Home Health Certification and Plan of Care

Order ID: 1184/242

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4N20PW0YH17	04/02/2025	From: 09/29/2025 To: 11/27/2025	1211	037804

6. Patient's Name and Address
Antonette Marando
5006 E JUSTICA ST,
CAVE CREEK, AZ 85331-
916-529-2119

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 09/10/1965 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	04/02/25

13. ICD	Other Pertinent Diagnoses	Date
I69.121	Dysphasia following nontraumatic intracerebral hemorrhage	04/02/25
I69.318	Other symptoms and signs w cogn fnctns fol cerebral infrc	04/02/25
M62.421	Contracture of muscle right upper arm	04/02/25
R26.81	Unsteadiness on feet	04/02/25
R22.43	Localized swelling mass and lump lower limb bilateral	04/02/25
Z79.01	Long term (current) use of anticoagulants	04/02/25
Z99.89	Dependence on other enabling machines and devices	04/02/25

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

Gabapentin - Gabapentin 300 MG by mouth three times a day
Percocet - Acetaminophen: Oxycodone Hydrochloride 5-325 MG by mouth as necessary 1 Tab (s) every 4 hrs as needed for pain x 5 days PRN pain
Acetaminophen - Acetaminophen 325 mg 325 MG by mouth as necessary 2 Tab (s) every 4 hrs as needed for pain or fever
Aspirin 81Mg - Aspirin 81 MG by mouth once a day
Atorvastatin Calcium - Atorvastatin Calcium 40mg by mouth in the evening
Bacitracin-Polymyxin B External Ointment 500-100000 UNIT/GM topical once a day
Docusate Sodium - Docusate Sodium 100mg by mouth twice a day
Dulcolax - Bisacodyl 1 tab rectal once a day 1 Suppository(ies) daily for no BM after 3 days
Guaifenesin - Guaifenesin 100 MG/5ML by mouth as necessary 20 ml 4 times daily as needed
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 MG by mouth as necessary 0.5-1 Tab (s) twice daily as neede
Metoprolol Succinate - Metoprolol Succinate 50 MG by mouth in the evening
Mirtazapine - Mirtazapine 30 MG by mouth in the evening
Ondansetron Hydrochloride - Ondansetron Hydrochloride 4mg by mouth as necessary 1 Tab (s) 3 times daily as needed for nausea
Pantoprazole Sodium - Pantoprazole Sodium 40 MG by mouth once a day
Pradaxa - Dabigatran Etexilate Mesylate 150 MG by mouth twice a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 MCG by mouth once a day
Roxicodone - Oxycodone Hydrochloride 5 mg 1 by mouth every 6 hours As needed for pain
Keflex - Cephalexin eq 500 mg base 1 by mouth every 6 hours For 7 days

14. DME and Supplies:
large base quad cane, wheelchair, grab bars, bath bench

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

16. Nutrition:
soft

17. Allergies:
no known allergies

18.A. Functional Limitations
Speech, Ambulation, Endurance, Contracture, Bowel/Bladder Incontinence

18.B. Activities Permitted
Exercises Prescribed, Wheelchair, Cane

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Requires assistance for most to all ADL, Residual weakness, There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort, because of illness or injury, the person needs the following in order to leave their place of residence, the aid of supportive device(s): Cane, Wheelchair, Walker, the assistance of another person, The person has a condition such that leaving his or her home is medically contraindicated

Clinical Condition Requiring Homecare: Patient seen today for REC. Patient has a prior medical history of CVA with right sided hemiplegia, dysphagia, hypertension and hyperlipidemia. Patient indicates that she has occasional stress incontinence and sometimes isn't able to make it to the toilet due to mobility deficits and uses incontinence pads for this reason. Patient denies any pain currently. GH denies any recent falls, UTIs or visits to the ER. Vital signs within normal limits for patient. Head to toe assessment of patient and skin, and skin is intact throughout without redness, bruising or areas of concern. She has significant speech deficits but has been making progress with speech therapy as well as progressing with mobility and function with OT and wants to continue working on advancing through therapies and reinstating PT as well. Patient to be seen by SN REC and as needed for any complications. 2 medications discontinued, Baclofen and Diltiazem and Metoprolol added nightly. Patient requested addition of MiraLAX 17G daily and message and VO sent to physician to add. Patient to have new evaluations with PT, OT and ST and they will establish POCs going forward.

SN Careplans

SN Frequency: **SN 1W1 for REC and PRN for complications**. SN assessment of Cardiopulmonary, GI/GU, Neuro, Integumentary and Musculoskeletal systems, safety with ADLs and fall prevention, diagnoses and medication management and education for REC and as needed for complications.

CLINICAL SUMMARY: Patient seen today for recertification and dressing change with wound care instructions for CG from surgery to face earlier this week. Patient assessed head to toe, skin assessed head to toe and is significant for surgical incision following resection of cancerous tumor on face. Vital signs within normal limits for patient. CG denies recent falls or injuries. Dressings removed from face, incisions cleaned and caregiver instructed on wound care ordered by surgeon. Orders specified, remove post surgical dressings on Thursday, cleanse gently, apply Bacitracin to incisions twice daily through Saturday, then cover incisions with Vaseline daily until follow-up with surgeon next week. Remove ear cup dressing, patient may use when sleeping for comfort. CG and patient

SN Goals

PATIENT-STATED GOAL: Increase steadiness of walking; Improve speech; Better mobility

GOALS
patient/caregiver recalls
* exercises to recover speech function
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by DELGADO, MELISSA SN on 09/25/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
JOEL COHEN
7010 E ACOMA DR SUITE 102
SCOTTSDALE, AZ 85254-3553
PHONE: 480-575-0576 FAX: 14805750512 NPI: 1700934684

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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indicated understanding of instructions provided and CG will be responsible for wound care. CG instructed to advise SN for any complications, or if additional assistance is required for wound care. Patient has significant past medical history including CVA affecting right side and speech, HTN, right hand contracture and recent surgeries for cancer to nasal and left/central facial area. Patient to receive SN services for recertification and as needed for complications, physical therapy and speech therapy.

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: 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; SN frequency, 1w1, 1 visit per 60 days, SOC/REC only + PRN
Advance Directive: Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: swelling in the arms/legs, limited range of motion

PROCEDURES: home exercise program, assist with toilet transferring, assist with transferring, assist with mobility, assist with infection control, assist with fall prevention, assist with assistive devices prn

TEACH PATIENT/CAREGIVER: * how to prevent infection including hygiene proper hand washing food-safety techniques travel precautions vaccinations animal-control cough etiquette, related medication(s) purpose, schedule, * proper feeding techniques to prevent choking and aspiration, related medication(s) purpose, schedule, * exercises to recover speech function, 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, * how to manage complications of immobility including skin care strength, balance dexterity and range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing and prevent constipation, * how to promote optimized mobility with strength balance dexterity range-of-motion therapeutic exercises promotion of peripheral circulation fluid and diet intake to promote healing prevent constipation, related medication(s) purpose, schedule, * how to optimize range of motion with active and passive therapeutic exercises manage pain/discomfort fluid and diet intake to promote healing prevent constipation, 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

* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

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 prevent infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* proper feeding techniques to prevent choking and aspiration
* 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

patient/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize range of motion with active and passive therapeutic exercises
* manage pain/discomfort
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK1: 2 (09/29/25-10/04/25) ,WK2: 2 (10/05/25-10/11/25) ,WK3: 2 (10/12/25-10/18/25) ,WK4: 2 (10/19/25-10/25/25) ,WK5: 2 (10/26/25-11/01/25) ,WK6: 2 (11/02/25-11/08/25) ,WK7: 2 (11/09/25-11/15/25) ,WK8: 2 (11/16/25-11/22/25) ,WK9: 2 (11/23/25-11/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, M1400 Dyspnea

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program, strengthening exercises, static standing balance exercises, gait training/stair training, assist with transferring

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, * how to optimize joint mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety pain control, related medication(s) purpose, schedule

PT Goals

PATIENT-STATED GOAL: The patient would like to improve her overall strength.

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 optimize joint mobility with active and passive range of motion exercises
* fluid and diet intake to promote healing
* prevent constipation
* home safety
* pain control
* 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

ST Careplans

ST Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by DELGADO, MELISSA SN

Date
09/25/2025

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ST WK1: 1 (09/29/25-10/04/25) ,WK2: 1 (10/05/25-10/11/25) ,WK3: 1 (10/12/25-10/18/25) ,WK4: 1 (10/19/25-10/25/25) ,WK5: 1 (10/26/25-11/01/25) ,WK6: 1 (11/02/25-11/08/25) ,WK7: 1 (11/09/25-11/15/25) ,WK8: 1 (11/16/25-11/22/25) ,WK9: 1 (11/23/25-11/27/25)

PROCEDURES: reading therapy, writing therapy, therapeutic exercises

TEACH PATIENT/CAREGIVER: exercises & training are successfully recalled/demonstrated , * exercises to recover speech function, related medication(s) purpose, schedule, reading ability is optimized, writing ability is optimized

PATIENT-STATED GOAL: Patient will complete simple sentences by producing a single word correctly in 80% of opportunities;Patient will produce short 2-4 word phrases correctly while reading in 80% of opportunities

GOALS
exercises & training are successfully recalled/demonstrated

patient/caregiver recalls
* exercises to recover speech function
* recalls related medication(s) purpose, schedule

reading ability is optimized

writing ability is optimized

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by DELGADO, MELISSA SN

Date

09/25/2025