Home Health Certification and Plan of Care

Order ID: 1195/260

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1CR2CR1CT16	07/22/2026	From: 07/22/2026 To: 09/19/2026	721	239350

6. Patient's Name and Address
GARY STEWART
8041 BEAR CROSSING,
VANDERBILT, MI 49795-
(989) 476-0296

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 01/31/1955 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M25.562	Pain in left knee	07/22/26

13. ICD	Other Pertinent Diagnoses	Date
M23.009	Cystic meniscus unspecified meniscus unspecified knee	07/22/26
M17.11	Unilateral primary osteoarthritis right knee	07/22/26
M17.12	Unilateral primary osteoarthritis left knee	07/22/26
M25.561	Pain in right knee	07/22/26
Z68.38	Body mass index [BMI] 38.0-38.9 adult	07/22/26
I35.9	Nonrheumatic aortic valve disorder unspecified	07/22/26

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

Acetaminophen - Acetaminophen 500mg/2 tabs PRN pain by mouth every 8 hours
Neurontin - Gabapentin 300 mg 1 cap Q day by mouth once a day
AMLODIPINE 5 mg oral Daily
ASPIRIN 81 mg Oral 1 Cap, Daily
COQ10 6.6 mg Oral See Instructions 3 refills
HYDROchlorothiazide-lisinopril 25 mg oral once a day
METOPROLOL 25 mg Oral 1 Tab, daily
Plavix - Clopidogrel Bisulfate 75 by mouth once a day
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth every 4 hours PRN for mod pain
PRAVASTATIN 20 mg oral 1 Tab, Daily
VITAMIN 1 tab by mouth once a day

14. DME and Supplies:
walker, bath bench,

15. Safety Measures:
walker precautions, fall precautions, ambulates with device, knee precautions, bathroom safety, anticoagulant precautions

16. Nutrition:
High protein, high fiber diet, regular

17. Allergies:
ATORVASTATIN, NIACIN

18.A. Functional Limitations
Endurance, Ambulation,!Hearing

18.B. Activities Permitted
Up As Tolerated, Walker, Independent at Home

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
another facility/provider 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: post-surgical weakness, pain, and fall risk.

SN Careplans

SN WK1: 1 (07/22/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26)

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: 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:Wife is durable power of attorney for healthcare, pt states has living will

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, swelling of affected area

PROCEDURES: cough/deep breathing exercises: POST SURGERY, incentive spirometer: POST SURGERY

SN Goals

PATIENT-STATED GOAL: AMBULATE INDEPENDENTLY

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

patient/caregiver recalls
* pain control
* therapeutic exercises to optimize range of motion of affected area
* diet and fluids to promote healing
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by ABRAHAM, ALEXIS SN RN on 07/22/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
JESSICA NEUROTH
1320 E M 32
GAYLORD, MI 49735-8378
PHONE: (989) 731-5092 FAX: 19897058323 NPI: 1487036513

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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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, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PT Careplans

PT WK1: 1 (07/22/26-07/25/26) ,WK2: 2 (07/26/26-08/01/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170D1 - Sit to Stand, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, 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, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, Pain Effect on Sleep, Pain Interference with ADLs, Pain Effect on Sleep, Pain Interference with ADLs

PROCEDURES: home exercise program, equipment training, work simplification/energy conservation, gait training/stair training: 12 steps to enter home on basement level, gait training/stair training: 12 steps to enter home on basement level. Gait training with 2ww or cane, transfers training

TEACH PATIENT/CAREGIVER: Toilet Transfer - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent, Patient will demonstrate improved R knee AROM to >=90 degrees flexion and 0 degrees extension, Reduce falls

PT Goals

PATIENT-STATED GOAL: Complete in home post surgical rehab, improve ambulation

GOALS
Toilet Transfer - 06. Independent

Patient will demonstrate improved R knee AROM to >=90 degrees flexion and 0 degrees extension

Reduce falls

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS SN RN	07/22/2026