Home Health Certification and Plan of Care

Order ID: 1184/706

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
DZ2FZR	07/01/2025	From: 08/25/2026 To: 10/23/2026	1386	037804

6. Patient's Name and Address
Felipe Tagaban
1411 E MOBILE LANE,
PHOENIX, AZ 85040-0000
602-692-1065

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 11/21/1941 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/01/25

13. ICD	Other Pertinent Diagnoses	Date
N18.30	Chronic kidney disease stage 3 unspecified	07/01/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	07/01/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/01/25
M21.372	Foot drop left foot	07/01/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/01/25
Z79.85	Lng trm (crnt) use injectable non-insulin antidiabetic drugs	07/01/25
Z79.82	Long term (current) use of aspirin	07/01/25

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

Aspirin - Aspirin 81mg - 1 tablet by mouth once a day 1 Cap(s) PO daily to prevent clots
Empagliflozin 10 mg- 1 tablet by mouth once a day 1 Tab(s) PO daily for diabetes
SGLT2 INHIBITORS
Atorvastatin Calcium - Atorvastatin Calcium 40 mg = 1 tab by mouth at bedtime 1 Tab(s) PO QHS
Atorvastatin Calcium Oral Tablet 40 MG
Calcitrate/Vitamin D Oral Tablet 315-200 MG-UNIT 315-200 MG - UNIT by mouth twice a day 2 Tab(s) PO BID
Calcitrate/Vitamin D Oral Tablet 315-200 MG-UNIT
Donepezil Hydrochloride - Donepezil Hydrochloride 5 mg by mouth at bedtime 1 Tab(s) PO QHS
Donepezil HCl Oral Tablet 5 MG
Losartan Potassium - Losartan Potassium 100 mg by mouth once a day 1 Tab(s) PO daily
Losartan Potassium Oral Tablet 100 MG
Metoprolol Succinate - Metoprolol Succinate eq 50 mg tartrate by mouth twice a day 1 tablet PO BID
Metoprolol Succinate Oral Capsule ER 24 Hour Sprinkle 50 MG
Allopurinol - Allopurinol 100 mg by mouth once a day 2 Tab(s) PO daily
Allopurinol Oral Tablet 100 MG
Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day
Ozempic 0.25 mg or 0.5 mg 0.25 mg subcutaneous once a week 0.25 mg subQ injection weekly for diabetes
Ozempic (0.25 MG/DOSE) Subcutaneous Solution Pen-injector 2 MG/1.5ML
riboflavin 100 mg tablets by mouth twice a day riboflavin 100mg - take 2 tablets by mouth BID
Metformin - Metformin Hydrochloride 500 mg - 1 tablet by mouth twice a day 1 Tab(s) PO BID for diabetes
metFORMIN HCl ER (OSM) Oral Tablet Extended Release 24 Hour 500 MG
Colace - Docusate Sodium 100mg tablet by mouth twice a day

14. DME and Supplies:
grab bars, 4 wheeled walker, bath bench, diabetic supplies, AFO

15. Safety Measures:
anticoagulant precautions, bleeding precautions, , standard precautions, remove environmental barriers, wheelchair precautions, walker precautions, smoke detectors , medication safety, fall precautions, diabetic precautions, cardiac precautions, ambulates with assistance, activity supervision

16. Nutrition:
cardiac diet, diabetic

17. Allergies:
Lisinopril

18.A. Functional Limitations
Hearing, Endurance, Ambulation

18.B. Activities Permitted
Cane, Up As Tolerated, Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., 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
family/caregiver will be responsible for managing treatment

Homebound status: Requires assistance for most to all ADL, Residual weakness, There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort, because of illness or injury, the person needs the following in order to leave their place of residence, the aid of supportive device(s): Cane, Wheelchair, Walker, the assistance of another person

Clinical Condition Requiring Homecare: Diabetic patient requires SN for blood sugar checks and ozempic injections as well as assessment of cardiopulmonary, GI/GU, musculoskeletal, neuro and integumentary systems, medication and diagnoses management and education, safety with ADLs and fall prevention weekly and as needed for complications.

SN Careplans

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

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

SN Goals

PATIENT-STATED GOAL: safety in home

GOALS
caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* how to prevent infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by JOHNSON, LAURA SN on 08/24/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
PAUL BLOOMQUIST
4212 N 16TH ST
PHOENIX, AZ 85016
PHONE: 602-263-1200 FAX: 602-263-1548 NPI: 1730167065

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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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 (wife)

08/26/2026 Problems : abnormal blood pressure
balance deficit
muscle weakness
limited strength
limited endurance
abnormal BS < 70/140 > mg/dL
M2102d - Caregiver Performs Treatment

PROCEDURES:

weekly injection: OZEMPIC INJECTION- given by SN subcutaneous 0.25mg once per week for diabetes,

glucose testing via monitor

TEACH PATIENT/CAREGIVER: * how to prevent infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purpose, schedule, * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, caregiver performs medical/rehabilitation treatments with adequate competence

* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	08/24/2026