

Home Health Certification and Plan of Care				Order ID: 1184/435	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
9W44YE1RM82		01/02/2026		From: 03/03/2026 To: 05/01/2026	
				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 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, grab bars, bath bench, 4 wheeled walker			standard precautions, fall precautions, ambulates with device		
16. Nutrition:			17. Allergies:		
low fiber			Penicillin - Rash		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance			Wheelchair, Walker, Up As Tolerated		
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: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:		
20. Prognosis:			fair		
22. A Rehabilitation Potential:			22.B. Discharge Plans		
SELF-CARE: , MOBILITY:			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 2 times weekly and as needed for complications for complications for assessment, diagnoses management/education and colostomy care.			PATIENT-STATED GOAL: Colostomy care, continue taking care of me		
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 showered by facility staff 3 hours before scheduled time due to "miscommunication" and a staff member called RN to advise of issue, so appointment moved up a couple hours to accommodate early shower. Vital signs within normal limits for patient. Patient reports adequate PO intake and stool output consistent with normal consistency and patterns. Patient denies falls or injuries since last visit. Patient denies significant pain currently. Patient is able to empty bag and remove it but is unable to place new appliance independently. Patient education provided related to plan of care for new certification period and voiced understanding of instructions provided. SN will continue to reinforce each visit due to dementia. Patient to continue to be seen by SN twice weekly and as needed for complications for assessment and colostomy care.			GOALS		
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			patient/caregiver recalls		
			* low cholesterol dietary guidelines		
			* 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		
			patient/caregiver recalls		
			* GI-specific diet including appropriate food choices		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by DELGADO, MELISSA SN on 02/27/2026					
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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CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			* stress management		
HOSPITALIZATION RISKS: 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			* exercise		
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.			* home remedies to manage GI condition		
Advance Directive:Durable power of attorney for health care/Medical power of attorney			* recalls related medication(s) purpose, schedule		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, abn cholesterol > 200 mg/dL, abnormal thyroid <> 0.40 - 4.50 mIU/mL, limited strength, limited endurance			patient/caregiver recalls		
PROCEDURES: apply collection/fistula pouch, ostomy care & irrigation			* how to keep home safe for patient with dementia		
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			* 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		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	02/27/2026