

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	
4N20PW0YH17		04/02/2025		From: 09/29/2025 To: 11/27/2025	
				4. Medical Record No.	
				1211	
				5. Provider No.	
				037804	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Antonette Marando				Devotion Home Health Care, LLC	
5006 E JUSTICA ST,				11201 N Tatum Blvd, Suite 300	
CAVE CREEK, AZ 85331-				Phoenix, AZ 85028-6039	
916-529-2119				480-415-4423	
				1457998957	
8. DOB				9. Sex	
09/10/1965				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 Etxilate Mesylate 150 MG by mouth twice a day	
				Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin:	
				Cholecalciferol: Cyanocobalamin: Dexpantenol: 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:				15. Safety Measures:	
large base quad cane, wheelchair, grab bars, bath bench				transfer with assist, standard precautions, fall precautions, , ambulates with device, ambulates with assistance	
16. Nutrition:				17. Allergies:	
soft				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Speech, Ambulation, Endurance, Contracture, Bowel/Bladder Incontinence				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:				22.B.Discharge Plans	
SELF-CARE: , MOBILITY:				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 Patient seen today for REC. Patient has a prior medical history of CVA with right sided hemiplegia, dysphagia, hypertension and hyperlipidemia. Patient indicates Requiring Homecare: 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 Goals	
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.				PATIENT-STATED GOAL: Increase steadiness of walking; Improve speech; Better mobility	
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				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:				25. Date HHA Received Signed POT	
Electronically Signed by DELGADO, MELISSA SN on 09/25/2025					
24. Physician's Name and Address				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.	
JOEL COHEN				F2F date :	
7010 E ACOMA DR SUITE 102					
SCOTTSDALE, AZ 85254-3553					
PHONE: 480-575-0576 FAX: 14805750512 NPI: 1700934684					
27. Attending Physician's Signature and Date Signed 10/15/2025 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.	
				PAGE 1 of 3	

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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 Goals			
PT FREQUENCY: 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). PT CLINICAL SUMMARY: Pt was evaluated and deemed to require continued PT in order to improve current condition / prevent further decline. Pt continues to require significant assistance for all of her ADL's, transfers, and requires contact assistance c gait belt when amb for safety. pt will continue to be progressed as tolerated and will continue to benefit from skilled PT in order to address deficits, return to PLOF, improve ease of performing ADL's necessary to improve QOL and reduce BOC. 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			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			
Signature of Physician:			Date			
			PAGE 2 of 3			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by DELGADO, MELISSA SN			09/25/2025			

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ST Careplans ST FREQUENCY: 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). ST CLINICAL SUMMARY: Patient is demonstrating appropriate receptive language, cognitive, and swallowing skills. Her expressive communication skills are severely impaired. She is now able to complete and produce routine phrases and automatic speech routines. She struggles to produce specific sounds correctly such as /s,sh,k,g/. 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		ST Goals 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
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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