Home Health Certification and Plan of Care

Order ID: 1184/709

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A70220122	08/24/2026	From: 08/24/2026 To: 10/22/2026	1445	037804

6. Patient's Name and Address

Brittany Ring
813 S ROCA STREET,
MESA, AZ 85204-
520-243-0282

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 11/24/1988 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
A41.9	Sepsis unspecified organism	08/24/26

13. ICD	Other Pertinent Diagnoses	Date
N61.0	Mastitis without abscess	08/24/26
G40.909	Epilepsy unsp not intractable without status epilepticus	08/24/26
F90.9	Attention-deficit hyperactivity disorder unspecified type	08/24/26
F43.10	Post-traumatic stress disorder unspecified	08/24/26
F41.1	Generalized anxiety disorder	08/24/26
F32.9	Major depressive disorder single episode unspecified	08/24/26
N93.8	Other specified abnormal uterine and vaginal bleeding	08/24/26
Z79.891	Long term (current) use of opiate analgesic	08/24/26
F17.210	Nicotine dependence cigarettes uncomplicated	08/24/26
Z90.49	Acquired absence of other specified parts of digestive tract	08/24/26
M72.6	Necrotizing fasciitis	08/24/26
Z48.817	Encntr for surgical aftcr fol surgery on the skin subcu	08/24/26

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

ACETAMINOPHEN 650 mg, 2 tab Oral Q6h-interval
CLONAZEPAM mg, 1 tab Oral BID, PRN: Anxiety
ESCITALOPRAM 20 mg, 1 tab Oral Daily
GABAPENTIN 300 mg, 1 cap Oral TID
LEVETIRACETAM 500 mg, 1 tab Oral BID
OMEPRAZOLE 40 mg Oral BID, cap 0 Refill(s)
ROBAXIN 1,000 mg, 2 tab Oral TID
ADDERALL mg, 1 tab Oral BID for 30 days, 60 tab, 0 Refill(s)
METHADONE 115 mg, 11.5 tab Oral Daily
OXYCODONE 5 mg, 1 tab Oral Q4H, PRN: Pain - Moderate
TUMS 500 mg, 1 tab Chew Once, PRN: Heartburn

14. DME and Supplies:

wound care supplies: Wound cleanser - 1 bottle, Sterile gauze packets -30 monthly, Vashe solution - 1 bottle, gauze loaf - 1 month, skin prep pads or spray bottle - monthly allowable quantity, adhesive remover pads or spray bottle - monthly quantity allowable, Medipore tape - 2 rolls monthly, ABD pads 15 monthly, Collagen dressings 15 - monthly, Medium nitrile gloves 1 box monthly.

15. Safety Measures:

medication safety, seizure precautions, standard precautions

16. Nutrition:

high protein, regular

17. Allergies:

diphenhydrAMINE(Benadryl), promethazine, Reglan

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: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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: Requires assistance with wound care due to location and size.

Clinical Condition Requiring Homecare: Sepsis, Breast wound following Infection of breast tissue, Cellulitis, Homelessness unspecified, Food insecurity, Problems in relationship with spouse or partner

SN Careplans

SN FREQUENCY: 3W9 and PRN for complications.

CLINICAL SUMMARY: Patient seen today for start of care admission to home health services following hospitalization for surgical intervention for wound infection. Patient has prior medical history of seizure disorder, significant anxiety disorder, ADHD and previous substance dependence dependence with recent extended hospitalization for necrotizing staph infection that patient believes started with an ingrown hair that quickly turned black and ruptured through skin with significant pus, pain and odor requiring multiple surgeries to remove various layer of necrosis and damaged tissue resulting in large wound over right breast currently being treated by HHA. Patient moved to Mesa from Tucson today and will be staying with her father-in-law. Patient needs to schedule an appointment with new PCP and will have wound care followed by new provider at AZ Wound and Hyperbaric care in Mesa to be scheduled for Thursday of this week. Current wound care orders based on discharge orders and supplies provided from discharging hospital, Banner University in Tucson will be followed until patient establishes care with new wound clinic and new orders received. Current orders are daily to twice daily wet to dry dressing changes using sterile gauze, ABD pads and NS. Patient has pain medication to utilize for dressing changes if needed. All medications reconciled with discharge documents and patient, and local pharmacy information found and instructions on how to transfer prescriptions provided to patient. Patient expressed significant anxiety about upcoming wound care with HH SN and expressed fear of pain that would occur during wound care. Wound care performed per current orders and patient tolerated very well and expressed relief that it was not painful for her and she felt relief that SN "was gentle." Instructions on using adhesive remover or alternative products to remove tape, using less tape and less bulk with dressings, using

SN Goals

PATIENT-STATED GOAL: Heal wound, not get any more infections

GOALS
patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by DELGADO, MELISSA SN on 08/24/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Kelsey Resler

, 0
PHONE: 602-314-4432 FAX: 602-324-2308 NPI: 1710522024

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.

Home Health Certification and Plan of Care

Order ID: 1184/709

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A70220122	08/24/2026	From: 08/24/2026 To: 10/22/2026	1445	037804

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Brittany Ring 813 S ROCA STREET, MESA, AZ 85204- 520-243-0282	Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300 Phoenix, AZ 85028-6039 480-415-4423 1457998957

skin prep to protect surrounding skin and performing clean technique for patient performed dressing changes provided to patient. patient voiced understanding of instructions provided, SN will continue to reinforce each visit. Current measurements and wound photo uploaded to EHR today for SOC visit. Vital signs within normal parameters for patient. Patient denies recent falls or injuries. Patient reports adequate PO intake and bowel movements consistent with normal patterns. Patient to be seen by SN 3 times weekly and as needed for complications for assessment, diagnoses management and wound 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: 3. Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will 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

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: No Advance Directive

08/26/2026 Problems : #1 - Observable Surgical Wound - Anterior Right Upper Chest - Large wound surface with granulating wound bed, slightly mild rolled edges in some areas of edge, moderate amount of sanguineous drainage. Mild reddened skin surrounding wound.
A1250 - Lack of Necessary Transportation
M1720 - Anxiety
D0700 - Social Isolation
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
seizures
limited endurance
limited strength
itchy skin
M2102c - Med Admin
D0160 - Depression
M2102d - Caregiver Performs Treatment

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Right Upper Chest - Large wound surface with granulating wound bed, slightly mild rolled edges in some areas of edge, moderate amount of sanguineous drainage. Mild reddened skin surrounding wound.: Remove old dressing with adhesive remover, gently clean area with wound cleanser or in shower, cleansing gently with soap and water, avoiding alcohol, Chlorhexidine or peroxide in wound bed, pat dry with gauze, avoiding towels, washcloths or loofas on wound bed. Apply gauze soaked in Vashe for 5-10 minutes post debridement, apply skin prep to surround skin, apply collagen dressing to wound bed, cover with ABD pad, affix with medipore tape. Change MWF and as needed for dislodgement, soiling or complications., physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Right Upper Chest - Large wound surface with granulating wound bed, slightly mild rolled edges in some areas of edge, moderate amount of sanguineous drainage. Mild reddened skin surrounding wound.: Remove old dressing, gently clean area with wound cleanser or in shower, cleansing gently with soap and water, avoiding alcohol, Chlorhexidine or peroxide in wound bed, pat dry with gauze, avoiding towels, washcloths or loofas on wound bed. Apply gauze soaked in Vashe for 5-10 minutes post debridement, apply collagen dressing to wound bed, cover with ABD pad, affix with medipore tape. Change MWF and as needed for dislodgement, soiling or complications.

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met

* recalls related medication(s) purpose, schedule

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

patient's transportation needs are met

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	08/24/2026