

Home Health Certification and Plan of Care				Order ID: 1184/352	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
9W44YE1RM82		01/02/2026		From: 01/02/2026 To: 03/02/2026	
				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			Date		
Z43.3			01/02/26		
Principal Diagnosis			Encounter for attention to colostomy		
13. ICD			Date		
R19.09			01/02/26		
Other Pertinent Diagnoses			Other intra-abdominal and pelvic swelling mass and lump		
I12.9			01/02/26		
Hypertensive chronic kidney disease w stg 1-4/unspr chr			kdny		
N18.32			01/02/26		
Chronic kidney disease stage 3b					
E78.5			01/02/26		
Hyperlipidemia unspecified					
E03.9			01/02/26		
Hypothyroidism unspecified					
F02.80			01/02/26		
Dem in oth dis classd elswhrunsp sevwo			beh/psych/mood/anx		
G47.00			01/02/26		
Insomnia unspecified					
H40.9			01/02/26		
Unspecified glaucoma					
M19.041			01/02/26		
Primary osteoarthritis right hand					
M19.042			01/02/26		
Primary osteoarthritis left hand					
M17.0			01/02/26		
Bilateral primary osteoarthritis of knee					
M19.012			01/02/26		
Primary osteoarthritis left shoulder					
M54.50			01/02/26		
Low back pain unspecified					
J30.2			01/02/26		
Other seasonal allergic rhinitis					
L60.9			01/02/26		
Nail disorder unspecified					
Z87.19			01/02/26		
Personal history of other diseases of the digestive system					
Z91.81			01/02/26		
History of falling					
Z95.2			01/02/26		
Presence of prosthetic heart valve					
Z79.82			01/02/26		
Long term (current) use of aspirin					
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			Penicillin - Rash		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation, Hearing			Walker, Up As Tolerated		
19. Mental & Psychosocial Status:			COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 1. Rarely, 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.			patient to receive home care indefinitely		
Homebound status:			patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home		
Clinical Condition			Long standing colostomy to LUQ, dementia and dependence on assistive devices require ongoing colostomy care assistance for changing and caring for colostomy		
Requiring Homecare: and related equipment, assessment and management of diagnoses.					
SN Careplans			SN Goals		
SN FREQUENCY: 1W1, 2W9 + PRN for complications.			PATIENT-STATD GOAL: Colostomy care, continue taking care of me		
CLINICAL SUMMARY: Patient seen today for SOC after a brief discharge due to change in insurance. No interruption of services provided to patient occurred. Caregiver called SN this morning advising that colostomy appliance had developed a leak overnight but patient did not advise anyone and patient was found to have some leakage while in bed this morning. Appointment was moved up a couple hours to address this issue. Appliance replaced and intact without issues. A small amount of the skin to the right of the stoma has some irritation. Extra skin barrier spray applied to this area for protection under adhesive of appliance. Vital signs within normal limits for patient. Patient denies significant pain currently in lower back. Patient denies any recent falls or injuries. Patient reports adequate PO intake and stool output is consistent with normal consistency and patterns. Patient has			GOALS patient/caregiver recalls * GI-specific diet including appropriate food choices * stress management * exercise * home remedies to manage GI condition * recalls related medication(s) purpose, schedule patient/caregiver recalls * low cholesterol dietary guidelines * recalls related medication(s) purpose, schedule		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by DELGADO, MELISSA SN on 01/02/2026					
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 : 12/29/2025		
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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a prior medical history of long term colostomy to upper left quadrant following a malrotation issue, hypothyroidism, dementia, mobility with FWW and wheelchair for long distances, Stage 3 CKD, artificial heart valve, HTN, mild hearing loss, glaucoma and hyperlipidemia. Patient to continue long term colostomy care and assessment and diagnoses management twice weekly and as needed for complications. Patient and caregiver educated about continued plan of care and voice understanding of instructions provided. 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: Durable power of attorney for health care/Medical power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, D0160 - Depression, M2020 - Oral Med Management, M1400 - Dyspnea, abn cholesterol > 200 mg/dL, abnormal thyroid <> 0.40 - 4.50 mIU/mL, muscle weakness, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs 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, * low cholesterol dietary guidelines, 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, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * GI-specific diet including appropriate food choices stress management exercise home remedies to manage GI condition, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medic			* recalls related medication(s) purpose, schedule 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 * how to manage inflammatory process * optimize mobility with active and passive range of motion exercises * fluid and diet intake to promote healing * prevent constipation * home safety * recalls related medic 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 relaxatio 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	01/02/2026