Home Health Certification and Plan of Care

Order ID: 1184/708

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
104522406	03/05/2026	From: 09/01/2026 To: 10/30/2026	1416	037804

6. Patient's Name and Address

Wenceslao Cano Ramos
4128 W Burgess,
PHOENIX, AZ 85041-
602-376-8933

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 01/26/1942 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	03/05/26

13. ICD	Other Pertinent Diagnoses	Date
N13.8	Other obstructive and reflux uropathy	03/05/26
N39.490	Overflow incontinence	03/05/26
L89.152	Pressure ulcer of sacral region stage 2	03/05/26
F03.C3	Unspecified dementia severe with mood disturbance	03/05/26
I10.	Essential (primary) hypertension	03/05/26
K76.9	Liver disease unspecified	03/05/26
K59.00	Constipation unspecified	03/05/26
R15.9	Full incontinence of feces	03/05/26
R63.0	Anorexia	03/05/26
Z46.6	Encounter for fitting and adjustment of urinary device	03/05/26
Z85.46	Personal history of malignant neoplasm of prostate	03/05/26
Z86.0100	Personal history of colonic polyps	03/05/26

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

Flomax - Tamsulosin Hydrochloride 0.4 mg 0.4 mg by mouth once a day Take 2 capsules by mouth daily. - Oral
Ibuprofen - Ibuprofen 800 mg 1 by mouth every 8 hours As needed for pain, swelling
Lasix - Furosemide 20 mg 20 mg by mouth twice a day Take 1 tablet (20 mg total) by mouth 2 times daily as needed for edema Oral
Megace - Megestrol Acetate 20 mg 20 mg by mouth twice a day Take 1 tablet (20 mg total) by mouth 2 times daily - oral
Mirtazapine - Mirtazapine 30 mg 30 mg by mouth once a day mirtazapine (REMERON SOL-TAB) 30 mg disintegrating tablet DISSOLVE 1 TABLET ON THE TONGUE EVERY NIGHT
Amlodipine - Amlodipine Besylate 0 2.5 mg/tab by mouth once a day amLODIPine (NORVASC) 2.5 mg tab Take 1 tablet by mouth daily. - Oral
Senna - Senna 0 8.6-50 mg tab by mouth as necessary Senna-docusate (PERICOLACE) 8.6-50 mg tab take 2 tablets by mouth daily as needed for Constipation. - Oral

14. DME and Supplies:

wheelchair, urinary/catheter supplies, bath bench, walker, grab bars, wound care supplies, hospital bed

15. Safety Measures:

fall precautions, ambulates with assistance, standard precautions, activity supervision

16. Nutrition:

soft, thickened liquids

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation, Hearing

18.B. Activities Permitted

Wheelchair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

patient to receive home care indefinately

Homebound status: Patient with history of Dementia, long term indwelling catheter due to BPH and history of prostate cancer, dependence on assistive devices and total assist for ADLs.

Clinical Condition Requiring Homecare: Patient with history of Dementia, long term indwelling catheter due to BPH and history of prostate cancer, dependence on assistive devices and total assist for ADLs requires SN for assessment, diagnoses management and catheter care.

SN Careplans

SN FREQUENCY: 1W9 and PRN for complications.

CLINICAL SUMMARY: Patient seen today for recertification. Patient assessed head to toe, skin assessed head to toe and is currently intact with area that was exacerbated on right lateral foreskin significantly improved since last week with consistent use of barrier cream, having moved the stat lock to the left leg and frequent assessment of brief. SN had collected a urine sample last week due to concerning discharge in brief. SN contacted Monday that urine sample was negative for bacteria for UTI and a follow-up PCP appointment scheduled for next Wednesday the 2nd of September. Caregiver reports adequate PO intake with mechanical soft diet and thickened liquids and continues to push increased hydration. Vital signs are within normal parameters for patient. Caregiver denies falls or injuries since last visit. Caregiver continues daily observation of sacral and peri-area for pressure injuries and skin breakdown and use of barrier cream on areas at high risk for re-injury. Patient continues to require indwelling catheter care due to prior history of prostate cancer, BPH and chronic urinary retention and will require the catheter indefinitely. Catheter will be changed next week, at the end of the week, a week early due to family trip out of the country. Patient has intermittent lower leg edema, 1+ bilaterally today. Patient has furosemide to use as needed for significant edema. Catheter care, medication uses and skin care instructions reinforced with caregiver as well as plan of care for new certification and she voiced understanding of instructions provided and is in agreement with plan of care. Patient to continue to be seen weekly and as needed for complications for assessment, diagnoses management and catheter care.

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: 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

SN Goals

PATIENT-STATED GOAL: Caregiver states goal to continue to provide catheter care, keep him healthy

GOALS
patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by DELGADO, MELISSA SN on 08/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Juan Kamar Kharoufeh
2601 E ROOSEVELT ST
PHOENIX, AZ 85008-4973
PHONE: 602-344-5011 FAX: 16026559642 NPI: 1063974574

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 : 02/19/2026

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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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

08/27/2026 Problems : #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum -
#2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum - (Areas currently resurfaced)
dependent edema
balance deficit
difficulty sleeping
urine retention
skin breakdown r/t incontinence
muscle weakness
limited strength
limited endurance
drooling
M1700 - Cognition

PROCEDURES: physician-ordered wound care: #2 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum -, physician-ordered wound care: #1 - 2 - Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed. - Posterior Sacrum - Required only when areas are open or deteriorating. Observation each visit while resurfaced. Coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, catheter change, care & irrigation

TEACH PATIENT/CAREGIVER: * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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	08/27/2026