Home Health Certification and Plan of Care

Order ID: 1184/692

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
DW329G	08/13/2026	From: 08/13/2026 To: 10/11/2026	1442	037804

6. Patient's Name and Address

Eloise Bell
1130 E Monroe St APT #303,
PHOENIX, AZ 85034-
4809950149

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 04/16/1953 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
E11.65	Type 2 diabetes mellitus with hyperglycemia	08/13/26

13. ICD	Other Pertinent Diagnoses	Date
Z91.81	History of falling	08/13/26
Z90.710	Acquired absence of both cervix and uterus	08/13/26
Z87.891	Personal history of nicotine dependence	08/13/26
S31.109D	Unsp opn wnd abd wall unsp q w/o penet perit cav subs	08/13/26
L03.311	Cellulitis of abdominal wall	08/13/26
M48.062	Spinal stenosis lumbar region with neurogenic claudication	08/13/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	08/13/26
N18.2	Chronic kidney disease stage 2 (mild)	08/13/26
J44.9	Chronic obstructive pulmonary disease unspecified	08/13/26
F41.9	Anxiety disorder unspecified	08/13/26
G89.4	Chronic pain syndrome	08/13/26
M35.00	Sjogren syndrome unspecified	08/13/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/13/26
M79.3	Panniculitis unspecified	08/13/26
E78.5	Hyperlipidemia unspecified	08/13/26
D12.6	Benign neoplasm of colon unspecified	08/13/26
M11.161	Familial chondrocalcinosis right knee	08/13/26
M81.0	Age-related osteoporosis w/o current pathological fracture	08/13/26
I87.2	Venous insufficiency (chronic) (peripheral)	08/13/26
K43.9	Ventral hernia without obstruction or gangrene	08/13/26
I80.8	Phlebitis and thrombophlebitis of other sites	08/13/26
M43.06	Spondylolysis lumbar region	08/13/26
D50.0	Iron deficiency anemia secondary to blood loss (chronic)	08/13/26
M19.019	Primary osteoarthritis unspecified shoulder	08/13/26
F33.9	Major depressive disorder recurrent unspecified	08/13/26
F11.20	Opioid dependence uncomplicated	08/13/26
E66.01	Morbid (severe) obesity due to excess calories	08/13/26
Z68.41	Body mass index [BMI] 40.0-44.9 adult	08/13/26
Z79.4	Long term (current) use of insulin	08/13/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	08/13/26
Z51.5	Encounter for palliative care	08/13/26
Z95.2	Presence of prosthetic heart valve	08/13/26

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

TIZANIDINE HYDROCHLORIDE eq 2 mg base 1 tablet by mouth one tab Q8HR PRN for muscle spasms
Doxycycline - Doxycycline Hyclate eq 100 mg base 1 capsule by mouth twice a day for wound infection x 10 days
Levofloxacin - Levofloxacin: Sodium Chloride 750 mg 1 tablet by mouth once a day for wound infection x 7 days
Lantus Insulin - Insulin Glargine Recombinant 50 units subcutaneous twice a day for diabetes
Novolog - Insulin Aspart Recombinant 100 units/ml as directed subcutaneous before meal novolog - inject subcutaneously before meals as follows: take 36 units before breakfast, take 22 units before lunch, take 44 units before dinner. for diabetes
ALBUTEROL mg/3 mL inhalant apply 3ml per nebulizer treatment TID PRN for wheezing
ALENDRONATE SODIUM eq 70 mg base 1 tablet by mouth one tab once a week at midday, sit upright for 30min after to treat and prevent osteoporosis
AMLODIPINE mg PO one tab QAM amlodipine 10mg tablets- take 1 tablet by mouth daily
BUSPIRONE HCL 5 mg 1 tablet by mouth one tab twice a day
CARAFATE 1gm 1 tablet by mouth one tab four times a day 30 minutes before meals and at bedtime
CARVEDILOL 6.25 mg mg PO one tab twice a day
CELEXA eq 40 mg base 1 tablet by mouth once a day in the morning
DICYCLOMINE 10 mg by mouth three times a day
CLOPIDOGREL 75 mg 1 tablet by mouth once a day for blood thinning
CLONIDINE 1 mg tablet (take half a tablet) by mouth half tab QD take one half tablet daily
SPIRONOLACTONE 25 mg 1 tablet Oral once a day
SIMVASTATIN 20 mg 1 tablet by mouth one tab QHS
PROTONIX eq 40 mg base 1 tablet by mouth once a day (pantoprazole)
POTASSIUM 20 mEq by mouth one tab QD
PILOCARPINE HYDROCHLORIDE 5 mg 1 tablet by mouth three times a day treatment for Sjogren's syndrome
DOXAZOSIN 2 mg by mouth one tab QHS (Cardura)
Otc Stool Softener - Docusate Sodium 250mg tablet by mouth as necessary docusate sodium 250mg tablets; take one tablet by mouth daily as needed for constipation
METOLAZONE 5 mg 1 tablet by mouth one tab in the morning three times a week at w, f, m
LOSARTAN POTASSIUM 100 mg 1 tablet by mouth once a day
MORPHINE 15 mg tablets by mouth as necessary morphine 15mg tablets; taken 1 tablet 3 times a day PRN for pain
MAGNESIUM 400mg tablet by mouth once a day
GABAPENTIN 600 mg 1 tablet by mouth three times a day
FUROSEMIDE 40 mg 1 tablet by mouth once a day
Nitroglycerin - Nitroglycerin 0.1 mg/hr 1 tablet by mouth as directed take 1 tablet by mouth as needed for angina. if chest pain continues after 5 minutes take an additional tablet and call 911.
Iron - Ferrous Sulfate: Folic Acid 325 mg tablets by mouth twice a day
calcium alginate 1 application topical threee times per week apply to wound 3 times per week during wound care and prn for dressing dislodgement or soiling

14. DME and Supplies:

bath bench, diabetic supplies, walker, wound care supplies, cane, 4 wheeled walker, motorized scooter

15. Safety Measures:

walker precautions, , sharps precautions, remove environmental barriers, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, aspiration precautions, infectious material management, standard precautions, wheelchair precautions, smoke detectors , medication safety, cardiac precautions, bathroom safety, anticoagulant precautions

16. Nutrition:

high protein, diabetic, cardiac diet

17. Allergies:

pioglitazone, sulfamethoxazole, predniSONE, orphenadrine, moxifloxacin, metaxcycloSPORINE, codeine, cephalosporin, Baclofen, ACE inhibitor

18.A. Functional Limitations

Endurance, Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted

Up As Tolerated, Cane, Walker, Wheelchair

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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 08/13/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

KEQIANG SHEN
14780 W. MOUNTAIN VIEW BLVD. SUITE 110
SURPRISE, AZ 85374-7280
PHONE: 623-888-6266 FAX: 16238886265 NPI: 1154713048

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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Phoenix, AZ 85028-6039
480-415-4423
1457998957

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:
homebound due to generalized weakness, unsteady gait, multiple recent falls and requires the assistance of another person to safely leave home

Clinical Condition Requiring Homecare:
Diabetic patient with history of multiple recent falls and infected abdominal wound requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, 3 times per week visits for wound care and as needed for wound ccomplications or medication changes.

SN Careplans

SN FREQUENCY: 1w8 and prn for wound complications or medication changes

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

CAREGIVER: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 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, 8. Currently reports exhaustion

STANDING ORDERS:

Infection control: hygiene, proper hand washing.;

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: plan if patient is unable to make healthcare decisions. MPOA (son)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0700 - Social Isolation, A1250 - Lack of Necessary Transportation, meal preparation, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, M2020 - Oral Med Management, chest pain, abnormal blood pressure, M1400 - Dyspnea, M1033 - Exhaustion, abnormal BS < 70/140 > mg/dL, excessive thirst/hunger, constipation, M1610 - Urinary Incontinence, genital irritation, muscle weakness, limited endurance, limited range of motion, muscle spasms, limited strength, extremity burn/tingle/numb, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep, obesity, loss of appetite, rough/scaly/cracked skin, #1 - Observable Surgical Wound - Anterior Right Abdomen -

PROCEDURES:

physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Right Abdomen -,

cough/deep breathing exercises,

incentive spirometer,

physician-ordered wound care: Mid-abdominal wound: remove old dressing, cleanse wound with wound cleanser, pat dry with 4x4 gauze, apply calcium alginate to wound bed, cover with foam bordered dressing; FREQUENCY: 3 times a week and prn for soiling or dislodgement,

glucose testing via monitor,

monitor intake & output,

teach/coordinate/arrange medication packaging and/or administration

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, * urinary incontinence management including bladder training Kegel exercises skin care, 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's transportation needs are met

SN Goals

PATIENT-STATED GOAL: heal wound; increase safety in home

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
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* 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
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by JOHNSON, LAURA SN

Date
08/13/2026