

Home Health Certification and Plan of Care				Order ID: 1195/244					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
1047004627V681295		05/18/2026		From: 07/17/2026 To: 09/14/2026		0301		239350	
6. Patient's Name and Address DONALD DEADMAN 147 BARE POINT ROAD, ALPENA, MI 49707 (231) 313-7301					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 01/23/1938 9. Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD	Principal Diagnosis			Date	OXYCODONE 5 mg / 1 tablet by mouth as necessary 1 tablet every 6 hours as needed for severe pain Administered By: Patient ACARBOSE 25 mg / 1 tablet by mouth with meals please verify: daily with meals or with *each* meal? Administered By: Patient. CHOLECALCIFEROL 25 mcg (1000 UT) / 1 capsule by mouth four times a day Administered By: Patient CVS Lysine Oral Tablet 500 MG 500 mg / 1 tablet by mouth once a day Administered By: Patient Diphenoxylate-Atropine Oral Tablet 0.025-2.5 MG 0.025-2.5 mg / 1 tablet by mouth as necessary 1 tablet every 6 hours as needed for diarrhea Administered By: Patient DONEPEZIL HYDROCHLORIDE 5 mg / 1 tablet by mouth once a day Administered By: Patient EQ Milk of Magnesia Oral Suspension 1200 MG/15ML 30 ml by mouth in the morning Administered By: Patient ESCITALOPRAM 20 mg 20 mg / 1 tablet by mouth once a day Administered By: Patient HYDROXYZINE 50 mg / 1 tablet by mouth once a day Administered By: Patient INSULIN 100 UNIT/ML subcutaneous before meal as per sliding scale before meals 201-250 = 2u // 251-300 = 4u // 301-350 = 6u // 351-400 = 8u // 401+ = 10u and notify physician LANTUS 100 UNIT/ML sublingual once a day 20 units per day Administered By: Patient LEVOTHYROXINE 88 mcg / 1 tablet by mouth once a day Administered By: Patient MIRABEGRON ER Oral Tablet Extended Release 24 Hour 50 MG 50 mg / 1 tablet by mouth at bedtime Administered By: Patient PIOGLITAZONE 45 mg 45 mg / 1 tablet by mouth once a day Administered By: Patient Polyethyl Glycol-Propyl Glycol Ophthalmic Therapy Pack 0.4-0.3% 1 drop both eyes every 4 hours 1 drop in both eyes every 4 hours Administered By: Patient TYLENOL 500 mg / 1 tablet by mouth as necessary 1 tablet, once a day as needed for pain Administered By: Patient RIVAROXIBAN Oral Tablet 10 MG 10 mg / 1 tablet by mouth once a day Administered By: Patient				
S22.41XD	Multiple fx of ribs right side subs for fx w routn heal			05/18/26					
13. ICD	Other Pertinent Diagnoses			Date					
N30.00	Acute cystitis without hematuria			05/18/26					
N18.31	Chronic kidney disease stage 3a			05/18/26					
E11.29	Type 2 diabetes mellitus w oth diabetic kidney complication			05/18/26					
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx			05/18/26					
F32.A	Depression unspecified			05/18/26					
E03.9	Hypothyroidism unspecified			05/18/26					
I71.40	Abdominal aortic aneurysm without rupture unspecified			05/18/26					
C67.2	Malignant neoplasm of lateral wall of bladder			05/18/26					
14. DME and Supplies: None of the above					15. Safety Measures: None of the above				
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET,					17. Allergies: DRUG ALLERGIES: NKDA				
18.A. Functional Limitations Hearing					18.B. Activities Permitted No Restrictions				
19. Mental & Psychosocial 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: Requires assistance for most to all ADL, There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort, because of illness or injury, the person needs the following in order to leave their place of residence, Dementia									
Clinical Condition SN: Freq Order SN visits every other week since ROC; PT: PT to assess/eval and treat eff.: 05/18/2026; OT: Move visit from week of June 7th to the week of June 14th Requiring Homecare: due to Multiple fx of ribs, right side, subs for fx w routn heal									
SN Careplans SN WK3: 1 (07/26/26-08/01/26) ,WK5: 1 (08/09/26-08/15/26) ,WK7: 1 (08/23/26-08/29/26) ,WK9: 1 (09/06/26-09/12/26) ,WK10: 1 (09/13/26-09/14/26)					SN Goals PATIENT-STATED GOAL: Strengthen GOALS				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by ORR, DANIEL 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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PT to eval and treat 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, blood sugar < 70 > 130 CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months 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:Patient have Advance Directives, Patient Advance Directives: POA, wife. Patient has a DPOA, Patient has Advanced Directives Material provided, Patient has been educated on Adv. Directives PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal BS < 70/140 > mg/dL, muscle weakness PROCEDURES: coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, monitor intake & output, monitor dialysis schedule				

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