Home Health Certification and Plan of Care

Order ID: 1184/223

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
PXO851194718	09/30/2025	From: 09/30/2025 To: 11/28/2025	1301	037804

6. Patient's Name and Address
Natalya Pakhtusova
3226 E ALTADENA AVE,
PHOENIX, AZ 85028-
602-387-0412

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 07/09/1953 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
C56.3	Malignant neoplasm of bilateral ovaries	09/30/25

13. ICD	Other Pertinent Diagnoses	Date
Z93.6	Other artificial openings of urinary tract status	09/30/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	09/30/25
I10.	Essential (primary) hypertension	09/30/25
J90.	Pleural effusion not elsewhere classified	09/30/25
E78.5	Hyperlipidemia unspecified	09/30/25
K86.89	Other specified diseases of pancreas	09/30/25
N32.89	Other specified disorders of bladder	09/30/25
N13.30	Unspecified hydronephrosis	09/30/25
M62.81	Muscle weakness (generalized)	09/30/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	09/30/25
Z45.2	Encounter for adjustment and management of VAD	09/30/25
Z90.710	Acquired absence of both cervix and uterus	09/30/25
Z90.722	Acquired absence of ovaries bilateral	09/30/25
Z99.89	Dependence on other enabling machines and devices	09/30/25
Z91.81	History of falling	09/30/25

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

Allopurinol - Allopurinol 100 mg 1 tablet by mouth once a day Allopurinol Oral Tablet 100 MG 1 Tab(s) PO daily
Atorvastatin Calcium - Atorvastatin Calcium 20 mg - 1 Tablet by mouth at bedtime Atorvastatin Calcium Oral Tablet 20 MG 1 Tab(s) PO QHS
Integra Plus 1 Tablet by mouth once a day Integra Plus Oral Capsule 1 Cap(s) PO daily
Magnesium Oxide - Simethicone 250 MG by mouth once a day Magnesium Oxide -Mg Supplement Oral Tablet 250 MG 1 Tab(s) PO daily
Metoprolol Succinate - Metoprolol Succinate 50 mg = 1 Capsule by mouth once a day Metoprolol Succinate Oral Capsule ER 24 Hour Sprinkle 50 MG 1 tablet PO daily
Vitamin B6 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100 mg- 1 tablet by mouth once a day Vitamin B6 Oral Tablet 100 MG 1 Tab(s) PO daily
Cyclophosphamide - Cyclophosphamide 50 mg 50 mg tablet by mouth once a day cancer medication
Macrobid - Nitrofurantoin: Nitrofurantoin, Macrocrystalline 1 tablet by mouth twice a day for UTI
Januvia - Sitagliptin Phosphate eq 100 mg base 1 tablet by mouth once a day

14. DME and Supplies:
wound care supplies, walker, wheelchair, cane, bath bench, urine drainage leg bag

15. Safety Measures:
walker precautions, smoke detectors , fall precautions, infectious material management, medication safety, ambulates with device, diabetic precautions, sharps precautions, wheelchair precautions, standard precautions, cardiac precautions

16. Nutrition:
diabetic, cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Wheelchair, 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: No

20. Prognosis: good

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: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

Clinical Condition Requiring Homecare: Patient with ovarian cancer, hydronephrosis requiring nephrostomy tubes bilaterally requires SN for assessment of Cardiopulmonary, GI/GU, Neuro, Musculoskeletal and Integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education and wound care/assistance with nephrostomy bags weekly and as needed for complications.

SN Careplans

SN FREQUENCY: 1w8 and prn for nephrostomy complications

CLINICAL SUMMARY:

SOC visit. Pt previously on service with us for nephrostomy dressing changes. Discharged recently due to scheduling issues. Re-admitted for weekly SN visits. Nurse proviced education on medications, fall prevention and home safety. Physical assessment at baseline for pt. Heart sounds normal, lungs clear, bowel sounds active x4 quadrants. Skin intact except bilateral nephrostomy sites. Both sites with dressings from recent procedure. Tubes were placed approximately 2 weeks ago. Sites wnl. No redness, no drainage. No signs of infection. Procedure well tolerated by pt. Clear yellow urine in drainage bags with pt reporting adequate output. Appetite is fair. Nurse will return next week.

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: 0. No assistance needed - patient is independent or does not have needs in this area

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

SN Goals

PATIENT-STATED GOAL: nephrostomy dressing changes, no infections

GOALS
patient/caregiver recalls
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by JOHNSON, LAURA SN on 09/30/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
ARVIND BAKHRU
10460 N. 92ND ST. STE. 200
SCOTTSDALE, AZ 85258
PHONE: (855) 485 4673 FAX: 14807261854 NPI: 1477689511

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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Natalya Pakhtusova 3226 E ALTADENA AVE, PHOENIX, AZ 85028- 602-387-0412	Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300 Phoenix, AZ 85028-6039 480-415-4423 1457998957

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

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, muscle weakness, limited strength, limited endurance, balance deficit, loss of appetite

PROCEDURES:

bilateral nephrostomy dressing changes weekly; apply topical antibiotic ointment for redness; assist patient with leg bag changes as needed.,

glucose testing via monitor,

monitor intake & output

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, 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, caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

patient/caregiver recalls
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* 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

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	09/30/2025