Home Health Certification and Plan of Care

Order ID: 1184/646

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: 07/26/2026 To: 09/23/2026	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
L97.913	Non-prs chronic ulc unsp prt of r low leg w necros muscle	04/02/25

13. ICD	Other Pertinent Diagnoses	Date
L88.	Pyoderma gangrenosum	04/02/25
I69.121	Dysphasia following nontraumatic intracerebral hemorrhage	04/02/25
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	04/02/25
I69.318	Other symptoms and signs w cogn fnctns fol cerebral infrc	04/02/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	04/02/25
M62.421	Contracture of muscle right upper arm	04/02/25
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	04/02/25
R26.81	Unsteadiness on feet	04/02/25
N18.30	Chronic kidney disease stage 3 unspecified	04/02/25
R22.43	Localized swelling mass and lump lower limb bilateral	04/02/25
E78.5	Hyperlipidemia unspecified	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
Z86.711	Personal history of pulmonary embolism	04/02/25
Z86.718	Personal history of other venous thrombosis and embolism	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
Depakote - Divalproex Sodium eq 125 mg valproic acid 1 by mouth once a day

14. DME and Supplies:

bath bench, large base quad cane, wheelchair, grab bars, communication app for laptop

15. Safety Measures:

fall precautions, transfer with assist, ambulates with assistance, standard precautions, activity supervision

16. Nutrition:

soft, cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Paralysis, Endurance, Speech, Bowel/Bladder Incontinence, R side paralysis

18.B. Activities Permitted

Other, Up As Tolerated, Supervision with ambulation/transfers

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 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 WK9: 1 (09/20/26-09/23/26)

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 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by DELGADO, MELISSA SN on 07/24/2026

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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Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: dependent edema, weak pulses in feet, abnormal blood pressure, abnormal thyroid 0.40 - 4.50 mIU/mL, constipation, muscle weakness, limited range of motion, limited strength, limited endurance, extremity burn/tingle/numb, balance deficit, impaired speech, discolored patches of skin

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

* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

ST Careplans

ST WK1: 1 (07/26/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-09/05/26) ,WK7: 1 (09/06/26-09/12/26) ,WK8: 1 (09/13/26-09/19/26) ,WK9: 1 (09/20/26-09/23/26)

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

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by DELGADO, MELISSA SN

Date

07/24/2026