

Home Health Certification and Plan of Care					Order ID: 1195/228				
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
H60545540		05/21/2026		From: 07/20/2026 To: 09/17/2026		154		239350	
6. Patient's Name and Address LINDA RICHEY 2940 OAK AVENUE, LEWISTON, MI 49756- (989) 786-2510					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 01/15/1957 9.Sex Female					10. Medications: Dose/Frequency/Route (N)ew (C)hanged Glipizide - Glipizide 10 mg 1 tablet by mouth once a day Jardiance - Empagliflozin 25 mg/tablet by mouth once a day Metformin - Metformin Hydrochloride 500 mg/tablet by mouth twice a day Amitriptyline Hydrochloride - Amitriptyline Hydrochloride 25 mg 1 tablet by mouth at bedtime Duloxetine Hydrochloride - Duloxetine Hydrochloride 30 mg 1 capsule by mouth once a day TAKE WITH 60MG CAPSULE Donepezil Hydrochloride - Donepezil Hydrochloride 10 mg 1 tablet by mouth at bedtime Cymbalta - Duloxetine Hydrochloride 60 mg by mouth once a day Total of 90mg with 60mg and 30mg capsule				
11. ICD Principal Diagnosis E11.9 Type 2 diabetes mellitus without complications			Date 05/21/26						
13. ICD Other Pertinent Diagnoses F03.90 Unsp dementia unsp severity without beh/psych/mood/anx			Date 05/21/26						
14. DME and Supplies: diabetic supplies					15. Safety Measures: standard precautions, medication safety, activity supervision, fall precautions, Universal/infection precautions, Keep pathways clear				
16. Nutrition: regular					17. Allergies: antibiotics - KEFLEX				
18.A. Functional Limitations Endurance, Ambulation, Memory					18.B. Activities Permitted Up As Tolerated				
19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:									
20. Prognosis: good									
22. A Rehabilitation Potential: SELF-CARE: , MOBILITY:					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: follow-up due to Type 2 diabetes mellitus without complications									
SN Careplans SN WK1: 1 (07/20/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26) ,WK7: 1 (08/30/26-09/05/26) ,WK8: 1 (09/06/26-09/12/26) ,WK9: 1 (09/13/26-09/17/26) 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: 1. Non-agency caregiver(s) currently provide assistance HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 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: limited endurance PROCEDURES: Assist with med set up : set meds for 2 weeks period, cough/deep breathing exercises, incentive spirometer coordinate/arrange caregiver support to prevent caregiver physical emotional					SN Goals PATIENT-STATED GOAL: MANAGE MEDICATIONS BETTER, GET MEDS SENT OT HOME THROUGH CENTER WELL 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 * prevention exacerbation of anxiety condition including coping patterns * improved concentration * strategies to reduce anxiety * identification of anxiety precipitants, conflicts, and threats * recalls related medication(s) purpose, schedule patient/caregiver recalls * management of mental health condition including joining a peer group * maintaining regular contact with mental health professional * avoiding known stressors * controlling impulses * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient's living environment is clean/uncluttered meal preparation is available to patient for all meals				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by STRICKLER, SYDNEY SN on 07/16/2026						25. Date HHA Received Signed POT			
24. Physician's Name and Address LINDSEY GRACE 21258 WEST M-68 HWY. ONAWAY, MI 49765 PHONE: (989) 742-4583 FAX: 19893184606 NPI: 1518330257					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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incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, coordinate/arrange preparation of missing meals, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange resources for vision-impaired 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals				

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN	07/16/2026