Home Health Certification and Plan of Care

Order ID: 1195/91

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8T38K59KA22	05/19/2026	From: 05/19/2026 To: 07/17/2026	490	239350

6. Patient's Name and Address
SANDRA GOEBEL
10348 S BOLTON ROAD,
POSEN, MI 49776-
(989) 884-1222

7. Provider's Name, Address and Telephone Number
Evergreen Home Health
403 W Main Street Suite A1
Gaylord, MI 49735-1887
989-214-1114
1184225021

8. DOB 08/02/1950 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I87.2	Venous insufficiency (chronic) (peripheral)	05/19/26

13. ICD	Other Pertinent Diagnoses	Date
L97.819	Non-pressure chronic ulcer oth prt r low leg w unsp severity	05/19/26
M17.11	Unilateral primary osteoarthritis right knee	05/19/26
I10.	Essential (primary) hypertension	05/19/26
F33.0	Major depressive disorder recurrent mild	05/19/26
E66.01	Morbid (severe) obesity due to excess calories	05/19/26

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

Aripiprazole - Aripiprazole 5 MG / 1 tablet by mouth once a day
Aspirin 81Mg - Aspirin 81 MG / 1 capsule by mouth at bedtime
Glucosamine Sulfate - Glucosamine 500 MG / 0.5 tablet by mouth once a day
Klor-Con M20 Oral Tablet Extended Release 20 MEQ 1 tablet by mouth once a day
Lovastatin - Lovastatin 10 mg 1 tablet by mouth in the evening
Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 25 MG 25 MG / 1 tablet by mouth once a day
Olmesartan Medoxomil - Olmesartan Medoxomil 20 mg 2 tablets by mouth once a day
Venlafaxine Hydrochloride - Venlafaxine Hydrochloride 150 MG / 1 capsule by mouth once a day

14. DME and Supplies:
Wound cleanser / Tape

15. Safety Measures:
remove environmental barriers, Proper use of assistive devices

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
Independent at Home

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: Good

22. A Rehabilitation Potential:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort.

Clinical Condition Requiring Homecare: Venous insufficiency (chronic) (peripheral)

SN Careplans

SN WK1: 1 (05/19/26-05/23/26) ,WK9: 1 (07/12/26-07/17/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 94 > 101.0, heart rate < 50 > 100, respiratory rate < 12 > 20, blood pressure systolic < 90 > 150, blood pressure diastolic < 60 > 100, O2 saturation < 90 > 100, pain < 0 > 7

CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months), 7. Currently taking 5 or more medications

STANDING ORDERS: Home Health Clinician to provide ongoing patient and caregiver education regarding prevention of skin breakdown and pressure injuries during the home health episode as clinically indicated.; Home Health Clinician to assess fall risk and provide ongoing patient and caregiver education regarding fall prevention and home safety measures throughout the home health episode as clinically indicated.; Home Health Clinician to assess, monitor, educate, and implement non-pharmacological pain management interventions as clinically indicated throughout the home health episode. Notify physician/authorized provider of uncontrolled pain, significant changes in pain status, or adverse medication effects.; Home Health Clinician to assess, monitor, and provide patient/caregiver education regarding mood status, signs and symptoms of depression, and coping strategies throughout the home health episode. Notify physician/authorized provider of significant mood changes, safety concerns, or worsening depressive symptoms.; Home Health Clinician to implement standard and transmission-based infection control precautions as indicated and provide ongoing patient/caregiver education regarding infection prevention throughout the home health episode. Notify physician/authorized provider of suspected or confirmed infection or clinical deterioration.; Home Health Clinician to assess, review, and reinforce patient/caregiver emergency preparedness plan throughout the home health episode, recertifications and resumptions of care.; Home Health Clinician to assess patient advance directive status and provide education regarding advance care planning throughout the home health episode. Assist with identification, completion, or updating of advance directive documents as appropriate and within scope of practice.
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness (MS), open sores/lesions (SK), #1 - Other - Posterior Right Calf - Type of wound Venous Ulcers

SN Goals

PATIENT-STATED GOAL: not to get an infection, heal wound , and to get up and move better.

GOALS
patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 07/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
CHRISTY WERTH
211 LONG RAPIDS RD
ALPENA, MI 49707-1315
PHONE: (989) 354-2142 FAX: (989) 354-8600 NPI: 1750390498

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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PROCEDURES: physician-ordered wound care: #1 - Other - Posterior Right Calf - Type of wound Venous Ulcers, cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care, wound vacuum

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	07/17/2026