

Home Health Certification and Plan of Care				Order ID: 1184/264	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
982141781		08/30/2024		From: 10/24/2025 To: 12/22/2025	
				4. Medical Record No.	
				1383	
				5. Provider No.	
				037804	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Dolores Peskir			Devotion Home Health Care, LLC		
13240 N TATUM BLVD, UNIT 230,			11201 N Tatum Blvd, Suite 300		
PHOENIX, AZ 85032-			Phoenix, AZ 85028-6039		
602-451-6203			480-415-4423		
			1457998957		
8. DOB			9. Sex		
06/06/1927			Female		
11. ICD		Principal Diagnosis		Date	
F03.90		Unsp dementia unsp severity without beh/psych/mood/anx		08/30/24	
13. ICD		Other Pertinent Diagnoses		Date	
I12.9		Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny		08/30/24	
N18.32		Chronic kidney disease stage 3b		08/30/24	
M17.0		Bilateral primary osteoarthritis of knee		08/30/24	
M19.042		Primary osteoarthritis left hand		08/30/24	
M19.041		Primary osteoarthritis right hand		08/30/24	
M19.012		Primary osteoarthritis left shoulder		08/30/24	
H40.9		Unspecified glaucoma		08/30/24	
E03.9		Hypothyroidism unspecified		08/30/24	
L60.9		Nail disorder unspecified		08/30/24	
E78.5		Hyperlipidemia unspecified		08/30/24	
Z79.82		Long term (current) use of aspirin		08/30/24	
Z93.3		Colostomy status		08/30/24	
Z95.2		Presence of prosthetic heart valve		08/30/24	
Z99.89		Dependence on other enabling machines and devices		08/30/24	
Z91.81		History of falling		08/30/24	
14. DME and Supplies:			15. Safety Measures:		
wheelchair, ostomy supplies, bath bench, grab bars, 4 wheeled walker			fall precautions, ambulates with device, standard precautions		
16. Nutrition:			17. Allergies:		
low fiber, regular			Penicillin - Rash		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Hearing			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: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:		
20. Prognosis:			fair		
22. A Rehabilitation Potential:			22.B. Discharge Plans		
SELF-CARE: , MOBILITY:			patient to receive home care indefinitely		
Homebound status:			Requires assistance for most to all ADL, Residual weakness, There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort, because of illness or injury, the person needs the following in order to leave their place of residence, the aid of supportive device(s): Walker, the assistance of another person, The person has a condition such that leaving his or her home is medically contraindicated Comments: Advanced age and dementia diagnosis make leaving home taxing		
Clinical Condition Requiring Homecare:			Dementia, Dependence on assistive devices, long term colostomy care required.		
SN Careplans			SN Goals		
SN FREQUENCY: 1W1, 2W8 and PRN for complications.			PATIENT-STATED GOAL: Consistent assistance with change of colostomy appliance twice weekly		
CLINICAL SUMMARY: Recertification assessment performed today. Patient assessed head to toe, skin assessed head to toe and is intact throughout without redness, significant bruising or areas of concern. Vital signs within normal limits for patient. Patient denies falls or injuries since last visit. Patient reports adequate PO intake and stool output consistent with normal consistency. Patient is able to empty bag and remove it but is unable to place new appliance independently. Patient education reinforced on importance of daily skin assessment under and around colostomy appliance for breakdown or issues and advising facility staff right away for any complications. Patient voiced understanding of instructions provided, will continue to reinforce each visit due to dementia. Patient to continue to be seen by SN twice weekly and as needed for complications for assessment and colostomy care.			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 * management of mental health condition including joining a peer group * maintaining regular contact with mental health professional * avoiding known stressors * controlling impulses		
PARAMETERS FOR PHYSICIAN NOTIFICATION: 10mmHg or less, 101 heart rate or less, 120					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by DELGADO, MELISSA SN on 10/23/2025					
24. Physician's Name and Address			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.		
ANDREA TUTHILL			F2F date :		
14631 N CAVE CREEK RD					
PHOENIX, AZ 85032					
PHONE: (855) 434-7763 FAX: 19492815550 NPI: 1144777434					
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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6. Patient's Name and Address Dolores Peskir 13240 N TATUM BLVD, UNIT 230, PHOENIX, AZ 85032- 602-451-6203		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		
PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 99 > 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: 1. Non-agency caregiver(s) currently provide assistance HOSPITALIZATION RISKS: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 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 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: Living Will; Do Not Resuscitate/DNR PROBLEMS IDENTIFIED ON ASSESSMENT: limited range of motion PROCEDURES: apply collection/fistula pouch, ostomy care & irrigation 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 keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule		* 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		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	10/23/2025