Home Health Certification and Plan of Care

Order ID: 1184/336

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
982141781	08/30/2024	From: 12/23/2025 To: 02/20/2026	1383	037804

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

8. DOB 06/06/1927 | **9.Sex** 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

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

Donepezil Hydrochloride - Donepezil Hydrochloride 5 mg by mouth in the evening Administered By:Other: Assisted Living Facility SN
Aspirin 81Mg - Aspirin 81mg by mouth once a day Administered By: Other: Assisted Living Facility SN
Bisacodyl EC Oral Tablet Delayed Release 5 MG 5mg by mouth once a day Administered By: Other: Assisted Living Facility SN
Brimonidine Tartrate - Brimonidine Tartrate 0.2 perc right eye twice a day 1 drop right eye twice daily
Administered By: Other: Assisted Living Facility SN
Calcium - Calcium Acetate 500mg by mouth once a day Administered By: Other: Assisted Living Facility SN
Fish Oil - Cod Liver Oil 600mg by mouth once a day Administered By: Other: Assisted Living Facility SN
Levothyroxine - Levothyroxine Sodium 25mcg by mouth once a day
Administered By: Other: Assisted Living Facility SN
Lidocaine - Lidocaine 5-1% transdermal as necessary Lidocaine-Menthol External Patch 5-1 %
1 Patch(es) Every 12 hrs as needed for pain PRN Pain
Administered By: Other: Assisted Living Facility SN
Lumigan - Bimatoprost 0.01 perc both eyes in the evening Administered By: Other: Assisted Living Facility SN
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1tab by mouth once a day Multivitamin Adult - (Minerals) Oral
Pravastatin Sodium - Pravastatin Sodium 40 mg by mouth in the evening
Refresh Tears - Normal Saline 0.025% both eyes four times a day Refresh Eye Itch Relief Ophthalmic Solution 0.025 %
1 drop each eye 4 times daily
Administered By: Other: Assisted Living Facility SN
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25mcg by mouth as necessary Vitamin D3 Extra Strength Oral Tablet Chewable 25 MCG (1000 UT)
Administered By: Other: Assisted Living Facility SN

14. DME and Supplies:
wheelchair, ostomy supplies, bath bench, grab bars, 4 wheeled walker

15. Safety Measures:
fall precautions, ambulates with device, standard precautions

16. Nutrition:
low fiber, regular

17. Allergies:
Penicillin - Rash

18.A. Functional Limitations
Endurance, Hearing

18.B. Activities Permitted
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, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient to receive home care indefinately

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: Patient has history of long-term LUQ colostomy, dementia and advanced age. Patient is unable to replace colostomy appliance independently and requires ongoing skilled nursing assistance for assessment of cardiopulmonary, Neuro, GI/GU, Musculoskeletal and Integumentary systems, fall prevention and safety with ADLs, diagnoses management and education, medication reconciliation and colostomy care twice weekly and as needed for complications.

SN Careplans

SN FREQUENCY: 2W1, 2W2 (due to insurance change) and PRN for complications

CLINICAL SUMMARY: Patient seen for recertification today. Patient assessed head to toe, skin assessed head to toe and is intact throughout without redness, significant bruising or areas of concern. Patient not bathed today prior to SN arrival due to water heater issues at the facility. Patient given sponge bath by SN to perform colostomy care and assessment. Stool looser than normal today but patient denies any feelings of malaise. Colostomy care performed per orders, well tolerated by patient. SN re-educated patient on fall precautions with ambulation, patient voiced understanding of instructions provided, will continue to reinforce each visit due to dementia. Patient to continue to be seen twice weekly and as needed for complications for assessment and colostomy care.

SN Goals

PATIENT-STATED GOAL: Consistent assistance with change of colostomy appliance twice weekly

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by DELGADO, MELISSA SN on 12/19/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
ANDREA TUTHILL
14631 N CAVE CREEK RD
PHOENIX, AZ 85032
PHONE: (855) 434-7763 FAX: 19492815550 NPI: 1144777434

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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Dolores Peskir 13240 N TATUM BLVD, UNIT 230, PHOENIX, AZ 85032- 602-451-6203	Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300 Phoenix, AZ 85028-6039 480-415-4423 1457998957

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: 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: abnormal cholesterol > 200 mg/dL, limited strength

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

^ controlling impulses
* 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	12/19/2025