Home Health Certification and Plan of Care

Order ID: 1195/262

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
X3L917450027	07/23/2026	From: 07/23/2026 To: 09/20/2026	849	239350

6. Patient's Name and Address
Eleanor Rich
960 E SHELDON ST,
GAYLORD, MI 497351625-
9897324304

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 02/14/1929 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.815	Encntr for surgical aftcr following surgery on the dgstv sys	07/23/26

13. ICD	Other Pertinent Diagnoses	Date
Z93.2	Ileostomy status	07/23/26
K56.609	Unsp intestnl obst unsp as to partial versus complete obst	07/23/26
K63.89	Other specified diseases of intestine	07/23/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/23/26
I10.	Essential (primary) hypertension	07/23/26
N18.32	Chronic kidney disease stage 3b	07/23/26
E53.8	Deficiency of other specified B group vitamins	07/23/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
LISINOPRIL 5 mg Oral Daily
Immodium - Loperamide Hydrochloride 2mg by mouth as necessary
Magnesium - Simethicone 500mg 1 tab by mouth once a day
Ocuvite - Normal Saline 1 tab by mouth once a day

14. DME and Supplies:
bath bench, walker

15. Safety Measures:
ambulates with device, fall precautions, walker precautions,

16. Nutrition:
soft

17. Allergies:
Dust, Grass, Statins

18.A. Functional Limitations
Hearing, Ambulation, Endurance

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
family/caregiver 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: p[ost op ostomy placement

SN Careplans

SN WK1: 1 (07/23/26-07/25/26) ,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) ,WK10: 1 (09/20/26-09/20/26)

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: 8. Currently reports exhaustion

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

SN Goals

PATIENT-STATED GOAL: Pt independently change ostomy and manage care for ostomy.

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
* ostomy management including how to clean stoma
* change ostomy pouch
* 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/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 ABRAHAM, ALEXIS SN RN on 07/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
CHANGXIN LI
829 N CENTER AVE SUITE 140
GAYLORD, MI 49735-1595
PHONE: (989) 731-7870 FAX: 19897317837 NPI: 1114958899

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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updating of advance directive documents as appropriate and within scope of practice.
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, limited endurance, B1000 - Vision Deficit, M1630 - GI Ostomy

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Ostomy care, physician-ordered wound care: Ostomy care/stoma observation, apply collection/fistula pouch, ostomy care & irrigation, monitor intake & output, coordinate/arrange resources for vision-impaired

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, * ostomy management including how to clean stoma change ostomy pouch, 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 patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS SN RN	07/23/2026