Home Health Certification and Plan of Care

Order ID: 1184/582

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: 05/28/2026 To: 07/26/2026	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
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)
Januvia - Sitagliptin Phosphate eq 100 mg base eq 100 mg base eq 100 mg base 1 tablet by mouth once a day 100mg tablets ; take 1/2 tablet by mouth daily for diabetes
Acetaminophen - Acetaminophen 500 mg capsules by mouth as necessary Q8H prn pain

14. DME and Supplies:
urinary/catheter supplies, bath bench, grab bars, wound care supplies, 4 wheeled walker

15. Safety Measures:
fall precautions, standard precautions

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
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: 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: nephrostomy tubes in place requiring dressing changes

SN Careplans

SN FREQUENCY: 1W9 and PRN for complications.

CLINICAL SUMMARY: Patient seen today for recertification, assessment and nephrostomy dressing change. Patient had chemotherapy infusion on 5/21 and is still having some fatigue today. She has finished her post chemotherapy steroids for this round. Next infusion is in 2.5 weeks from now. Patient has an infusion of IV hydration scheduled for 6/1 and a follow-up with Dr. Bakhru scheduled for 6/11. Patient will be traveling to California with her husband to visit her daughter and grandchildren tomorrow and returning Sunday. Patient educated about the importance of using a mask on the airplane and using adequate hand hygiene due to higher risk of infection so soon after chemotherapy. Patient voiced understanding of instructions provided. Dressings changed around nephrostomy tubes, well tolerated by patient. No signs of infection or redness noted. Scant amount of serous drainage dried on gauze on left side. Patient to continue to be seen by SN weekly and as needed for complications for assessment, diagnoses education and nephrostomy tube care. 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

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

SN Goals

PATIENT-STATED GOAL: nephrostomy dressing changes, no infections

GOALS
caregiver performs medical/rehabilitation treatments with adequate competence

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by JOHNSON, LAURA SN on 05/26/2026

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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Natalya Pakhtusova 3226 E ALTADENA AVE, PHOENIX, AZ 85028- 602-387-0412	Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300 Phoenix, AZ 85028-6039 480-415-4423 1457998957

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, 8. Currently reports exhaustion

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.
Advance Directive: Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal blood pressure, abnormal BS < 70/140 > mg/dL, limited endurance, limited strength, loss of appetite, pallor

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

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.

* recalls related medication(s) purpose, schedule remedies

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 self-administers medications as prescribed
* 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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by JOHNSON, LAURA SN	05/26/2026