

Home Health Certification and Plan of Care				Order ID: 1195/140	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1017040088V566414		07/16/2026		From: 07/16/2026 To: 09/13/2026	
4. Medical Record No.		5. Provider No.			
823		239350			
6. Patient's Name and Address William Boyd 6275 County Road 491, LEWISTON, MI 49756- 9897867915			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 12/03/1947			9.Sex Male		
10. Medications: Dose/Frequency/Route (N)ew (C)hanged There are no Medications for this Plan of Care					
11. ICD G31.83	Principal Diagnosis Neurocognitive disorder with Lewy bodies		Date 07/16/26		
13. ICD G30.9 R53.1 R26.2	Other Pertinent Diagnoses Alzheimer's disease unspecified Weakness Difficulty in walking not elsewhere classified		Date 07/16/26 07/16/26 07/16/26		
14. DME and Supplies: 4 wheeled walker			15. Safety Measures: ambulates with device, fall precautions, supervision at all times, transfer with assist, ambulates with assistance, walker precautions, activity supervision		
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET			17. Allergies: no known allergies		
18.A. Functional Limitations Endurance, Ambulation			18.B. Activities Permitted Up As Tolerated, Walker, Exercises Prescribed		
19. Mental & Pyschosocial Status:			COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions!6. Delusional, hallucinatory, or paranoid behavior, HISTORY OF DEPRESSION: No		
20. Prognosis:			Good		
22. A Rehabilitation Potential: SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home					
Clinical Condition Evaluate and treat w/ in home PT/OT from community for weakness, ambulation issues, ADL concerns, and DME needs assessment in home d/t Lewy Body Requiring Homecare: dementia/Alzheimers					
SN Careplans			SN Goals		
PT Careplans			PT Goals		
PT/PTA WK1: 1 (07/16/26-07/18/26) ,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 (09/13/26-09/13/26)			PATIENT-STATED GOAL: Reduce falls, improve ambulation with less freezing		
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			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		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			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		
HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 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			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		
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			patient/caregiver recalls * urinary catheter management including how to flush catheter * change and wash drainage bags * prevent infection including proper handwashing * positioning of catheter * recalls related medication(s) purpose, schedule		
patient/caregiver recalls * prevention including increase fluid intake * increase Vitamin C intake to promote acidic bladder environment (cranberry juice)					
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by HILL, KAITLIN PT PT on 07/16/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address ROBYN YATES 1105 SIXTH ST TRAVERSE CITY, MI 49684-2345 PHONE: (989) 497-2500 FAX: 19893214118 NPI: 1518174101			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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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:Living will PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M1745 - Behavioral Issues, M1720 - Anxiety, D0700 - Social Isolation, M2020 - Oral Med Management, M1400 - Dyspnea, M1600 - UTI, M1610 - Urinary Catheter, urine retention, muscle weakness, limited strength, limited endurance, involuntary movement of extremity, balance deficit PROCEDURES: Monitoring intermittent catheter : May consult SN if appropriate, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, home exercise program, equipment training, work simplification/energy conservation, gait training/stair training, transfers training 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, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, Sit to Stand - 05. Setup or clean-up assistance, 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, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance		* perineal hygiene * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule Sit to Stand - 05. Setup or clean-up assistance 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 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Car Transfer - 05. Setup or clean-up assistance Toileting Hygiene - 05. Setup or clean-up assistance Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by HILL, KAITLIN PT PT	07/16/2026