Home Health Certification and Plan of Care

Order ID: 1184/685

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A62050059	08/17/2026	From: 08/17/2026 To: 10/15/2026	1444	037804

6. Patient's Name and Address
Joshua Lucero
935 E Jacob St,
CHANDLER, AZ 85225-8154
480-244-5365

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 12/12/2005 | **9.Sex** Male

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

TYLENOL 1,000 mg oral 4x Daily
TUMS 400 mg oral Q2H PRN
ROXICODONE 10 mg oral Q4H PRN
PEPCID 20 mg oral as necessary
ONDANSETRON 4 mg IV Q6H PRN Last Ordered - Ordered
Zofran
Eliquis - Apixaban 2.5 mg by mouth twice a day
Rinvoq 30mg by mouth once a day
Prenatal vitamin - iron fumarate-FA 28mg iron 1 by mouth once a day
Prednisone - Prednisone 2.5 mg 1 by mouth once a day 10mg on 8-14, 7.5mg on 8-15, 5mg on 8-16 and 2.5mg on 8-17, then taper is complete

11. ICD	Principal Diagnosis	Date
Z48.815	Encntr for surgical aftcr following surgery on the dgstv sys	08/17/26

13. ICD	Other Pertinent Diagnoses	Date
K51.919	Ulcerative colitis unsp with unspecified complications	08/17/26
A04.0	Enteropathogenic Escherichia coli infection (A04.0)	08/17/26
D64.9	Anemia unspecified	08/17/26
E87.1	Hypo-osmolality and hyponatremia	08/17/26
Z79.01	Long term (current) use of anticoagulants	08/17/26
Z79.52	Long term (current) use of systemic steroids	08/17/26

14. DME and Supplies:
ostomy supplies

15. Safety Measures:
fall precautions, bleeding precautions, standard precautions

16. Nutrition:
high calorie, low fiber

17. Allergies:
Compazine [Prochlorperazine]

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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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: Recurrent admissions in the setting of ulcerative colitis, new ileostomy, taxing effort to leave home

Clinical Condition Requiring Homecare: Colitis Ulcerative (HCC) with new ileostomy

SN Careplans

SN FREQUENCY: 2W1, 1W4 and PRN for complications

CLINICAL SUMMARY: Patient seen today for start of care admission to home health services. Patient has prior medical history of severe ulcerative colitis with multiple flares resulting in recent creation of ileostomy in right upper quadrant. Patient has small incision at midline and other small laparoscopic incisions all well healing with skin glue and no drainage. Stoma is large, red and moist with a round appearance. Stool output is brown and liquid. Patient reports he is emptying it about 4-5 times a day and surrounding skin is intact and without breakdown currently. SN and patient spoke with Byram healthcare, where supplies were ordered and they stated they are waiting on authorization from patient's insurance before processing the supply order which they said could take up to 2 weeks. Patient is running low on pouches and wafers and does not have stoma paste or belts for additional support. SN will reach out to local Hollister rep for sample products and patient will request extra supplies at his upcoming GI appointment at Mayo on Wednesday of this week. Patient reports intermittent incisional pain and occasional pain from pressure with stool output from stoma of 5/10. Patient is using Tylenol for pain control and has a muscle relaxer prescribed for spasms as needed. Patient finished his Prednisone taper today. Patient receives assistance with meal prep and medication administration from parents but is independent with all other ADLs. Patient does not require assistive devices for ambulation or transfers, glasses or hearing aides. Interventions for protection of skin, using skin barrier and stoma powder, and preventing leaks, maintaining appropriate stool consistency and adequate hydration during times of increased output discussed and instructions provided to patient and caregiver. Both voiced understanding of instructions provided. Medications reviewed and reconciled and plan of care provided and patient is in agreement with plan of care. Next visit with patient is scheduled for later this week. SN frequency planned for 2w1 and 1w4 and as needed for complications for assessment, diagnosis management and ostomy care and instruction.

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

SN Goals

PATIENT-STATED GOAL: Heal ostomy, get all my supplies, get back to being healthy

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
* ostomy management including how to clean stoma
* change ostomy pouch
* 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 08/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
BERNADETTE FREELAND HYDE
4212 N 16TH ST
PHOENIX, AZ 85016-5319
PHONE: 602-263-1200 FAX: 16022005356 NPI: 1750461034

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 **08/17/2026**: 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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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, abnormal electrolyte panel, abdominal pain, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, M1630 - GI Ostomy, pallor

PROCEDURES: apply collection/fistula pouch, ostomy care & irrigation

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, * ostomy management including how to clean stoma change ostomy pouch, related medication(s) purpose, schedule, patient self-administers medications as prescribed, 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	08/17/2026