Home Health Certification and Plan of Care

Order ID: 1184/647

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: 07/27/2026 To: 09/24/2026	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
Eliquis - Apixaban 5 mg tablets by mouth twice a day apixaban 5mg tablet; take 1 tablet by mouth twice a day to prevent clots

14. DME and Supplies:
grab bars, diabetic supplies, urinary/catheter supplies, wound care supplies, walker, wheelchair, cane, bath bench, urine drainage leg bag

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

16. Nutrition:
diabetic, cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Walker, Wheelchair, 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: 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 complications

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

HOSPITALIZATION RISKS: 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 husband;

SN Goals

PATIENT-STATED GOAL: nephrostomy dressing changes, no infections

GOALS
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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by JOHNSON, LAURA SN on 07/23/2026

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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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.

PROBLEMS IDENTIFIED ON ASSESSMENT: dependent edema, abnormal blood pressure, abnormal BS < 70/140 > mg/dL, nausea/vomiting, muscle weakness, limited strength, limited endurance, involuntary movement of extremity, extremity burn/tingle/numb, 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

* 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

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/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* 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 JOHNSON, LAURA SN	07/23/2026