

Home Health Certification and Plan of Care				Order ID: 1195/141	
1. Patient s HI claim No. EJI892281314		2. Start Of Care Date 07/17/2026		3. Certification Period From: 07/17/2026 To: 09/14/2026	
		4. Medical Record No. 650		5. Provider No. 239350	
6. Patient's Name and Address P J LEAZIER 8759 CAMP 10 RD, ELMIRA, MI 49730- (231) 590-1496				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 12/02/1975				9. Sex Male	
11. ICD M17.12		Principal Diagnosis Unilateral primary osteoarthritis left knee		Date 07/17/26	
13. ICD E66.01 G47.33 H61.23		Other Pertinent Diagnoses Morbid (severe) obesity due to excess calories Obstructive sleep apnea (adult) (pediatric) Impacted cerumen bilateral		Date 07/17/26 07/17/26 07/17/26	
14. DME and Supplies: bath bench, hand held shower, grab bars, walker				15. Safety Measures: fall precautions, knee precautions, walker precautions, activity supervision	
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET				17. Allergies: Duricef	
18.A. Functional Limitations Endurance, Ambulation				18.B. Activities Permitted Up As Tolerated, Exercises Prescribed, Walker	
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: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home					
Clinical Condition Requiring Homecare: post-surgical weakness, pain, and fall risk.					
SN Careplans				SN Goals	
PT Careplans PT WK1: 1 (07/17/26-07/18/26) ,WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26) ,WK6: 1 (08/16/26-08/22/26) ,WK7: 1 (08/23/26-08/29/26) ,WK8: 1 (08/30/26-09/05/26) ,WK9: 1 (09/06/26-09/12/26) ,WK10: 1 (09/13/26-09/14/26) 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: 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				PT Goals PATIENT-STATED GOAL: recover from ortho therapy GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Shower/Bathe Self - 05. Setup or clean-up assistance 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 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 Sit to Stand - 06. Independent Car Transfer - 06. Independent 1 - Step (curb) - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Don/Doff Footwear - 06. Independent patient/caregiver recalls	
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by HILL, KAITLIN PT PT on 07/17/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address CAILA KIPPE 2147 PROFESSIONAL DR GAYLORD, MI 49735-0003 PHONE: (989) 732-1753 FAX: (231) 935-3468 NPI: 1255992160				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. PAGE 1 of 2	

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PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170L1 - Walk 10 ft on Uneven Surface, GG0130A1 - Eating, M1860 - Ambulation/Locomotion, M1830 - Bathing, M1860 - Ambulation/Locomotion, M1830 - Bathing, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, M2020 - Oral Med Management, M1400 - Dyspnea, limited range of motion (MS), swelling of affected area (MS), limited strength (MS), limited endurance (MS), muscle weakness (MS), Pain Interference with ADLs, Pain Effect on Sleep, #1 - Non-Observable Surgical Wound - Anterior Left Knee - PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Knee -, cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Monitor incision/ leave dressing in place until follow up, wound vacuum, home exercise program: independent with initial HEP, equipment training, work simplification/energy conservation, gait training/stair training, transfers training, assist with bathing, assist with mobility, assist with seizure precautions prn, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with O2 safety, coordinate/arrange home modifications for hearing impaired, i.e. alarms 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, * 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Don/Doff Footwear - 06. Independent, Eating - 06. Independent			* 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 Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Eating - 06. Independent	

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by HILL, KAITLIN PT PT	07/17/2026