Home Health Certification and Plan of Care

Order ID: 1184/404

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
PXO851194718	09/30/2025	From: 01/28/2026 To: 03/28/2026	1301	037804

6. Patient's Name and Address
Natalya Pakhtusova
3226 E ALTADENA AVE,
PHOENIX, AZ 85028-
602-387-0412

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 07/09/1953 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
C56.3	Malignant neoplasm of bilateral ovaries	09/30/25

13. ICD	Other Pertinent Diagnoses	Date
Z93.6	Other artificial openings of urinary tract status	09/30/25
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	09/30/25
I10.	Essential (primary) hypertension	09/30/25
J90.	Pleural effusion not elsewhere classified	09/30/25
E78.5	Hyperlipidemia unspecified	09/30/25
K86.89	Other specified diseases of pancreas	09/30/25
N32.89	Other specified disorders of bladder	09/30/25
N13.30	Unspecified hydronephrosis	09/30/25
M62.81	Muscle weakness (generalized)	09/30/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	09/30/25
Z45.2	Encounter for adjustment and management of VAD	09/30/25
Z90.710	Acquired absence of both cervix and uterus	09/30/25
Z90.722	Acquired absence of ovaries bilateral	09/30/25
Z99.89	Dependence on other enabling machines and devices	09/30/25
Z91.81	History of falling	09/30/25

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

Allopurinol - Allopurinol 100 mg 1 tablet by mouth once a day Allopurinol Oral Tablet 100 MG 1 Tab(s) PO daily
Atorvastatin Calcium - Atorvastatin Calcium 20 mg - 1 Tablet by mouth at bedtime Atorvastatin Calcium Oral Tablet 20 MG 1 Tab(s) PO QHS
Integra Plus 1 Tablet by mouth once a day Integra Plus Oral Capsule 1 Cap(s) PO daily
Magnesium Oxide - Simethicone 250 MG by mouth once a day Magnesium Oxide -Mg Supplement Oral Tablet 250 MG 1 Tab(s) PO daily
Metoprolol Succinate - Metoprolol Succinate 50 mg = 1 Capsule by mouth once a day Metoprolol Succinate Oral Capsule ER 24 Hour Sprinkle 50 MG 1 tablet PO daily
Vitamin B6 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100 mg- 1 tablet by mouth once a day Vitamin B6 Oral Tablet 100 MG 1 Tab(s) PO daily
Cyclophosphamide - Cyclophosphamide 50 mg 50 mg tablet by mouth once a day cancer medication
Macrobid - Nitrofurantoin: Nitrofurantoin, Macrocrystalline 1 tablet by mouth twice a day for UTI
Januvia - Sitagliptin Phosphate eq 100 mg base 1 tablet by mouth once a day
Dexamethasone - Dexamethasone 4 mg 1 TABLET by mouth twice a day TAKE TWICE DAILY FOR 3 DAYS AFTER PLATINUM CHEMO OR AS DIRECTED BY MD
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 1 tablet by mouth once a day with breakfast prn (as directed by doctor) for anemia
Ondansetron - Ondansetron 4 mg 1 tablet by mouth as necessary PRN Q8H for nausea (do not use for 5 days after chemo)

14. DME and Supplies:
cane, wheelchair, bath bench, walker, wound care supplies

15. Safety Measures:
wheelchair precautions, standard precautions, diabetic precautions, fall precautions, smoke detectors , infectious material management, medication safety, walker precautions, sharps precautions, cardiac precautions

16. Nutrition:
cardiac diet, diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Bowel/Bladder Incontinence, Endurance, Ambulation

18.B. Activities Permitted
Cane, Up As Tolerated, Walker, Wheelchair

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

Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

Clinical Condition Requiring Homecare: Patient with ovarian cancer, hydronephrosis requiring nephrostomy tubes bilaterally requires SN for assessment of Cardiopulmonary, GI/GU, Neuro, Musculoskeletal and Integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education and wound care/assistance with nephrostomy tube dressing changes weekly and as needed for complications.

SN Careplans

SN FREQUENCY: 1w8 and prn for nephrostomy tube complications or medication changes

CLINICAL SUMMARY:

Pt recertified for continued home health services. She requires SN services weekly to perform bilateral nephrostomy dressing changes. Pt is unable to perform the care herself due to location. Dressing changes are required to prevent infection. She does not have a caregiver at home who is able to perform this care. Pt has been having increased pain in her lower back. Pain is 2/10 today on the pain scale. She had a PET scan recently which detected lesions on her spine at T11. She will be speaking with a radiologist soon about treatment. Pt is diabetic and blood sugar levels have been wnl recently. Head to toe assessment at baseline for pt. Lungs are clear. Bowel sounds active x4 quadrants. Heart sounds are normal. Pt has a fair appetite and she has been having regular bowel movements. Nurse performed dressing change to nephrostomy tubes (bilateral) today per orders. No signs of infection present. Pt tolerated dressing changes well. Urine in drainage bags yellow and clear. Pt denies symptoms of UTI. Nurse will continue weekly SN visits for dressing changes.

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, blood sugar < 60 > 300

SN Goals

PATIENT-STATED GOAL: nephrostomy dressing changes, no infections

GOALS
patient/caregiver recalls
* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by JOHNSON, LAURA SN on 01/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
ARVIND BAKHRU
10460 N. 92ND ST. STE. 200
SCOTTSDALE, AZ 85258
PHONE: (855) 485 4673 FAX: 14807261854 NPI: 1477689511

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

HOSPITALIZATION RISKS: 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. MPOA;

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.

PROCEDURES:

bilateral nephrostomy dressing changes; weekly - ok to use antibiotic ointment topically for redness,

glucose testing via monitor,

monitor intake & output

TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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, * diabetic medication management blood sugar testing diabetic foot care exercise diabetic diet, related medication(s) purpose, schedule, * how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting diarrhea appetite loss hair loss fatigue insomnia, related medication(s) purpose, schedule, * pain control therapeutic exercises for muscle strengthening and flexibility diet and fluids to optimize and prevent constipation, 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, caregiver performs medical/rehabilitation treatments with adequate competence

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* diabetic medication management
* blood sugar testing
* diabetic foot care
* exercise
* diabetic 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/caregiver recalls
* how to minimize chemotherapy and radiation side-effects including management of nausea or vomiting
* diarrhea
* appetite loss
* hair loss
* fatigue
* insomnia
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	01/27/2026