedule, * strategies to increase caloric intake, 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	08/14/2026