Home Health Certification and Plan of Care

Order ID: 1184/727

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
134439194	05/08/2026	From: 09/05/2026 To: 11/03/2026	1429	037804

6. Patient's Name and Address
Robert Williams
12823 N 65th Place,
Scottsdale, AZ 85254-
623-299-0568

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 10/02/1954 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G30.9	Alzheimer's disease unspecified	05/08/26

13. ICD	Other Pertinent Diagnoses	Date
F02.818	Dem in oth dis classd elswhr unsp sev with oth beh distrb	05/08/26
I10.	Essential (primary) hypertension	05/08/26
I25.2	Old myocardial infarction	05/08/26
M62.81	Muscle weakness (generalized)	05/08/26
R54.	Age-related physical debility	05/08/26
R60.9	Edema unspecified	05/08/26
Z79.899	Other long term (current) drug therapy	05/08/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	05/08/26

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

Donepezil Hydrochloride - Donepezil Hydrochloride 10 mg 1 by mouth once a day in the evening for dementia
Diclofenac Sodium - Diclofenac Sodium 1%, 2G gel topical four times a day apply to affected area up to 4 times daily as needed
Lactulose - Lactulose 10gm/15ml 30 ml by mouth threee times per week take 30 ml PO 3 times per week : Mondays, Wednesdays, Fridays
LIDOCAINE 1 patch Externally daily As needed 5% patch to affected area daily as needed for localized pain
Losartan Potassium And Hydrochlorothiazide - Hydrochlorothiazide: Losartan Potassium 12.5 mg;100 mg 1 tablet by mouth in the morning for blood pressure
Miralax - Polyethylene Glycol 3350 17gm/scoopful 1 scoop by mouth as necessary 17GM daily as needed for constipation; take in 6-8 oz of water
Mirtazapine - Mirtazapine 15 mg 1 tablet by mouth at bedtime mirtazepine 15mg by mouth daily at bedtime to improve appetite
K Cl - Potassium Chloride 10 MEQ by mouth four times per week 4 times per week: take on Saturday, Sunday, Tuesday and Thursday
Risperidone - Risperidone 1 mg 1 by mouth twice a day
Asa 81 Mg - Aspirin 1 tablet by mouth once a day to prevent clots
ATORVASTATIN 40 mg Orally at bedtime
Clonidine Hcl - Clonidine 0.1mg by mouth as necessary clonidine 0.1mg by mouth twice daily PRN for SBP over 180
check blood pressure three times daily with meals; hold blood pressure medication if SBP is less than 110
Hydralazine - Hydralazine Hydrochloride 50mg by mouth three times a day for blood pressure
check blood pressure three times daily with meals; hold blood pressure medication if SBP is less than 110
Tylenol Extra Strength - Acetaminophen 325mg tablets by mouth every 6 hours 2 tablets three times a day as needed for pain or fever
Milk Of Magnesium - Simethicone 400mg/5ml 30ml by mouth as necessary 30ml daily, as needed for constipation
Eucerin Cream - Eucerin Cream 1 application topical as necessary Apply to affected areas daily as needed
Farxiga - Dapagliflozin Propanediol 5 mg by mouth once a day for DM, heart failsure and CKD
Epsom salt 1 application topical as necessary Use for soaks to affected area daily as needed
Aquaphor ointment 1 application topical once a day apply to dry areas as needed
Aluminum Magnesium Simethicone Suspension 200 200 20 mg/5 ml by mouth every 6 hours 15ml every 6 hours as needed for GI distress

14. DME and Supplies:
wheelchair, bath bench, grab bars, walker

15. Safety Measures:
smoke detectors , medication safety, wheelchair precautions, anticoagulant precautions, fall precautions, walker precautions, ambulates with device, standard precautions, activity supervision

16. Nutrition:
soft, cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

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

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 1. In new or complex situations only, 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
patient will be responsible for managing treatment
patient will be responsible for managing treatment
another facility/provider will be responsible for managing treatment

Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: Dementia with behaviors, significant hypertension, previous MI and CVA, muscle weakness and unsteady gait requires SN assessment of cardiopulmonary, musculoskeletal, neuro, GI/GU and integumentary systems, safety with ADLs and fall prevention, diagnoses management and education, medication management and education every 2 weeks for 2 months and as needed for complications.

SN Careplans | SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by DELGADO, MELISSA SN on 09/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
VALERIE PALACIOS-CHAPA
7010 E ACOMA DR SUITE 102
SCOTTSDALE, AZ 85254
PHONE: (480) 575-0576 FAX: 480-575-0512 NPI: 1699132597

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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SN frequency : 2m2 and prn for medication changes or blood pressure 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

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, 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. No Advanced Directive

09/10/2026 Problems : M2102d - Caregiver Performs Treatment

PROCEDURES:

train caregiver(s) to perform medical/rehabilitation treatments

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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, * 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 keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: Get some physical therapy, do things on my own

GOALS
patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* 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 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
* 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

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT frequency

PROCEDURES: seated strengthening exercises: Pt getting stronger, home exercise program, standing tolerance exercises: Pt getting stronger, static standing balance exercises: Pt getting stronger, gait training/stair training, transfers training

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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: Or wants to walk better

GOALS
Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

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

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

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

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

OT Careplans

OT frequency

PROCEDURES: home exercise program, equipment training, work simplification/energy conservation

TEACH PATIENT/CAREGIVER: Pt will demonstrate understanding of provided HEP(s) in order to increase strength and activity tolerance for improved safety and (I)

OT Goals

PATIENT-STATED GOAL: "get stronger"

GOALS
Pt will demonstrate understanding of provided HEP(s) in order to increase strength and activity tolerance for improved safety and (I)

ST Careplans

ST Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by DELGADO, MELISSA SN

Date

09/03/2026

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ST frequency

TEACH PATIENT/CAREGIVER: * proper feeding techniques to prevent choking and aspiration, related medication(s) purpose, schedule, * exercises to recover speech function, related medication(s) purpose, schedule

PATIENT-STATED GOAL: "I want to slow down when I talk."

GOALS
patient/caregiver recalls
* exercises to recover speech function
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* proper feeding techniques to prevent choking and aspiration
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	09/03/2026