

Home Health Certification and Plan of Care				Order ID: 1184/267			
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period			
9PM1H43RF02		10/23/2025		From: 10/23/2025 To: 12/21/2025			
				4. Medical Record No.			
				1399			
				5. Provider No.			
				037804			
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number			
Darlene Russell				Devotion Home Health Care, LLC			
333 E Virginia Ave. APT 122,				11201 N Tatum Blvd, Suite 300			
PHOENIX, AZ 85004-1207				Phoenix, AZ 85028-6039			
480-243-5636				480-415-4423			
				1457998957			
8. DOB 03/06/1952 9.Sex Female				10. Medications: Dose/Frequency/Route (N)ew (C)hanged			
11. ICD	Principal Diagnosis		Date	Albuterol Inhaler - Albuterol Inhale two (2) puffs by mouth as necessary Inhale two (2) puffs by mouth every 4 hours if needed for breathing Amlodipine - Amlodipine Besylate 10 mg (tablet) by mouth once a day Take one (1) tablet by mouth every day for high blood pressure/heart Aspirin Ec - Aspirin 81 mg (enteric coated tab) by mouth once a day to prevent clots Simvastatin - Simvastatin 20 mg 1 tablet by mouth at bedtime Take one (1) tablet by mouth at bedtime for cholesterol Ropinirole Hydrochloride - Ropinirole Hydrochloride eq 0.25 mg base 2 tablets (0.25 mg each) by mouth at bedtime Cetirizine Hydrochloride - Cetirizine Hydrochloride 10 mg 1 tablet by mouth once a day Catapres-Tts-1 - Clonidine 0.1mg (tablet) by mouth twice a day Take one (1) tablet by mouth twice a day Clopidogrel - Clopidogrel 75 mg 1 tablet by mouth once a day for blood thinning Cyanocobalamin - Cyanocobalamin 1000 mcg (tablet) by mouth once a day Take one (1) tablet by mouth every day for B12 supplement Donepezil Hydrochloride - Donepezil Hydrochloride 5 mg 1 tablet by mouth at bedtime Duloxetine Hydrochloride - Duloxetine Hydrochloride 20 mg 2 capsules by mouth once a day Take two (2) capsules by mouth every day - Avoid alcohol Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg (tablet) by mouth once a day Gabapentin - Gabapentin 300 mg 1 capsule by mouth twice a day Losartan Potassium - Losartan Potassium 50 mg 1 tablet by mouth once a day Take one (1) tablet by mouth every day for high blood pressure - do not use if pregnant Melatonin - Melatonin 3 mg (tablet) by mouth at bedtime Metoprolol Tartrate - Metoprolol Tartrate 25 mg 1 tablet by mouth twice a day Take one (1) tablet by mouth twice a day for high blood pressure or heart Chlorthalidone - Chlorthalidone 25 mg 1 tablet by mouth once a day CHOLECALCIFEROL 25mcg (1,000 unit) tablet by mouth once a day Take two (2) tablets by mouth every day with food for Vitamin D			
F03.93	Unsp dementia unspecified severity with mood disturb		10/23/25				
13. ICD	Other Pertinent Diagnoses		Date				
F32.A	Depression unspecified		10/23/25				
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny		10/23/25				
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease		10/23/25				
N18.2	Chronic kidney disease stage 2 (mild)		10/23/25				
G25.81	Restless legs syndrome		10/23/25				
M50.30	Other cervical disc degeneration unsp cervical region		10/23/25				
H90.42	Snsrnrl hear loss uni left ear w unrestr hear cntra side		10/23/25				
M81.0	Age-related osteoporosis w/o current pathological fracture		10/23/25				
E78.5	Hyperlipidemia unspecified		10/23/25				
Z79.82	Long term (current) use of aspirin		10/23/25				
Z79.02	Long term (current) use of antithrombotics/antiplatelets		10/23/25				
Z91.81	History of falling		10/23/25				
14. DME and Supplies:						15. Safety Measures:	
walker, wheelchair, 4 wheeled walker, bath bench, Toilet riser						cardiac precautions, transfer with assist, wheelchair precautions, standard precautions, walker precautions, smoke detectors , medication safety, fall precautions, diabetic precautions, bleeding precautions, anticoagulant precautions, ambulates with device	
16. Nutrition:				17. Allergies:			
diabetic				LISINOPRIL, ROSUVASTATIN			
18.A. Functional Limitations				18.B. Activities Permitted			
Ambulation, Endurance, Hearing, Bowel/Bladder Incontinence				Walker, Wheelchair, 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: 1. In new or complex situations only, SOCIAL ISOLATION: 3. Often, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes							
20. Prognosis: fair							
22. A Rehabilitation Potential:				22.B.Discharge Plans			
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.				family/caregiver will be responsible for managing treatment			
Homebound status: homebound due to generalized weakness, dependence on assistive device and requires assistance of another person to leave home							
Clinical Condition Diabetic pt also diagnosed with dementia and osteoporosis requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary Requiring Homecare: systems, safety and ALDs and fall precautions, medication and diagnoses management and education weekly and as needed for complications.							
SN Careplans				SN Goals			
SN FREQUENCY: SN 1w1				PATIENT-STATED GOAL: to gain greater independence, to become stronger			
CLINICAL SUMMARY:				GOALS			
SOC visit today. Primary cg is daughter who was also present and assisted with medical history. Pt was referred to home health by PCP for HH physical and occupational therapy. Nurse performed head to toe assessment. Physical assessment revealed weakness on both left and right sides. Mild edema, BLE. Heart sounds are normal, lungs are clear. Bowel sounds active x4 quadrants. Pt's appetite is fair. There is a history of UTI but she denies current symptoms. She reports bowel movements are normal. Pt is HOH. She needs a hearing aide and new glasses. She also needs a referral for dentures and would like an evaluation for a motorized scooter. Currently denies pain.				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			
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT			
Electronically Signed by JOHNSON, LAURA 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.			
MARIA BELLANTONI				F2F date :			
4212 N 16TH ST							
PHOENIX, AZ 85016							
PHONE: (602) 263-1200 FAX: 16022631665 NPI: 1689162307							
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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Has numbness and tingling in fingers and toes. Pt had a fall in March and was hospitalized and had a fracture. She currently uses a wheelchair but also has a walker in the home. Pt had a stroke 7 years ago. Pt has dementia diagnosis and requires frequent reminders and needs assistance with all ADLS. Nurse reviewed all medications and provided education on medications including bleeding precautions. Home safety assessment completed and education provided on fall prevention. Diabetes is diet controlled. Pt /cg declined further nursing visits but agreed to have PT and OT evaluations completed. 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), 4. Multiple emergency department visits (2 or more) in the past 6 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, 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. MPOA, daughter Lavina DelValle Advance Directive:Durable power of attorney for health care/Medical power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, D0700 - Social Isolation, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102f - Patient Supervision, M2102c - Med Admin, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, dizziness/syncope, lightheadedness, dependent edema, coughing, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Incontinence, limited range of motion, limited strength, limited endurance, muscle weakness, B0200 - Hearing Deficit, B1000 - Vision Deficit, balance deficit, headache, extremity burn/tingle/numb, Pain Interference with ADLS PROCEDURES: train caregiver(s) to perform medical/rehabilitation treatments, monitor intake & output, home exercise program, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange home modifications for hearing impaired, i.e. alarms TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, 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 is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence patient/caregiver recalls * diabetic medication management * blood sugar testing * diabetic foot care * exercise * diabetic diet * 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 * how to promote optimized mobility with strength * balance * dexterity * range-of-motion therapeutic exercises * promotion of peripheral circulation * fluid and diet intake to promote healing * prevent constipation * recalls related medication(s) purpose, schedule patient/caregiver recalls * diet * weight-bearing exercises to promote bone healing and strengthening * fluids to prevent constipation * home safety * pain control * recalls related medication(s) purpose, schedule patient/caregiver recalls * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings * physical exercise plan * diet * 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 patient is adequately supervised caregiver administers and/or packages medications appropriately 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	10/23/2025