Home Health Certification and Plan of Care

Order ID: 1184/520

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
A31100386	04/20/2026	From: 04/20/2026 To: 06/18/2026	1427	037804

6. Patient's Name and Address

Dawnya Shane Bullard
513 N 40TH AVE, APT 5,
Phoenix, AZ 85009-
480-257-0161

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 05/17/1980 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
C50.812	Malignant neoplasm of ovrlp sites of left female breast	04/20/26

13. ICD	Other Pertinent Diagnoses	Date
D63.0	Anemia in neoplastic disease	04/20/26
C79.51	Secondary malignant neoplasm of bone	04/20/26
J91.0	Malignant pleural effusion	04/20/26
G89.3	Neoplasm related pain (acute) (chronic)	04/20/26
I10.	Essential (primary) hypertension	04/20/26
E11.9	Type 2 diabetes mellitus without complications	04/20/26
J44.9	Chronic obstructive pulmonary disease unspecified	04/20/26
F41.9	Anxiety disorder unspecified	04/20/26
F32.A	Depression unspecified	04/20/26
E87.6	Hypokalemia	04/20/26
K59.00	Constipation unspecified	04/20/26
Z79.82	Long term (current) use of aspirin	04/20/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	04/20/26
Z79.4	Long term (current) use of insulin	04/20/26
Z79.811	Long term (current) use of aromatase inhibitors	04/20/26
Z17.411	Hormone recept pos w hmn	04/20/26
Z87.891	Personal history of nicotine dependence	04/20/26

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

TYLENOL 325 mg tablets Oral as necessary 2 tablets PRN Q6H for pain
AMLODIPINE 10 mg, 1 tab Oral Daily
ANASTROZOLE 1 mg mg, 1 tab Oral once a day
BUPRENORPHINE HYDROCHLORIDE eq 2 mg base mg, 1 tab sublingual three times a day
DULOXETINE HYDROCHLORIDE 60 mg 60 mg Oral Daily
LIDOCAINE 5 perc 1 patch transdermal once a day
METFORMIN 500 mg Oral BID for diabetes
MORPHINE mg, 1 tab Oral as necessary 1 tab Q6H PRN pain
Non-Formulary Medication (verzenio) 150 mg Oral BID
ONDANSETRON 4 mg 1 tablet by mouth TID PRN for nausea
Lyrica - Pregabalin 75 mg by mouth 3 times daily
MOVANTIK 25mg Oral once a day for constipation
POLYETHYLENE GLYCOL 17 gm oral daily and PRN for constipation
PREDNISONE 10 mg per taper by mouth as necessary See Instructions, Take 60 mg for 3 days, then 40 mg for 5 days, then 20 mg for 5 days,
PROMETHAZINE 25 mg oral Q4-6H PRN for nausea
TAMOXIFEN CITRATE eq 10 mg base 1 tab Oral BID

14. DME and Supplies:

diabetic supplies, bath bench, 4 wheeled walker

15. Safety Measures:

wheelchair precautions, standard precautions, fall precautions, diabetic precautions, bleeding precautions, medication safety, smoke detectors , walker precautions, sharps precautions, remove environmental barriers, anticoagulant precautions, ambulates with device

16. Nutrition:

cardiac diet, diabetic

17. Allergies:

Keflex

18.A. Functional Limitations

Bowel/Bladder Incontinence, Ambulation, Endurance

18.B. Activities Permitted

Wheelchair, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., 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: Homebound due to generalized weakness, unsteady gait and dependance on assistive device to ambulate. Requires the assistance of another person to safely leave home.

Clinical Condition Requiring Homecare: Pt diagnosed with stage IV breast cancer and recent malignant pleura effusion requires SN assessment for cardiopulmonary, neuro, GI/GU, musculoskeletal, and integumentary systems, safety with ADLs and fall precautions, medication and diagnoses management and education weekly and prn for complications.

SN Careplans

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

CLINICAL SUMMARY:

SOC completed with pt today. Pt diagnosed with stage IV breast cancer approximately 1 year ago. She was recently hospitalized for increased shortness of breath which was due to fluid buildup on her lungs. She had pain in her right lung but now reports feeling the pain on both right and left sides. Pain is 5/10. Pt is taking pain medication. She has been having constipation recently. Nurse provided education on preventing and treating constipation. Pt is dependent on assistive device to ambulate. She recently started using a walker. She would benefit from a PT evaluation. Nurse sent this request to the PCP. Pt also would like a bedside commode and wheelchair. She needs incontinence supplies as she is incontinent of bladder. Nurse will notify PCP so they may write an order for the supplies and DME. Pt does not have all of her medications in the home but will be picking them up. Pt is a former nurse and is knowledgeable about her medications. Nurse reviewed all medications with pt including high risk medications. Pt has fair appetite. She requires assistance

SN Goals

PATIENT-STATED GOAL: safety in home

GOALS
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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by JOHNSON, LAURA SN on 04/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

PAVAN KUMAR TENNETI VENKATA
13041 N DEL WEBB BLVD SUITE 200
SUN CITY, AZ 85351
PHONE: 480-256-6444 FAX: 6232852801 NPI: 1578851572

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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all medications with pt including high risk medications. Pt has fair appetite. She requires assistance with ADLs due to generalized weakness. Home safety assessment complete and fall precautions education provided. Nurse will see pt weekly. Mediset will be provided to pt at next visit.

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 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: plan if patient is unable to make healthcare decisions. No Advanced Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1745 - Behavioral Issues, D0160 - Depression, M2102d - Caregiver Performs Treatment, M2020 - Oral Med Management, M2102c - Med Admin, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, chest pain, abnormal BS < 70/140 > mg/dL, constipation, nausea/vomiting, M1610 - Urinary Incontinence, limited strength, limited endurance, muscle weakness, B1000 - Vision Deficit, balance deficit, Pain Interference with ADLs, loss of appetite

PROCEDURES:

cough/deep breathing exercises,

train caregiver(s) to perform medical/rehabilitation treatments,

glucose testing via monitor,

teach/coordinate/arrange medication packaging and/or administration

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * 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 administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* preventive care
* recalls related medication(s) purpose, schedule

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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

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	04/20/2026