Home Health Certification and Plan of Care

Order ID: 1184/472

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: 03/28/2026 To: 05/26/2026	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
Buspirone Hcl - Buspirone Hydrochloride 5 mg 1 by mouth three times a day

14. DME and Supplies:

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

15. Safety Measures:

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

16. Nutrition:

cardiac diet, soft

17. Allergies:

no known allergies

18.A. Functional Limitations

Speech, Ambulation, Endurance, Bowel/Bladder Incontinence

18.B. Activities Permitted

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: 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 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.

SN Careplans

SN FREQUENCY: 1 for REC and PRN for complications.

CLINICAL SUMMARY: Patient seen today for recertification for SN care PRN and recertification needs as well as weekly speech therapy. Patient with with significant CVA history resulting in aphagia, and right sided hemiplegia, skin cancer with tumor resection to mid face, hypertension and dependence on assistive devices. Patient resides in a group home with assistance for most ADLs. Caregiver reports that patient was seen by Mobile PCP group yesterday and blood work was ordered to include thyroid function along with other labs. Caregiver also reports that patient was finally seen by mobile psychiatry about a month ago and was supposed to be prescribed medication for depression and mood swings, but they still haven't been called in to pharmacy and repeated calls to provider have gone unanswered. SN will follow up with provider for resolution. Patient reports she currently has no significant pain, has adequate PO intake, and had a bowel movement today. Patient denies falls or injuries since last visit. Patient has completed physical therapy. Patient continues to require speech therapy for work on speech performance, word recognition and communication deficits. Patient is scheduled for a cardiac procedure this Friday for which she needs to be NPO, patient is unable to explain the procedure to SN due to communication deficits but indicates that she understands what the procedure is. Caregiver states she has not been given an explanation as to what the procedure is, just that patient needs to be NPO and what time patient's brother will pick her up. Patient education provided on use of compression socks for edema prevention, and plan of care for new

SN Goals

PATIENT-STATED GOAL: Improve speech

GOALS
patient/caregiver recalls
* exercises to recover speech function
* 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
* 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by DELGADO, MELISSA SN on 03/24/2026

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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episode. Patient indicates understanding of instructions provided. Patient to be seen by SN for recertification and as needed for complications for assessment and diagnoses management and education.

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
Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: weak pulses in feet, dependent edema, abnormal blood pressure, abnormal thyroid <> 0.40 - 4.50 mIU/mL, constipation, muscle weakness, limited endurance, limited range of motion, limited strength, impaired speech, weak hand grips, balance deficit

TEACH PATIENT/CAREGIVER: * proper feeding techniques to prevent choking and aspiration, related medication(s) purpose, schedule, * exercises to recover speech function, 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

ST Careplans

ST WK2: 1 (03/29/26-04/04/26) ,WK3: 1 (04/05/26-04/11/26) ,WK4: 1 (04/12/26-04/18/26) ,WK5: 1 (04/19/26-04/25/26) ,WK6: 1 (04/26/26-05/02/26) ,WK7: 1 (05/03/26-05/09/26) ,WK8: 1 (05/10/26-05/16/26) ,WK9: 1 (05/17/26-05/23/26) ,WK10: 1 (05/24/26-05/26/26)

PROCEDURES: therapeutic exercises, reading therapy, writing therapy: not appropriate to plan of care at this time

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
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by DELGADO, MELISSA SN	03/24/2026