Home Health Certification and Plan of Care

Order ID: 1184/513

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3GE7X41RD44	04/22/2026	From: 04/22/2026 To: 06/20/2026	1478	037804

6. Patient's Name and Address

Leticia Olvera
2156 W Behrend Dr,
PHOENIX, AZ 85027-0001
(505) 715-9487

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 10/09/1947 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
D49.6	Neoplasm of unspecified behavior of brain	04/22/26

13. ICD	Other Pertinent Diagnoses	Date
E78.5	Hyperlipidemia unspecified	04/22/26
I10.	Essential (primary) hypertension	04/22/26
L63.9	Alopecia areata unspecified	04/22/26
M75.31	Calcific tendinitis of right shoulder	04/22/26
I27.20	Pulmonary hypertension unspecified	04/22/26
G47.30	Sleep apnea unspecified	04/22/26
E55.9	Vitamin D deficiency unspecified	04/22/26
R73.9	Hyperglycemia unspecified	04/22/26
E66.9	Obesity unspecified	04/22/26
Z68.38	Body mass index [BMI] 38.0-38.9 adult	04/22/26

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

Zofran Odt - Ondansetron 4 mg 1 by mouth as necessary every 8 hrs as needed for nausea
Dexamethasone - Dexamethasone 2 mg 1 by mouth once a day
Atorvastatin - Atorvastatin Calcium 20mg by mouth at bedtime
Pantoprazole - Pantoprazole Sodium 40 mg 1 by mouth once a day
Lisinipril - Hydrochlorothiazide: Lisinopril 10mg by mouth once a day
Meloxicam - Meloxicam 7.5 mg 1 by mouth as necessary Daily as needed for pain
Xanax - Alprazolam 0.25 mg 1 by mouth as necessary take as needed for anxiety/prior to radiation
Dorzolamide Hydrochloride - Dorzolamide Hydrochloride eq 2 perc base 2 drops both eyes twice a day
THC Gummies 3.75mg by mouth as necessary partial gummy as needed for anxiety, nausea or insomnia

14. DME and Supplies:

bath bench, grab bars, oxygen supplies, 4 wheeled walker

15. Safety Measures:

O2 precautions, fall precautions, ambulates with device, standard precautions

16. Nutrition:

cardiac diet

17. Allergies:

Morphine, Codiene

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted

Up As Tolerated, Walker

19. Mental & Psychosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, 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: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

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, medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: Meningioma of left anterior superior orbital fissure, pulmonary hypertension, cardiac dysfunction, generalized weakness and intermittent dependence on O2, dependence on assistive devices requires SN assessment for cardiopulmonary, musculoskeletal, GI/GU, neurological and integumentary systems, diagnoses management and education, safety with ADLs and fall prevention, and medication reconicliation/management.

SN Careplans

SN FREQUENCY: 1W9 and PRN for complications.

CLINICAL SUMMARY: Patient seen today for Start of Care evaluation. Patient with history of pulmonary hypertension, glaucoma, cardiac dysfunction, generalized weakness, intermittent dependence on O2 and dependence on assistive devices. Patient recently diagnosed with left anterior clinoid meningioma with effects on left optic canal. Patient has recently begun daily radiation at Mayo for treatment of tumor. Radiation currently increasing dizziness, instability with ambulation, fatigue and anxiety. Patient staying with daughter in Phoenix while receiving treatment. Daughter provides transportation and assistance with ADLs and medication. Patient normally resides in New Mexico with her partner and oldest son. Vital signs within normal limits for patient today. Patient had EKG earlier today due to some upper left side chest wall pain, but it was found to be within normal limits. Patient experiencing significant fatigue today following earlier radiation session. Patient denies recent falls or injuries. Patient reports adequate PO intake and bowel movements consistent with normal patterns. Patient uses pads for occasional stress incontinence. Patient has FWW for ambulation and transfers.. Patient uses C-pap at night and has supplemental O2 for use as needed for dyspnea. Patient states she currently has pain at 2/10 in upper chest wall area but denies headache following radiation, but does describe symptoms of dizziness and pressure in sinus area and behind eyes. Plan of care for skilled nursing and plan for evaluation with both OT and PT discussed with patient and caregiver (daughter) and both understanding of instructions and agreement with plan of care. Patient to be seen weekly and as needed for complications y SN and frequency for therapy to be determined after evaluations. Patient to be seen for assessment, diagnoses management/education and medication management.

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: 4. Multiple emergency department visits (2 or more) in the past 6

SN Goals

PATIENT-STATED GOAL: Be more independent, feel stronger

GOALS

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

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 relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

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 DELGADO, MELISSA SN on 04/22/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

AUREA CASTELLANOS
16601 N 40TH ST
PHOENIX, AZ 85032
PHONE: (602) 493-3677 FAX: 16024855156 NPI: 1427562909

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 : 04/17/2026

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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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: Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M1720 - Anxiety, M2020 - Oral Med Management, dizziness/syncope, lightheadedness, abn cholesterol > 200 mg/dL, abnormal blood pressure, M1400 - Dyspnea, M1033 - Exhaustion, nausea/vomiting, M1610 - Urinary Incontinence, muscle weakness, limited strength, limited endurance, Pain Interference with ADLs, Pain Effect on Sleep, balance deficit, daytime fatigue

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, 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 skills and diversional activities, related medication(s) purpose, schedule.

* prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule.

* depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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/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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	04/22/2026