Home Health Certification and Plan of Care

Order ID: 1184/726

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A00190970	03/10/2026	From: 09/06/2026 To: 11/04/2026	1417	037804

6. Patient's Name and Address

Cathleen Sam
1919 E VILLA ST APT 10103,
PHOENIX, AZ 85001
602-551-1715

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 07/08/1965 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	03/10/26

13. ICD	Other Pertinent Diagnoses	Date
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	03/10/26
M17.0	Bilateral primary osteoarthritis of knee	03/10/26
C50.919	Malignant neoplasm of unsp site of unspecified female breast	03/10/26
I10.	Essential (primary) hypertension	03/10/26
J45.20	Mild intermittent asthma uncomplicated	03/10/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	03/10/26
E78.5	Hyperlipidemia unspecified	03/10/26
K21.9	Gastro-esophageal reflux disease without esophagitis	03/10/26
E55.9	Vitamin D deficiency unspecified	03/10/26
F17.210	Nicotine dependence cigarettes uncomplicated	03/10/26
Z79.82	Long term (current) use of aspirin	03/10/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	03/10/26

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

Acetaminophen - Acetaminophen 0 325MG/TAB by mouth as necessary TAKE TWO (2) TABLETS BY MOUTH EVERY 6 HOURS IF NEEDED FOR PAIN
do not exceed 4000 mg acetaminophen from all sources in 24 hours
Acetaminophen - Acetaminophen 500mg tablets by mouth as necessary tylenol 500 mg tablets take 2 tablets by mouth Q8h as needed for pain- do not exceed 4000 mg of acetaminophen from all sources daily
Calcium Carbonate, Famotidine And Magnesium Hydroxide - Calcium Carbonate: Famotidine: Magnesium Hydroxide 0 500MG (CA CARBONATE-1. 25GM) by mouth once a day 500MG (CA CARBONATE-1. 25GM)

TABLET BY MOUTh EVERY DaY WitH FOOD
FOR CALCIUM SUPPLEMENT
Arimidex - Anastrozole 1 mg 1 tablet by mouth once a day cancer medication
Fluconazole - Fluconazole 150 mg 150 mg by mouth as necessary TAKE ONE TABLET WEEKLY FOR 6
MONTHS as antifungal
Lidocaine - Lidocaine 0 5% OINT 35 gm topical as necessary APPLY A THIN LAYER TO
AFFECTED AREA topically THREE TIMES A DAY as needed for pain
Lisinopril - Lisinopril 40 mg 40 mg by mouth once a day TAKE ONE (1) TABLET BY MOUTH
EVERY DAY FOR HIGH BLOOD PRESSURE OR
HEART. DO NOT USE IF PREGNANT.
Methocarbamol - Methocarbamol 500 mg 1 tablet by mouth as necessary methocarbamol 500 mg take 1 tablets by mouth twice a day for muscle spasms
Miralax - Polyethylene Glycol 3350 17gm/scoopful 1 dose by mouth as necessary miralax 17g - mixed with at least 4-8 oz of liquid, once daily prn for constipation
MONTELUKAST SODIUM 10 mg 10 mg ONE (1) TABLET by mouth once a day TAKE ONE (1) TABLET BY
MOUTH EVERY DAY FOR BREATHING
PANTOPRAZOLE 0 20MG EC TAB by mouth twice a day TAKE ONE (1) TABLET BY MOUTH TWICE A DAY FOR STOMACH
Qutenza - Capsaicin 0 0 0. 025% CREAM 60GM topical as necessary apply a small amount topically to affected areas 4 times a day as needed for pain
AMILODIPINE 0 5mg / tab by mouth once a day EVERY DAY FOR HIGH BLOOD PRESSURE OR
HEART
Atorvastatin - Atorvastatin Calcium 0 10 mg- 1 tablet by mouth once a day TAKE ONE 1 TABLET BY
MOUTH EVERY DAY FOR CHOLESTEROL
Diclofenac - Diclofenac Epolamine 0 1% TOP GEL l00GM TUBE topical as necessary APPLY 4 GRAMS TO AFFECTED AREA FOUR TIMES A DAY as needed for pain
WASH HANDS BEFORE & AFTER USE.
DO NOT APPLY TO OPEN SKIN.
DO NOT WASH/BATHE FOR 1 HOUR AFTER USE.
ALLOW TO DRYCOMPLETELY BEFORE COVERING WITH CLOTHES.
Fexofenadine - Fexofenadine Hydrochloride 0 180MG TAB by mouth once a day TAKE ONE (1) TABLET BY
MOUTH EVERY DAY FOR ALLERGIES
Fluticasone - Fluticasone Furoate 0 44MCG INH MDI 10. 6GM inhalant twice a day 2 PUFFS BY MOUTH TWICE A DAY ON A
REGULAR BASIS FOR ASTHMA (RINSE MOUTH)
Lidocaine Patch - Lidocaine 0 5% TOPICAL PATCH topical as necessary APPLY 1 PATCH TO AFFECTED AREA topically
EVERY DAY as needed for pain
LEAVE ON FOR 12 HOURS THEN
LEAVE OFF FOR 12 HOURS AS DIRECTED,
WASH HANDS AFTER HANDLING.
Metformin - Metformin Hydrochloride 500MG 24HR TABS by mouth once a day TAKE THREE (3) TABLETS BY MOUTH EVERY DAY FOR DIABETES. AVOID ALCOHOL
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth as necessary oxycodone 5mg tablets; take 5 mg by mouth daily as needed for pain
Senekot S - Senna 50-8.6 mg tablets by mouth twice a day senexon-s 50-8.6 mg tablets take 2 tablets twice a day for constipation (hold for loose stools)

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by JOHNSON, LAURA SN on 09/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
TAMARA MILLER
4212 N 16TH ST
PHOENIX, AZ 85016
PHONE: (602) 263-1200 FAX: 16022631665 NPI: 1538363254

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 : 03/06/2026

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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Celecoxib - Celecoxib 200mg capsules by mouth twice a day celecoxib 200mg capsule- take 1 capsule by mouoth twice a day for pain
Aspirin - Aspirin 0 81 MG ENTERIC COATED TAB by mouth once a day TAKE ONE TABLET BY
MOUTH EVERY DAY FOR BLOOD TH INNING
Jardiance - Empagliflozin 10 mg/tab by mouth once a day for diabetes
VITAMIN B COMPLEX WITH \/IT C TABLET 0 1 Tablet by mouth once a day TAKE 1 TABLET BY MOUTH EVERY DAY
CHOLECALCIFEROL 0 25MCG (1,000 UNIT) by mouth once a day TAKE ONE TABLET BY MOUTH EVERY DAY WITH FOOD
FOR VITAMIN D.
super beets 2 tablets by mouth once a day supplement
ozempic 0.5mg subcutaneous once a week for diabetes- administered by HH nurse

14. DME and Supplies:
diabetic supplies, wheelchair, 4 wheeled walker, cane, bath bench

15. Safety Measures:
no bp right arm, walker precautions, smoke detectors , medication safety, infectious material management, fall precautions, diabetic precautions, bleeding precautions, sharps precautions, wheelchair precautions, standard precautions, cardiac precautions, bathroom safety, anticoagulant precautions, ambulates with device

16. Nutrition:
high protein, cardiac diet, diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Wheelchair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: homebound due to generalized weakness, chronic pain and dependence on assistive device to ambulate

Clinical Condition Requiring Homecare: Diabetic patient with several comorbidities requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, ozempic injections weekly and as needed for medication changes or diabetic complications. 9/6/26-9/30/26 Diabetic patient with several comorbidities requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, ozempic injections weekly and as needed for medication changes or diabetic complications. 10/1/26-10/31/26 Diabetic patient with several comorbidities requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education, ozempic injections weekly and as needed for medication changes or diabetic complications. 11/1/26-11/4/26

SN Careplans

SN frequency: 1w8 and prn for diabetic 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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

STANDING ORDERS:

Infection control: hygiene, proper hand washing.;

Advance directive: plan if patient is unable to make healthcare decisions. MPOA (daughter and granddaughter);

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.

PROCEDURES:

ozempic injecion administered to pt subQ weekly (0.5 mg): administered by SN,

PRN placement of continuous glucose monitor (due every 14 days): alternate sites,

glucose testing via monitor,

monitor intake & output

SN Goals

PATIENT-STATED GOAL: improve knowledge of medical diagnosis and improved diabetic compliance

GOALS
patient self-administers medications as prescribed
* 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
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic diet
* 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

Signature of Physician:

Date

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

Date
09/01/2026

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monitor intake & output

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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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