Home Health Certification and Plan of Care

Order ID: 1184/579

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: 05/27/2026 To: 07/25/2026	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:

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

15. Safety Measures:

fall precautions, ambulates with assistance, standard precautions

16. Nutrition:

soft, cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Speech, Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Wheelchair, 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: 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. Patient to be seen by SN REC and as needed for any complications.

SN Careplans

SN FREQUENCY 1 visit for recertification and 2 PRN for complications.

CLINICAL SUMMARY: Patient seen today for recertification assessment. Patient assessed head to toe, skin assessed head to toe and is intact throughout without redness, significant bruising or areas of concern. Patient reports adequate PO intake and bowel movements consistent with normal patterns. Last bowel movement yesterday. Patient and caregiver deny falls or injuries since last visit. Patient denies significant pain currently. Mobile PCP is scheduled to return in 2 weeks for monthly visit. Caregiver states patient has an appointment next week but is unsure of who it is with. At last visit mobile PCP ordered thyroid function labs and mobile lab has come out twice to draw them but has been unable to get them successfully. CG states they are returning this Friday to try again. Patient and caregiver educated about increasing hydration significantly between now and Friday to help "plump" veins and have a better chance of successful blood draw. Patient and caregiver indicated understanding of instructions. Patient to be seen once every certification period by SN for recertification assessment and as needed for complications. Patient to continue to be seen weekly by speech therapist for aphagia and expressive language deficits. Patient continues to have deficits with ambulation due to right hemiplegia. Patient has utilized all covered physical therapy coverage for this year, despite having continuing therapy needs.

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 101, heart rate < 50 > 120,

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 05/26/2026

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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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
Advance Directive: Living Will

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

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 Goals
ST WK1: 1 (05/27/26-05/30/26) ,WK2: 1 (05/31/26-06/06/26) ,WK3: 1 (06/07/26-06/13/26) ,WK4: 1 (06/14/26-06/20/26) ,WK5: 1 (06/21/26-06/27/26) ,WK6: 1 (06/28/26-07/04/26) ,WK7: 1 (07/05/26-07/11/26) ,WK8: 1 (07/12/26-07/18/26) ,WK9: 1 (07/19/26-07/25/26) 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	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	05/26/2026