Home Health Certification and Plan of Care

Order ID: 1195/248

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
80043069800	07/21/2026	From: 07/21/2026 To: 09/18/2026	838	239350

6. Patient's Name and Address
Alice Yeoman
3372 Van Tyle Rd,
Gaylord, MI 49735-
(231) 252-3136

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 08/12/1945 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	07/21/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.642	Presence of left artificial hip joint	07/21/26
E11.9	Type 2 diabetes mellitus without complications	07/21/26
I48.0	Paroxysmal atrial fibrillation	07/21/26
I50.42	Chronic combined systolic and diastolic hrt fail	07/21/26
N18.4	Chronic kidney disease stage 4 (severe)	07/21/26
D63.1	Anemia in chronic kidney disease	07/21/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/21/26
I73.9	Peripheral vascular disease unspecified	07/21/26
E78.5	Hyperlipidemia unspecified	07/21/26
F33.42	Major depressive disorder recurrent in full remission	07/21/26
F41.9	Anxiety disorder unspecified	07/21/26
H35.30	Unspecified macular degeneration	07/21/26

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

ACETAMINOPHEN 325 MG tablet by mouth every 4 hours as needed for mild pain 2-6 tabs daily Do not exceed 3000mg daily
ALBUTEROL 2 puff inhale orally every 4 hours as needed for shortness of breath or wheezing
AMIODARONE 200 MG tablet by mouth one time a day for Arythmias one tab every morning.
ARIPIPRAZOLE 2 MG tablet by mouth one time a day for mood
ASPIRIN 81 MG tablet by mouth one time a day for anticoagulant
ATORVASTATIN 80 MG tablet by mouth one time a day for hyperlipidemia
CLOPIDOGREL 75 MG tablet by mouth one time a day for blood clot prevention
CYANOCOBALAMIN 1 tablet by mouth one time a day for anemia
CYCLOBENZAPRINE 5 MG tablet by mouth every 12 hours as needed for muscle spasms
DULOXETINE HYDROCHLORIDE 60 MG capsule by mouth one time a day for Depression
FUROSEMIDE 40 MG tablet by mouth one time a day for heart failure
GABAPENTIN 300 MG capsule by mouth one time a day for Diabetes
HYDROcodone-Acetaminophen Oral Tablet 7.5-325 MG 325 MG tablet by mouth every 4 hours as needed for moderate pain (4-6 on pain scale)
MIRALAX 1 scoop by mouth one time a day for constipation
VITAMIN 1 tablet by mouth one time a day for supplement

14. DME and Supplies:
walker

15. Safety Measures:
walker precautions

16. Nutrition:
low sodium

17. Allergies:
Chantix

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Independent at Home, 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: Yes

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

Homebound status:

Clinical Condition Requiring Homecare: Z471 - Aftercare following joint replacement surgery

SN Careplans

SN WK1: 1 (07/21/26-07/25/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 9. Other risk(s) not listed in 1- 8

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.;

SN Goals

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
* 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 keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

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
JESSICA MACHUE
1100 E MICHIGAN AVE
GRAYLING, MI 49738
PHONE: (989) 348-5461 FAX: 19897312497 NPI: 1255750550

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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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.;
Integumentary Apply calmoceptine ointment to buttock and encourage ambulation to help decrease further skin breakdown
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M1400 - Dyspnea, swelling in the arms/legs, muscle weakness, B1000 - Vision Deficit, open sores/lesions

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Apply calmoceptine ointment to buttock and encourage ambulation to help decrease further skin breakdown

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, * 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

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	07/21/2026