Home Health Certification and Plan of Care

Order ID: 1184/712

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9W44YE1RM82	01/02/2026	From: 08/30/2026 To: 10/28/2026	1383	037804

6. Patient's Name and Address

Dolores Peskir
13240 N TATUM BLVD, UNIT 230,
PHOENIX, AZ 85032-
602-451-6203

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 06/06/1927 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z43.3	Encounter for attention to colostomy	01/02/26

13. ICD	Other Pertinent Diagnoses	Date
R19.09	Other intra-abdominal and pelvic swelling mass and lump	01/02/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	01/02/26
N18.32	Chronic kidney disease stage 3b	01/02/26
E78.5	Hyperlipidemia unspecified	01/02/26
E03.9	Hypothyroidism unspecified	01/02/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	01/02/26
G47.00	Insomnia unspecified	01/02/26
H40.9	Unspecified glaucoma	01/02/26
M19.041	Primary osteoarthritis right hand	01/02/26
M19.042	Primary osteoarthritis left hand	01/02/26
M17.0	Bilateral primary osteoarthritis of knee	01/02/26
M19.012	Primary osteoarthritis left shoulder	01/02/26
M54.50	Low back pain unspecified	01/02/26
J30.2	Other seasonal allergic rhinitis	01/02/26
L60.9	Nail disorder unspecified	01/02/26
Z87.19	Personal history of other diseases of the digestive system	01/02/26
Z91.81	History of falling	01/02/26
Z95.2	Presence of prosthetic heart valve	01/02/26
Z79.82	Long term (current) use of aspirin	01/02/26

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

Donepezil Hydrochloride - Donepezil Hydrochloride 5 mg by mouth in the evening Administered By:Other: Assisted Living Facility SN
Brimonidine Tartrate - Brimonidine Tartrate 0.2 perc right eye twice a day 1 drop right eye twice daily
Administered By: Other: Assisted Living Facility SN
Lidocaine - Lidocaine 5-1% transdermal as necessary Lidocaine-Menthol External Patch 5-1 %
1 Patch(es) Every 12 hrs as needed for pain PRN Pain
Administered By: Other: Assisted Living Facility SN
Lumigan - Bimatoprost 0.01 perc both eyes in the evening Administered By: Other: Assisted Living Facility SN
Levothyroxine - Levothyroxine Sodium 25mcg by mouth once a day
Administered By: Other: Assisted Living Facility SN
Pravastatin Sodium - Pravastatin Sodium 40 mg by mouth in the evening
Aspirin 81Mg - Aspirin 81mg by mouth once a day Administered By: Other: Assisted Living Facility SN
Calcium - Calcium Acetate 500mg by mouth once a day Administered By: Other: Assisted Living Facility SN
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1tab by mouth once a day Multivitamin Adult - (Minerals) Oral
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25mcg by mouth as necessary Vitamin D3 Extra Strength Oral Tablet Chewable 25 MCG (1000 UT)
Administered By: Other: Assisted Living Facility SN
Fish Oil - Cod Liver Oil 600mg by mouth once a day Administered By: Other: Assisted Living Facility SN
Refresh Tears - Normal Saline 0.025% both eyes four times a day Refresh Eye Itch Relief Ophthalmic Solution 0.025 %
1 drop each eye 4 times daily
Administered By: Other: Assisted Living Facility SN
Bisacodyl EC Oral Tablet Delayed Release 5 MG 5mg by mouth once a day
Administered By: Other: Assisted Living Facility SN

14. DME and Supplies:
wheelchair, ostomy supplies, bath bench, grab bars, 4 wheeled walker

15. Safety Measures:
fall precautions, ambulates with device, standard precautions

16. Nutrition:
low fiber

17. Allergies:
Penicillin - Rash

18.A. Functional Limitations
Endurance, Ambulation, Hearing

18.B. Activities Permitted
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:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient to receive home care indefinately

Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

Clinical Condition Requiring Homecare: Long standing colostomy to LUQ, dementia and dependence on assistive devices require ongoing colostomy care assistance for changing and caring for colostomy and related equipment, assessment and management of diagnoses.

SN Careplans

SN FREQUENCY: 1W1, 2W8 and PRN for complications

CLINICAL SUMMARY: Patient seen today for recertification for home health services for on going colostomy care, assessment and diagnoses management. Patient assessed head to toe, skin assessed head to toe and is intact throughout without redness, significant bruising or areas of concern. Vital signs within normal parameters for patient. Patient denies falls or injuries since last visit, SN will verify with facility staff. Patient reports adequate PO intake and stool output consistent with normal patterns and consistency. Patient is able to empty bag and remove it but is unable to place new appliance independently. Plan of care for new recertification period reviewed with patient and via phone with CG(son) and they voiced understanding and agreement with plan. Patient to continue to be seen twice weekly and as needed for complications for assessment and colostomy 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

SN Goals

PATIENT-STATED GOAL: Colostomy care, continue taking care of me

GOALS
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
* stress management
* exercise
* home remedies to manage GI condition
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by DELGADO, MELISSA SN on 08/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
ANDREA TUTHILL
14631 N CAVE CREEK RD
PHOENIX, AZ 85032
PHONE: (855) 434-7763 FAX: 19492815550 NPI: 1144777434

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 : 12/29/2025

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.

Home Health Certification and Plan of Care

Order ID: 1184/712

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9W44YE1RM82	01/02/2026	From: 08/30/2026 To: 10/28/2026	1383	037804

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Dolores Peskir 13240 N TATUM BLVD, UNIT 230, PHOENIX, AZ 85032- 602-451-6203	Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300 Phoenix, AZ 85028-6039 480-415-4423 1457998957

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

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 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

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

08/30/2026 Problems : abn cholesterol > 200 mg/dL
muscle weakness
limited strength
limited endurance
abnormal thyroid <> 0.40 - 4.50 mIU/mL
M1700 - Cognition

PROCEDURES: apply collection/fistula pouch, ostomy care & irrigation

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 teach relaxation, * how to keep home safe for patient with dementia coping strategies for the caregiver, related medication(s) purpose, schedule, * GI-specific diet including appropriate food choices stress management exercise home remedies to manage GI condition, related medication(s) purpose, schedule, * 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, related medic

patient/caregiver recalls
* how to keep home safe for patient with dementia
* 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

patient/caregiver recalls
* low cholesterol dietary guidelines
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	08/28/2026