Home Health Certification and Plan of Care

Order ID: 1184/313

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: 11/28/2025 To: 01/26/2026	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
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
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
Amiodarone - Amiodarone Hydrochloride 200mg by mouth once a day

14. DME and Supplies:

wheelchair, large base quad cane, bath bench, grab bars

15. Safety Measures:

fall precautions, ambulates with device, ambulates with assistance, standard precautions, anticoagulant precautions

16. Nutrition:

low sodium, small pieces

17. Allergies:

no known allergies

18.A. Functional Limitations

Contracture, Speech, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Cane, Up As Tolerated

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: 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

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 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 requires physical and speech therapy and SN for recertification and PRN complications.

SN Careplans

SN FREQUENCY: 1W1 for REC and PRN for complications.

CLINICAL SUMMARY: Patient seen today for recertification for SN (recertification and PRN) PT and ST. Patient assessed head to toe, skin assessed head to toe and incisions to face for recent resection of skin cancer healing appropriately. Vital signs within normal limits for patient, although blood pressure is consistently low. Recent communication with patient's cardiologist for continued hypotension and recent prescription for Amiodarone resulted in patient (and SN) being instructed to continue this new medication despite low blood pressures. Per caregiver, patient has been very sad, crying a lot, not her usual cheerful self. SN spoke with POA/brother Jim today and requested an appointment with psychiatrist be scheduled to inquire about changes to medications and potential additional testing for changes in mental status. Patient's brother indicated that he would schedule this appointment and get back to the caregiver and SN about the date. SN informed patient of plan for appointments and she is in agreement with this plan. Patient was recently treated for a UTI and has now finished her antibiotics. Patient is seen by mobile PCP nurse practitioner on the 3rd of each month. Patient reports that she has not had flu or Covid vaccines this season but is willing to receive them if they are offered. Patient has complex medical history including hypertension, right side hemiparesis following CVA and aphagia. Patient is currently receiving both speech therapy and physical therapy to continue to improve speech and expressive language deficits and mobility and contractures to right side. Patient has some incontinence and is an assist for most ADLs . Patient resides in a group home setting where she receives assistance for her needs. Patient to continue to be seen by SN for recertification and PRN for complications, and both physical and speech therapy weekly. SN educated patient on plan of care, answered her questions as well as addressed caregiver's concerns and they are in agreement with plan.

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
* 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by DELGADO, MELISSA SN on 11/26/2025

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.

Home Health Certification and Plan of Care

Order ID: 1184/313

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: 11/28/2025 To: 01/26/2026	1211	037804

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Antonette Marando 5006 E JUSTICA ST, CAVE CREEK, AZ 85331- 916-529-2119	Devotion Home Health Care, LLC 11201 N Tatum Blvd, Suite 300 Phoenix, AZ 85028-6039 480-415-4423 1457998957

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: 5. Decline in mental, emotional, or behavioral status in the past 3 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; SN frequency, 1w1, 1 visit per 60 days, SOC/REC only + PRN
Advance Directive: Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: weak pulses in feet, lightheadedness, dizziness/syncope, extremity burn/tingle/numb, discolored patches of skin

PROCEDURES: 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

* 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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	11/26/2025