Home Health Certification and Plan of Care

Order ID: 1184/718

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A12043035	03/05/2026	From: 09/01/2026 To: 10/30/2026	1415	037804

6. Patient's Name and Address
Manuel Gastelo
9054 S CALLE AZTECA, MARICOPA, GUADALUPE,
TEMPE, AZ 85283-
602-515-5461

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 05/23/1975 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I69.320	Aphasia following cerebral infarction	03/05/26

13. ICD	Other Pertinent Diagnoses	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	03/05/26
J96.21	Acute and chronic respiratory failure with hypoxia	03/05/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/05/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	03/05/26
I50.9	Heart failure unspecified	03/05/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	03/05/26
N18.32	Chronic kidney disease stage 3b	03/05/26
D63.1	Anemia in chronic kidney disease	03/05/26
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	03/05/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	03/05/26
E78.2	Mixed hyperlipidemia	03/05/26
R13.10	Dysphagia unspecified	03/05/26
K94.23	Gastrostomy malfunction	03/05/26
J45.909	Unspecified asthma uncomplicated	03/05/26
R33.9	Retention of urine unspecified	03/05/26
E66.811	Obesity class 1 (E66.811	03/05/26
Z95.5	Presence of coronary angioplasty implant and graft	03/05/26
Z87.01	Personal history of pneumonia (recurrent)	03/05/26
Z79.82	Long term (current) use of aspirin	03/05/26
Z79.01	Long term (current) use of anticoagulants	03/05/26
Z79.4	Long term (current) use of insulin	03/05/26

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

Budesonide - Budesonide 0 0 80 mcg-4.5 mcg/ inh inhalation aerosol inhalant twice a day 2 puff(s) Inhale
Twice a day
Bumetanide - Bumetanide 2 mg 2 mg 2 mg 2 mg by mouth twice a day 1 tab(s) Oral
Calcitriol - Calcitriol 0.25mcg 0.25mcg 0 0.25 Microgram by mouth once a day Once every day
Clonidine - Clonidine 0.2mg tablets by mouth three times a day
Carvedilol - Carvedilol 25 mg 25 mg 1 tablet by mouth twice a day
Cephalexin - Cephalexin eq 500 mg base 1 tablet by mouth four times a day for 10 days to treat UTI
Famotidine - Famotidine 20 mg 20 mg 20 Milligram by mouth twice a day
Gabapentin - Gabapentin 600 mg 600 mg 0 600 Milligram by mouth twice a day
Humalog - Insulin Lispro Recombinant 7 units subcutaneous three times a day 7 units subcutaneously TID for diabetes
Plavix - Clopidogrel Bisulfate eq 75 mg base 1 tablet by mouth in the morning to prevent clots
Sodium Bicarbonate - Sodium Bicarbonate 650mg tablets by mouth twice a day 2 tablets twice daily
Sterile Water - Sterile Water For Irrigation water flush PEG TUBE every 4 hours Water flush 150 ml via PEG tube six times a day
Amilodipine - Amlodipine Besylate 0 0 10 mg by mouth once a day 10 Milligram
Atorvastatin - Atorvastatin Calcium 0 40 Milligram by mouth once a day evening
Glucerna - Glucerna 720 ml (3 cartons) PEG TUBE once a day 3 cartons of glucerna with carbsteady 1.5cal formula via g-tube @60cc/hr (run over 12 hours) every evening;
Aveanna 1-866-883-1188
Basaglar - Insulin Glargine 0 20 units subcutaneous once a day Once every day for diabetes
sodium zirconium cyclosilicate (Lokelma) 5 gm packet by mouth once a day to treat hyperkalemia
glucose tab 4 mg by mouth as necessary prn for low blood sugar (blood sugar 70 or below)
Veltassa - Patiromer Sorbitex Calcium 8.4gm/pkt by mouth once a day for elevated potassium

14. DME and Supplies:
wheelchair, hospital bed, wound care supplies, diabetic supplies, urinary/catheter supplies, bath bench, Feeding pump

15. Safety Measures:
no bp right arm, cardiac precautions, wheelchair precautions, standard precautions, fall precautions, diabetic precautions, bleeding precautions, aspiration precautions, infectious material management, medication safety, smoke detectors , , transfer with assist, sharps precautions, anticoagulant precautions

16. Nutrition:
high protein, gastrostomy, G-Tube, fluids for hydration, diabetic, thickened liquids 720cc Glucerna 1.5 over 12 hours at 60cc/hr, water flush via PEG tube 150cc six times a day

17. Allergies:
metformin, enalapril, victoza (2-pak)

18.A. Functional Limitations
Endurance, Speech, Bowel/Bladder Incontinence, Ambulation, Hearing, right sided weakness

18.B. Activities Permitted
Wheelchair, , Exercises Prescribed, Transfer bed/Chair,

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 0. Never, 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
family/caregiver will be responsible for managing treatment

Homebound status: homebound due to paralysis on right side, s/p multiple CVAs, generalized weakness, dependence on assistive device and the assistance of another to safely leave the home

Clinical Condition Requiring Homecare: <p>Diabetic patient with history of multiple CVAs suffering from right side paralysis and generalized weakness requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, twice per week visits for wound care and monthly visits for foley catheter changes and as needed for complications. 9/1/26 - 9/30/26</p><p>Diabetic patient with history of multiple CVAs suffering from right side paralysis and generalized weakness requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, twice per week visits for wound care and monthly visits for foley catheter changes and as needed for complications. 10/1/26 - 10/30/26</p>

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by JOHNSON, LAURA SN on 08/29/2026

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 : 03/02/2026

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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SN Careplans

SN FREQUENCY: 2W8 and prn for wound, PEG tube or foley catheter 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: 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 (sister)

Problems : #2 - Abrasion - Posterior Left Buttock -
swelling in the arms/legs
dependent edema
lethargy
rough/scaly/cracked skin
poor muscle tone
loss of appetite

PROCEDURES:

catheter change, care & irrigation,: once a month and PRN,

cough/deep breathing exercises,

train caregiver(s) to perform medical/rehabilitation treatments,

physician-ordered wound care,

physician-ordered wound care: LEFT HEEL - eschar/ulcer- unstagable- SN twice per week for wound care; remove old dressing, cleanse with wound cleanser, flush with saline, pat dry,paint with betadine then betadine moist 4x4, dry 4x4 pads, abd to heel, kerlix wrap; (protect anterior ankle with pads also, then ace wrap, - change 2x/day and PRN for dislodgement; AIRBOOTS to bilateral LE,

glucose testing via monitor,

monitor intake & output

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, 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 living environment is clean/uncluttered, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: safety in home, caregiver education , foley catheter changes

GOALS
patient self-administers medications as prescribed
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* 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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* 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's living environment is clean/uncluttered

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

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

PT Careplans

PT

PROCEDURES: strengthening exercises: BLE and core strengthening exercises

TEACH PATIENT/CAREGIVER: exercises & training are successfully recalled/demonstrated , * how to optimize range of motion with active and passive therapeutic exercises manage pain/discomfort fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 01. Dependent, Walk 10

PT Goals

PATIENT-STATED GOAL: The patient will improve strength in order to be able to stand and perform transfers with the assistance of his family as well as to take a steps sufficient to cross the room with appropriate assistive device.

GOALS
Gait

The pt will be able to perform sit to stand from bed with assistance of family SBA

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	08/29/2026

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Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Gait, The pt will be able to perform sit to stand from bed with assistance of family SBA

exercises & training are successfully recalled/demonstrated

Car Transfer - 05. Setup or clean-up assistance

patient/caregiver recalls
* how to optimize range of motion with active and passive therapeutic exercises
* manage pain/discomfort
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

Don/Doff Footwear - 03. Partial/moderate assistance

Lower Body Dressing - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Toileting Hygiene - 01. Dependent

Oral Hygiene - 03. Partial/moderate assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Sit to Stand - 05. Setup or clean-up assistance

Wheel 150 feet - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Picking Up Object - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 10 Feet - 04. Supervision or touching assistance

Toilet Transfer - 01. Dependent

Chair to Bed to Chair - 05. Setup or clean-up assistance

Signature of Physician:	Date
Optional Name/Signature of Nurse/Therapist: Electronically Signed by JOHNSON, LAURA SN	Date 08/29/2026