

Home Health Certification and Plan of Care				Order ID: 1184/572	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
A24450555		03/20/2026		From: 05/19/2026 To: 07/17/2026	
4. Medical Record No.		5. Provider No.			
1423		037804			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Andrea Kalectaca 5132 N 15TH ST APT 158, PHOENIX, AZ 85014- 928-240-3959			Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300 Phoenix, AZ 85028-6039 480-415-4423 1457998957		
8. DOB			9. Sex		
12/24/1962			Female		
11. ICD		Principal Diagnosis		Date	
L97.913		Non-prs chronic ulc unsp prt of r low leg w necros muscle		03/20/26	
13. ICD		Other Pertinent Diagnoses		Date	
L88.		Pyoderma gangrenosum		03/20/26	
E11.51		Type 2 diabetes w diabetic peripheral angiopath w/o gangrene		03/20/26	
I12.9		Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny		03/20/26	
E11.22		Type 2 diabetes mellitus w diabetic chronic kidney disease		03/20/26	
N18.30		Chronic kidney disease stage 3 unspecified		03/20/26	
E78.5		Hyperlipidemia unspecified		03/20/26	
Z79.01		Long term (current) use of anticoagulants		03/20/26	
Z86.711		Personal history of pulmonary embolism		03/20/26	
Z86.718		Personal history of other venous thrombosis and embolism		03/20/26	
14. DME and Supplies:			15. Safety Measures:		
bath bench, grab bars, wound care supplies, 4 wheeled walker			fall precautions, ambulates with device, standard precautions		
16. Nutrition:			17. Allergies:		
diabetic, increased protein			Ibuprofen, oxyCODONE, Pioglitazone, Benadryl, Motrin, latex		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation			Walker, Up As Tolerated		
19. Mental & COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL Psychosocial Status: ISSUES: , HISTORY OF DEPRESSION:					
20. Prognosis: fair					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: , MOBILITY:			patient will be responsible for managing treatment		
Homebound status: Taxing effort to leave home, dependence on assistive devices					
Clinical Condition Requiring Homecare: Non-Pressure Chronic Ulcer of Unspecified part of Right lower leg with Necrosis of muscle					
SN Careplans			SN Goals		
SN FREQUENCY: 2W1, 3W8 + PRN for complications.			PATIENT-STATED GOAL: heal wound; decreased pain		
CLINICAL SUMMARY: Patient seen today for recertification of HH services, assessment and wound care. Patient assessed head to toe, skin assessed head to toe and is significant for LE wound. Patient has history of necrotic left lower extremity wound following a bug bite resulting in long term hospitalization and rehab, currently being treated with 3 time a week wound care with HH and weekly wound clinic visits. Patient has history of DM II and tests Bg daily and is independent with this care. Vital signs within normal limits for patient. Patient reports pain at 4/10 to left leg. Patient denies falls or injuries since last SN visit. Patient reports adequate PO intake and bowel movements consistent with normal patterns. Wound care performed per orders and was well tolerated by patient. Patient educated on plan of care for new certification period and voiced agreement with plan of care. Patient to continue to be seen 3 times a week and as needed for complications for assessment, diagnoses management and wound care.			GOALS patient/caregiver recalls * strategies to increase caloric intake * recalls related medication(s) purpose, schedule		
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, blood sugar < 60 > 300			patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule		
CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area			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		
HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications			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		
STANDING ORDERS: Infection control: hygiene, proper hand washing.; Advance directive: plan if patient is unable to make healthcare decisions. No Advanced Directive; 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			patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule		
PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal blood pressure, abnormal BS < 70/140 > mg/dL, muscle weakness, limited endurance, balance deficit, #1 - Observable Surgical Wound - Anterior Right Below Knee -			patient/caregiver recalls * lifestyle modifications to manage respiratory condition including * diet changes and regular exercise * strategies to control shortness of breath		
PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Right Below Knee -: Right lower leg wound care: remove old dressing; apply lidocaine gel for 10 minutes; cleanse					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by JOHNSON, LAURA SN on 05/18/2026					
24. Physician's Name and Address			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.		
HELEN HAYDEN 4212 N 16th St Phoenix, AZ 85016 PHONE: 602-263-1200 FAX: 16022005387 NPI: 1700161791			F2F date :		
27. Attending Physician's Signature and Date Signed 07/28/2026 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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wound with vashe wound cleanser, pat dry with 4x4 gauze, apply santyl to wound bed, cover wound with vashe soaked 4x4 gauze, dry 4x4 gauze and abd pad, wrap with kerlix and ace wrap frequency: daily and prn for soiling or dislodgement; SN visits 3 times per week, apply compression bandage, glucose testing via monitor, monitor intake & output TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * 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 increase caloric intake, 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 transportation needs are met, patient is adequately supervised		* home remedies to keep iungs neatrny * recalls related medication(s) purpose, schedule patient's transportation needs are met patient is adequately supervised		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	05/18/2026