

Home Health Certification and Plan of Care							Order ID: 1195/229		
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: 07/18/2026 To: 09/15/2026		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					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				
11. ICD I87.2		Principal Diagnosis Venous insufficiency (chronic) (peripheral)			Date 05/19/26				
13. ICD L97.819		Other Pertinent Diagnoses Non-pressure chronic ulcer oth prt r low leg w unsp severity			Date 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				
14. DME and Supplies: wheelchair, Wound cleanser / Tape					15. Safety Measures: Proper use of assistive devices				
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET					17. Allergies: no known allergies				
18.A. Functional Limitations Ambulation, ,					18.B. Activities Permitted Independent at Home				
19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:									
20. Prognosis: fair									
22. A Rehabilitation Potential: SELF-CARE: , MOBILITY:					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 (07/18/26-07/18/26) ,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 (09/13/26-09/15/26) 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: 10. None of the above 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.; Wound care ordersComplete wound care by cleansing with wound cleanser, patting dry, applying calcium alginate with silver, and apply two layer wrap Advance Directive:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: muscle weakness, open sores/lesions PROCEDURES: apply compression bandage: Complete wound care by cleansing with wound cleanser, pat dry, apply calcium alginate, and 2 layer wound wrap, vitals, and assessment					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				
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: 19893548600 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. PAGE 1 of 2				

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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				

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	07/17/2026