Home Health Certification and Plan of Care

Order ID: 1195/182

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
X3LM64964681	07/15/2026	From: 07/15/2026 To: 09/12/2026	811	239350

6. Patient's Name and Address
Jimmie Sloan
4662 MERIDIAN LINE RD,
JOHANNESBURG, MI 497519582-
(989) 786-5827

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 03/02/1936 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I26.99	Other pulmonary embolism without acute cor pulmonale	07/15/26

13. ICD	Other Pertinent Diagnoses	Date
I48.91	Unspecified atrial fibrillation	07/15/26
M25.561	Pain in right knee	07/15/26
R26.9	Unspecified abnormalities of gait and mobility	07/15/26
J44.9	Chronic obstructive pulmonary disease unspecified	07/15/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	07/15/26
F33.1	Major depressive disorder recurrent moderate	07/15/26

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

TRAZODONE 50 mg Oral QHS, PRN
ROPINIROLE HYDROCHLORIDE 0.25 mg oral See Instructions
OMEPRAZOLE 40 mg Oral BID
LOVASTATIN 40 mg Oral qPM
GABAPENTIN 300 mg Oral QHS
FLOMAX 0.4 mg Oral Daily
ESCITALOPRAM 10 mg Oral Daily
ELIQUIS 10 mg Oral BID
ALENDRONATE SODIUM 10 mg Oral PRN
FINASTERIDE 5 mg Oral Daily

14. DME and Supplies:
walker, bath bench

15. Safety Measures:
anticoagulant precautions, fall precautions, ambulates with device, medical alert/lifeline

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Hearing!Bowel/Bladder Incontinence!Ambulation

18.B. Activities Permitted
Walker, 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
family/caregiver will be responsible for managing treatment

Homebound status: Symptoms identified support difficulty to leave home for medical services required.

Clinical Condition Requiring Homecare: new onset afib, weakenss

SN Careplans

SN WK1: 1 (07/15/26-07/18/26) ,WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 0 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26) ,WK6: 0 (08/16/26-08/22/26) ,WK7: 1 (08/23/26-08/29/26) ,WK8: 0 (08/30/26-09/05/26) ,WK9: 1 (09/06/26-09/12/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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, M1033 - Exhaustion, M1400 - Dyspnea, lung sounds not clear, M1610 - Urinary Incontinence, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, B0200 - Hearing Deficit, B1000 - Vision Deficit

SN Goals

PATIENT-STATED GOAL: Pt states increased mobility and strength and walk independently.

GOALS
patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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 ABRAHAM, ALEXIS SN RN on 07/15/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
STEPHANIE RUTTERBUSH
3040 BOURN ST
LEWISTON, MI 49756
PHONE: (989) 786-4877 FAX: (989) 731-6723 NPI: 1649652298

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 : 07/10/2026

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: cough/deep breathing exercises, incentive spirometer

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 maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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 ABRAHAM, ALEXIS SN RN	07/15/2026