Home Health Certification and Plan of Care

Order ID: 1195/245

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H69381629	05/23/2026	From: 07/22/2026 To: 09/19/2026	680	239350

6. Patient's Name and Address
SHELDON CROUCH
108 N US HIGHWAY 131,
ELMIRA, MI 49730-
(989) 350-6587

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 06/24/1952 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I89.0	Lymphedema not elsewhere classified	05/23/26

13. ICD	Other Pertinent Diagnoses	Date
I87.2	Venous insufficiency (chronic) (peripheral)	05/23/26
S81.802A	Unspecified open wound left lower leg initial encounter	05/23/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	05/23/26
J96.11	Chronic respiratory failure with hypoxia	05/23/26
Z99.81	Dependence on supplemental oxygen	05/23/26
I48.91	Unspecified atrial fibrillation	05/23/26
I10.	Essential (primary) hypertension	05/23/26
J44.9	Chronic obstructive pulmonary disease unspecified	05/23/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Tums chewable 500 mg - 1 tablet by mouth as necessary twice a day as needed (PRN) for acid
Spiriva Handihaler - Tiotropium Bromide Monohydrate 18 mcg / 1 capsule inhalant once a day
Pramipexole Dihydrochloride - Pramipexole Dihydrochloride 1 mg / 1 tablet by mouth twice a day
OXYGEN 2 L nasal cannula not available
LISINOPRIL 20 mg / 1 tablet by mouth once a day
Metformin - Metformin Hydrochloride 500 mg / 1 Tablet by mouth twice a day
Keflex - Cephalexin 500 mg / 1 capsule by mouth twice a day
HIGH RISK - MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML - 0.5 ml subcutaneous once a week
Furosemide - Furosemide 40 mg / 1 tablet by mouth once a day
Eliquis - Apixaban 5 mg / 1 Tablet by mouth twice a day
BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160 - 4.5 mcg / ACT - 2 puffs inhalant twice a day
Atorvastatin - Atorvastatin Calcium 80 mg / 1 Tablet by mouth at bedtime
Alprazolam - Alprazolam 1 mg / 1 tablet by mouth as necessary Take 0.5 -1 tablet every 12 hours as needed for Anxiety
Albuterol Sulfate - Albuterol Sulfate (2.5 MG/3ML) - 6 ml inhalant as necessary every 6 hours as needed for shortness of breath
Albuterol Sulfate - Albuterol Sulfate (90 BASE) MCG/ACT - 2 puffs inhalant four times a day
Buspar - Buspirone Hydrochloride 10 mg by mouth three times a day
Predisone - Prednisone 5mg by mouth in the morning

14. DME and Supplies:
Compression Stockings

15. Safety Measures:
fall precautions, Oxygen usage precautions, Universal/Infection precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
DRUG ALLERGIES: NORCO

18.A. Functional Limitations
Ambulation, Dyspnea With Minimal Exertion, Endurance

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: 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 Requiring Homecare: Skilled Nursing to Assess and Eval Unna boots, wound care, education due to Lymphedema not elsewhere classified

SN Careplans

SN WK1: 1 (07/22/26-07/25/26) ,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 (09/13/26-09/19/26)

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, 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

SN Goals

PATIENT-STATED GOAL: swelling to decrease

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

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 07/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
TABITHA PARDO
825 N CENTER AVE STE 140
GAYLORD, MI 49735-1592
PHONE: (989) 731-7870 FAX: 19897317837 NPI: 1548852130

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.

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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:Patient does not have Advance Directives

PROBLEMS IDENTIFIED ON ASSESSMENT: swelling in legs/around eyes, abnormal BS < 70/140 > mg/dL, muscle weakness, #1 - Other - Posterior Left Calf - Venous Ulcer Erupted Blister

PROCEDURES: physician-ordered wound care: #1 - Other - Posterior Left Calf - Venous UlcerErupted Blister: wound healed - monitor area x 2 weeks, cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Pt to wear compression stockings daily, can remove at night

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

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:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	07/21/2026