Home Health Certification and Plan of Care

Order ID: 1184/282

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: 11/08/2025 To: 01/06/2026	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
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
Lisinopril - Lisinopril 20 mg 1 tablet by mouth once a day
Metoprolol Succinate - Metoprolol Succinate 25mg by mouth once a day
Alendronate Sodium - Alendronate Sodium eq 70 mg base 1 by mouth once a week Every Saturday

14. DME and Supplies:

bath bench, grab bars, 4 wheeled walker

15. Safety Measures:

fall precautions, ambulates with device, standard precautions, anticoagulant precautions

16. Nutrition:

low sodium

17. Allergies:

sulfamethoxazole

18.A. Functional Limitations

Endurance

18.B. Activities Permitted

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: 0. Never, 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

Homebound status: Taxing effort to leave home, dependence on assistive devices

Clinical Condition Requiring Homecare: Patient with significant cardiac history, embolitic CVA, lumbar vertebrae fracture and increased muscle weakness, using FWW for ambulation and remote BP monitoring to receive HH services for assessment and education and management of diagnoses and medications.

SN Careplans

SN FREQUENCY: 1W9 and as needed for complications for assessment of Cardiopulmonary, GI/GU, Neuro, Musculoskeletal and Integumentary systems, safety with ADLs and fall precautions, medication education and reconciliation, diagnoses education weekly and as needed for complications.

CLINICAL SUMMARY: Recertification visit today. Patient has reached her goals and completed physical therapy. Patient continues remote BP monitoring and we are still working on controlling BP with adjustments with medications. Morning BP readings continue to be higher consistently and evening values lower. Patient had a visit with her PCP last week and no other changes were made to BP medications at this time, but remote monitoring twice daily will continue and SN visits will continue weekly for continued intervention for BP control and cardiac health assessments. PCP did add Alendronate 70mg weekly for bone density. Medication will be added to EHR today. Patient states she will take the medication each Saturday and started this past Saturday, 11/1. Patient denies significant pain during assessment. Patient reports adequate PO intake and improved bowel movements. Patient denies falls or injuries since last visit. Patient has had a cardiology appointment with PIMC cardiology on 11/17 and will continue to see Tri-City cardiology as well and has an appointment in March. Patient educated on plan of care for new certification period and patient voiced understanding and is in agreement with plan. Patient to continue to be seen weekly and as needed for complications for assessment and continued twice daily remote BP monitoring.

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

SN Goals

PATIENT-STATED GOAL: safety in home, no falls

GOALS
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 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
* 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 11/05/2025

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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HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications

STANDING ORDERS: Infection control: hygiene, proper hand washing.; Advance directive: plan if patient is unable to make healthcare decisions. No Advanced Directive; 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: No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: abn cholesterol > 200 mg/dL

PROCEDURES: Nurse to fill mediset: SN to reconcile medi-set with patient weekly

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

* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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
* 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
* 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
* 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 self-administers medications as prescribed
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	11/05/2025