

Home Health Certification and Plan of Care										Order ID: 1195/232					
1. Patient s HI claim No.			2. Start Of Care Date			3. Certification Period			4. Medical Record No.			5. Provider No.			
H69469471			05/21/2026			From: 07/20/2026 To: 09/17/2026			669			239350			
6. Patient's Name and Address TERRY MITCHELL 912 W 11TH ST, MIO, MI 48647- (989) 826-5879							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. DOB12/06/19669. SexMale							10. Medications: Dose/Frequency/Route (N)ew (C)hanged Amlodipine - Amlodipine Besylate 10 MG / 1 tablet by mouth once a day frequency: daily CVS Acetaminophen Ex St Oral Tablet 500 MG 500 mg / 1 tablet by mouth every 6 hours PRN for pain Losartan Potassium-HCTZ Oral Tablet 50-12.5 MG 1 tablet by mouth once a day frequency: daily								
11. ICD L98.416		Principal Diagnosis Non-prs chr ulcer of buttock with bone invl w/o evd of necr					Date 05/21/26		15. Safety Measures: fall precautions, medication safety						
13. ICD T81.31XD		Other Pertinent Diagnoses Disruption of external operation (surgical) wound NEC subs					Date 05/21/26								
L02.31		Cutaneous abscess of buttock					05/21/26								
C20.		Malignant neoplasm of rectum					05/21/26								
C21.0		Malignant neoplasm of anus unspecified					05/21/26								
W88.8XXS		Exposure to other ionizing radiation sequela					05/21/26								
I10.		Essential (primary) hypertension					05/21/26		17. Allergies: no known allergies						
E66.01		Morbid (severe) obesity due to excess calories					05/21/26								
Z68.41		Body mass index [BMI] 40.0-44.9 adult					05/21/26								
14. DME and Supplies: wound care supplies							18. B. Activities Permitted Up As Tolerated								
16. Nutrition: high protein							18. A. Functional Limitations Hearing								
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: 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 SN Observation and Assessment Wound for Signs and Symptoms of infection due to Non-pressure chronic ulcer of buttock with bone involvement without evidence Requiring Homecare: of necrosis															
SN Careplans SN WK1: 2 (07/20/26-07/25/26) ,WK2: 2 (07/26/26-08/01/26) ,WK3: 2 (08/02/26-08/08/26) ,WK4: 2 (08/09/26-08/15/26) ,WK5: 2 (08/16/26-08/22/26) ,WK6: 2 (08/23/26-08/29/26) ,WK7: 2 (08/30/26-09/05/26) ,WK8: 2 (09/06/26-09/12/26) ,WK9: 2 (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: 0. No assistance needed - patient is independent or does not have needs in this area HOSPITALIZATION RISKS: 4. Multiple emergency department visits (2 or more) in the past 6 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 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: M1610 - Urinary Catheter, cloudy urine, limited endurance, B0200 - Hearing Deficit, loss of appetite, open sores/lesions, #1 - Observable Surgical Wound -							SN Goals PATIENT-STATED GOAL: Heal wounds 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 * depression-prevention strategies including avoidance of isolation * healthy eating * sleeping habits * identification of activities that bring pleasure * preventive care * 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 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 * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes								
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by STRICKLER, SYDNEY SN on 07/15/2026										25. Date HHA Received Signed POT					
24. Physician's Name and Address TAMYRA HENIGAN 1320 E. M-32 GAYLORD, MI 49735 PHONE: (989) 731-5092 FAX: 19897018325 NPI: 1043304967							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								

Home Health Certification and Plan of Care				Order ID: 1195/232
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H69469471	05/21/2026	From: 07/20/2026 To: 09/17/2026	669	239350
6. Patient's Name and Address TERRY MITCHELL 912 W 11TH ST, MIO, MI 48647- (989) 826-5879		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		

Anterior Right Thigh - Left gluteus(distal), #2 - Other - Posterior Left Buttock - PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Right Thigh - Left gluteus(distal): Cleanse with saline. Apply betadine moistened gauze to wound. Skin prep peri-wound area. Cover with ABD and secure with retention tape., physician-ordered wound care: #2 - Other - Posterior Left Buttock -: Cleanse with saline. Apply betadine moistened gauze to wound. Skin prep peri-wound area. Cover with ABD and secure with retention tape., cough/deep breathing exercises, incentive spirometer, physician-ordered wound care, wound vacuum, catheter change, care & irrigation, 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule	* diet * 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule
---	--

Signature of Physician:	Date PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist: Electronically Signed by STRICKLER, SYDNEY SN	Date 07/15/2026