Home Health Certification and Plan of Care

Order ID: 1184/172

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1TD3JU3VP11	09/09/2025	From: 09/09/2025 To: 11/07/2025	1392	037804

6. Patient's Name and Address
Diana Peters
5474 E. Billings St,
MESA, AZ 85205-
480-450-8270

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 11/06/1949 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M80.08XD	Age-rel osteopor w crnt path fx verteb 7thD	09/09/25

13. ICD	Other Pertinent Diagnoses	Date
I11.0	Hypertensive heart disease with heart failure	09/09/25
I50.9	Heart failure unspecified	09/09/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	09/09/25
G93.40	Encephalopathy unspecified	09/09/25
D02.22	Carcinoma in situ of left bronchus and lung	09/09/25
J44.9	Chronic obstructive pulmonary disease unspecified	09/09/25
D72.10	Eosinophilia unspecified	09/09/25
F32.9	Major depressive disorder single episode unspecified	09/09/25
J33.9	Nasal polyp unspecified	09/09/25
J30.9	Allergic rhinitis unspecified	09/09/25
Z79.01	Long term (current) use of anticoagulants	09/09/25
Z79.82	Long term (current) use of aspirin	09/09/25
Z95.5	Presence of coronary angioplasty implant and graft	09/09/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	09/09/25
Z91.81	History of falling	09/09/25

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

Simvastatin - Simvastatin 40 mg 1 tablet by mouth at bedtime
fexofenidine 1 tablet, 180 mg by mouth once a day
Warfarin - Warfarin Sodium 2.5mg by mouth once a day for blood thinning (followed at Banner coumadin clinic) transitioning to a different blood thinner
Escitalopram - Escitalopram Oxalate 10 mg 1 tablet by mouth in the morning
Vit D - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 10mcg; 2 (two) tablets by mouth once a day
Lisinopril - Lisinopril 2.5 mg 1 tablet by mouth once a day
Aspirin - Aspirin 81mg by mouth once a day for blood thinning
Lidocaine Patch - Lidocaine 5% topical patch topical once a day to affected area, leave on for 12 hours then leave off for 12 hours
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg tablets by mouth as necessary TID PRN pain
Acetaminophen - Acetaminophen 325 mg 3 (three), 325mg tablets by mouth as necessary TID PRN pain ; NTE 4000 mg acetaminophen daily from all sources
airborne 1 tablet by mouth once a day
Budesonide - Budesonide 32mcg/spray nasal solution Nasal once a day

14. DME and Supplies:
walker, grab bars, bath bench, 4 wheeled walker, Back brace

15. Safety Measures:
walker precautions, smoke detectors , medication safety, fall precautions, bleeding precautions, standard precautions, cardiac precautions, anticoagulant precautions, ambulates with device

16. Nutrition:
cardiac diet

17. Allergies:
sulfamethoxazole

18.A. Functional Limitations
Ambulation, Endurance

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

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

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

Homebound status: homebound due to recent spine fracture, use of assistive device to ambulate, recent fall and generalized weakness

Clinical Condition Requiring Homecare: Patient with osteoporosis and recent fall with fracture requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education.

SN Careplans

SN FREQUENCY: SN 2w1, 1w7 and prn medication changes or complications

CLINICAL SUMMARY:

SOC visit completed. Daughter, Stephanie, also present today. She lives in Nevada and will be leaving on Friday. Pt had a stroke on May 30th and was hospitalized several times since then. Most recently pt was hospitalized for a fall which resulted in a fractured L1 vertebrae. History of lung cancer (2019). Had gall bladder removed previous. Also diagnoses with COPD. BLE edema has resolved. Pt reports occasional constipation but it is controlled with bowel care medications. Physical assessment revealed diminished, but clear lung sounds, normal heart and bowel sounds. Skin intact with bruising. Pt on anticoagulant (warfarin) but reports she will be switching to a different medication soon. Nurse provided education on all medications, home safety and fall prevention. Discussed remote monitoring blood pressure if needed. Pt agreed to allow SN to come back later in the week to assist with mediset and to come weekly for vitals checks, mediset fill. Physical and occupational therapy will complete evaluations.

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3.

SN Goals

PATIENT-STATED GOAL: safety in home, no falls

GOALS
patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by JOHNSON, LAURA SN on 09/09/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
MARIA BELLANTONI
4212 N 16TH ST
PHOENIX, AZ 85016
PHONE: (602) 263-1200 FAX: 16022631665 NPI: 1689162307

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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Multiple hospitalizations (2 or more) in the past 6 months, 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

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102c - Med Admin, meal preparation, M2020 - Oral Med Management, M1033 - Exhaustion, abnormal blood pressure, dependent edema, M1400 - Dyspnea, M1033 - Unintentional Weight Loss, constipation, muscle weakness, limited endurance, limited range of motion, limited strength, balance deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, bruising/discoloration

PROCEDURES:

Nurse to fill mediset,

home exercise program,

teach/coordinate/arrange medication packaging and/or administration

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 take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * strict compliance with physician orders for anticoagulant administration avoiding activities that create unnecessary risk for injury monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables, * lifestyle modification to manage blood condition including dietary changes bleeding precautions, 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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * strategies to increase caloric intake, 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/caregiver recalls
* how to optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modification to manage blood condition including dietary changes
* bleeding precautions
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strict compliance with physician orders for anticoagulant administration
* avoiding activities that create unnecessary risk for injury
* monitoring for prolonged bleeding from cuts, blood in urine or stool, or unusual bruising
* for warfarin, limiting foods high in Vitamin K, such as leafy green vegetables

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
* strategies to increase caloric intake
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	09/09/2025