

Home Health Certification and Plan of Care				Order ID: 1195/231						
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.		
80024705100		07/17/2026		From: 07/17/2026 To: 09/14/2026		799		239350		
6. Patient's Name and Address Gregory Forster 10231 MCMURPHY RD, ATLANTA, MI 49709-9345 689-370-2498					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 09/24/1955 9.Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged					
11. ICD S22.42XD			Principal Diagnosis Multiple fx of ribs left side subs for fx w routn heal			Date 07/17/26			TYLENOL 650 mg oral q6h ALBUTEROL 2.5 MG mg nebulization q6h PRN MAALOX 40 MG mL oral q4h PRN ELIQUIS 5 mg oral BID DULCOLAX 10 mg rectal Daily (0900) VITAMIN 5,000 Units oral Daily (0900) LOTRIMIN 1 % Topical BID LIDODERM 1 patch transdermal Nightly CLARITIN 10 mg oral Daily (0900) MAGNESIUM 400 MG mg oral Daily PRN MELATONIN 6 mg oral Nightly PRN GLUCOPHAGE 500 mg oral Daily with breakfast ROBAXIN 500 mg oral 4x daily LOPRESSOR 25 mg oral BID NARCAN 0.4 MG mg intravenous q2 min PRN ONDANSETRON 4 mg translingual q6h PRN PROTONIX 40 mg oral BID AC MIRALAX 17 g oral Daily (0900) ADRIAMYCIN PFS 1 drop Both Eyes BID PRN CRESTOR 20 mg oral Daily (0900) SENOKOT-S 50 MG tablet oral BID ACETAZOLAMIDE SODIUM 10 mL intravenous PRN FLOMAX 0.4 mg oral Daily (0900)[J8.1]	
13. ICD R55. I48.91 D62. K92.1 K57.90 J96.01 J96.02 C61.			Other Pertinent Diagnoses Syncope and collapse Unspecified atrial fibrillation Acute posthemorrhagic anemia Melena Dvrtclos of intest part unsp w/o perf or abscess w/o bleed Acute respiratory failure with hypoxia Acute respiratory failure with hypercapnia Malignant neoplasm of prostate			Date 07/17/26 07/17/26 07/17/26 07/17/26 07/17/26 07/17/26 07/17/26 07/17/26				
14. DME and Supplies: walker					15. Safety Measures: walker precautions, no raising left arm (new pacemaker placed)					
16. Nutrition: diabetic					17. Allergies: no known allergies					
18.A. Functional Limitations Ambulation, Hearing, Endurance, Dyspnea With Minimal Exertion					18.B. Activities Permitted Up As Tolerated, 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 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: homebound										
SN Careplans					SN Goals					
SN 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, 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					PATIENT-STATED GOAL: Strengthen 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 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 * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards					
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 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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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, M1400 - Dyspnea, swelling in the arms/legs, dependent edema, abnormal BS < 70/140 > mg/dL, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B0200 - Hearing Deficit, B1000 - Vision Deficit PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange resources for vision-impaired, 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 keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, 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	* enhancing lighting * using mechanical aids patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule
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PT Careplans PT 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) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170N1 - 4 Steps, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170F1 - Toilet Transfer, 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, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand PROCEDURES: home exercise program, therapeutic exercises: Begin home exercises when approved by cardiologist, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent	PT Goals PATIENT-STATED GOAL: Return to Prior Level of Function GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 - Step (curb) - 06. Independent 4 Steps - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Upper Body Dressing - 06. Independent
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	07/17/2026