Home Health Certification and Plan of Care

Order ID: 1184/298

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
133088086	08/15/2025	From: 10/14/2025 To: 12/12/2025	1382	037804

6. Patient's Name and Address

James Bierley
3678 East Thornton Ave,
GILBERT, AZ 85297-
480-534-7113

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 05/09/1960 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	08/15/25

13. ICD	Other Pertinent Diagnoses	Date
M62.421	Contracture of muscle right upper arm	08/15/25
M19.90	Unspecified osteoarthritis unspecified site	08/15/25
I11.0	Hypertensive heart disease with heart failure	08/15/25
I50.9	Heart failure unspecified	08/15/25
E78.5	Hyperlipidemia unspecified	08/15/25
M25.551	Pain in right hip	08/15/25
M54.9	Dorsalgia unspecified	08/15/25
G89.29	Other chronic pain	08/15/25
R54.	Age-related physical debility	08/15/25
G47.00	Insomnia unspecified	08/15/25
Z79.82	Long term (current) use of aspirin	08/15/25
Z79.01	Long term (current) use of anticoagulants	08/15/25
Z74.01	Bed confinement status	08/15/25

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

Dyrenium - Triamterene 37.5 mg , 1 tab by mouth once a day triamterene 37.5 mg-
Take 1 tablet by mouth daily
hydrochlorothiazide 25 mg tablet
Midodrine Hydrochloride - Midodrine Hydrochloride 5 mg 1 tab by mouth every 8 hours midodrine 5 mg tablet
Take 1 tablet by mouth every 8 hours HOLD DOSE IF SBP IS ABOVE 130
Eliquis - Apixaban 5 mg , 1 tab by mouth twice a day Eliquis 5 mg tablet
Take 1 tablet by mouth twice a day
(apixaban]
Omeprazole - Omeprazole 20 mg 1 tab by mouth once a day omeprazole 20 mg
Take 1 capsule by mouth daily
capsule,delayed release
Nystatin - Nystatin 100,000 units/gm topical twice a day nystatin 100,000 unit/gram topical
Apply 1 gm on the skin twice a day
powder
Baclofen - Baclofen 10 mg by mouth twice a day baclofen 10 mg tablet
Take 1 tablet by mouth twice a day
Aspirin 81Mg - Aspirin 81 mg by mouth once a day aspirin 81 mg chewable tablet
Take 1 tablet by mouth daily
Hydralazine - Hydralazine Hydrochloride 1 tab by mouth every 6 hours hydralazine 25 mg tablet
Take 1 tablet by mouth every 6
hours as needed HTN SBP>160
Trazadone - Trazodone Hydrochloride 50 mg by mouth at bedtime trazodone 50 mg tablet
Take 1 tablet by mouth at bedtime
probiotics 1 capsule by mouth once a day Probiotic 10 billion cell capsule
Take 1 capsule by mouth daily
(Lactobacillus acidophilus]
Atorvastatin - Atorvastatin Calcium 80 mg , 1 tab by mouth once a day
Carvedilol - Carvedilol 6.25 mg 1 tab by mouth once a day carvedilol 6.25 mg tablet
Take 1 tablet by mouth daily

14. DME and Supplies:
wheelchair, bath bench, walker, grab bars, hospital bed, Geri chair

15. Safety Measures:
hand rails, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Contracture, Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted
Exercises Prescribed, Wheelchair, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: 120/-70, 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
another facility/provider will be responsible for managing treatment

Homebound status: Taxing effort to leave home, dependence on assistive devices and additional persons for mobility

Clinical Condition Requiring Homecare: Patient bedbound and total assist for ADLs following CVA and requires home health services for continued physical therapy to increase mobility, reduce contracture risk and prevent decline due to immobility.

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by DELGADO, MELISSA SN on 10/14/2025

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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PT Careplans

PT FREQUENCY: 2W9 for assessment and therapy for set goals and as needed for complications.

CLINICAL SUMMARY: The patient continues to demonstrate reduced ROM due to flexion contractures on the RUE and RUE. His RLE is improving however the upper extremity is lagging behind. He is improving gradually and receptive to 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: 0-150

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications

STANDING ORDERS: Infection control: hygiene, proper hand washing.; Advance directive: plan if patient is unable to make healthcare decisions.; 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: poor muscle tone, balance deficit

PROCEDURES: Bed mobility, PROM, transfer training. : The pt will receive skilled physical therapy in order to improve ROM of RUE and LUE with PROM, bed mobility training, core activation and seated at EOB training. , apply anti-embolitic stockings, apply compression bandage, wheelchair training: Will performing sitting tolerance and ability in wheelchair to be up for meals., home exercise program, equipment training, work simplification/energy conservation: We will perform energy conservation techniques, transfers training: Transfer and bed mobility techniques.

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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 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 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, Oral Hygiene - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Shower/Bathe Self - 02. Substantial/maximal assistance, Toileting Hygiene - 01. Dependent, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 05. Setup or clean-up assistance, Roll left & Right - 06. Independent, Sit to Lying - 06. Independent, Lying to sitting/bed - 06. Independent, Toilet Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent

PT Goals

PATIENT-STATED GOAL: The patient will improve positioning and mobility of chronic contractures of the RUE and RLE.

GOALS
Shower/Bathe Self - 02. Substantial/maximal assistance

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

Don/Doff Footwear - 03. Partial/moderate assistance

Toilet Transfer - 03. Partial/moderate assistance

Roll left & Right - 06. Independent

Sit to Lying - 06. Independent

Lying to sitting/bed - 06. Independent

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 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 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/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* recalls related medication(s) purpose, schedule

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

Toileting Hygiene - 01. Dependent

Oral Hygiene - 03. Partial/moderate assistance

Eating - 05. Setup or clean-up assistance

Lower Body Dressing - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Signature of Physician:

Date

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

Date
10/14/2025