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	4. Medical Record No.	5. Provider No.
9PM1H43RF02	10/23/2025	From: 10/23/2025 To: 12/21/2025	1399	037804

6. Patient's Name and Address

Darlene Russell
333 E Virginia Ave. APT 122,
PHOENIX, AZ 85004-1207
480-243-5636

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 03/06/1952 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
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

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

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

14. DME and Supplies:

walker, wheelchair, 4 wheeled walker, bath bench, Toilet riser

15. Safety Measures:

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:

diabetic

17. Allergies:

LISINOPRIL, ROSUVASTATIN

18.A. Functional Limitations

Ambulation, Endurance, Hearing, Bowel/Bladder Incontinence

18.B. Activities Permitted

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:

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

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 Requiring Homecare: Diabetic pt also diagnosed with dementia and osteoporosis requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal and integumentary systems, safety and ALDs and fall precautions, medication and diagnoses management and education weekly and as needed for complications.

SN Careplans

SN FREQUENCY: SN 1w1

CLINICAL SUMMARY:

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.

SN Goals

PATIENT-STATED GOAL: to gain greater independence, to become stronger

GOALS
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:

Electronically Signed by JOHNSON, LAURA SN on 10/23/2025

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 **10/28/2025**: 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.

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	4. Medical Record No.	5. Provider No.
9PM1H43RF02	10/23/2025	From: 10/23/2025 To: 12/21/2025	1399	037804

6. Patient's Name and Address
Darlene Russell
333 E Virginia Ave. APT 122,
PHOENIX, AZ 85004-1207
480-243-5636

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

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 asssistance 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

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by JOHNSON, LAURA SN

Date
10/23/2025