

Home Health Certification and Plan of Care				Order ID: 1195/264	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
9N57Q39MF57		07/25/2026		From: 07/25/2026 To: 09/22/2026	
				4. Medical Record No.	
				842	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Donna Martin 920 W SHELDON ST APT 305, GAYLORD, MI 49735- 386) 566-2689				Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021	
8. DOB		12/09/1944		9. Sex Female	
11. ICD		Principal Diagnosis		Date	
G44.89		Other headache syndrome		07/25/26	
13. ICD		Other Pertinent Diagnoses		Date	
F03.90		Unsp dementia unsp severity without beh/psych/mood/anx		07/25/26	
G43.909		Migraine unsp not intractable without status migrainosus		07/25/26	
I10.		Essential (primary) hypertension		07/25/26	
F33.1		Major depressive disorder recurrent moderate		07/25/26	
E78.2		Mixed hyperlipidemia		07/25/26	
H35.30		Unspecified macular degeneration		07/25/26	
R42.		Dizziness and giddiness		07/25/26	
14. DME and Supplies:				15. Safety Measures:	
None of the above				fall precautions	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				Fosamax - Allergic asthma, Shortness of Breath; Keflex - Nausea, Vomiting, Diar	
18.A. Functional Limitations				18.B. Activities Permitted	
Hearing				Up As Tolerated, Independent at Home	
19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 3. Often, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes					
20. Prognosis: Good					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				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: G4489 - Other headache syndrome					
SN Careplans				SN Goals	
SN WK1: 1 (07/23/26-07/25/26)				PATIENT-STATED GOAL: Manage headaches/migraines	
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				GOALS	
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance				patient/caregiver recalls	
HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications				* depression-prevention strategies including avoidance of isolation	
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:DPOA son				* healthy eating	
PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, D0700 - Social Isolation, M2020 - Oral Med Management, M1400 - Dyspnea, Pain Effect on Sleep, Pain Interference with ADLs, headache, B1000 - Vision Deficit				* sleeping habits	
				* identification of activities that bring pleasure	
				* preventive care	
				* recalls related medication(s) purpose, schedule	
				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 maintain a diary to monitor effective and non-effective pain relief	
				including documenting time of pain, rating, precipitating events, medications,	
				treatments, and what works best to relieve pain	
				* teach relaxation skills and diversional activities	
				* recalls related medication(s) purpose, schedule	
				patient/caregiver recalls	
				* prevention exacerbation of anxiety condition including coping patterns	
				* improved concentration	
				* strategies to reduce anxiety	
				* identification of anxiety precipitants, conflicts, and threats	
				* recalls related medication(s) purpose, schedule	
				patient self-administers medications as prescribed	
				* recalls related medication(s) purpose, schedule	
				patient/caregiver recalls	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by ABRAHAM, ALEXIS SN RN on 07/25/2026					
24. Physician's Name and Address				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.	
TABITHA PARDO				F2F date :	
825 N CENTER AVE STE 140					
GAYLORD, MI 49735-1592					
PHONE: (989) 731-7870 FAX: 19897317837 NPI: 1548852130					
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	

Home Health Certification and Plan of Care				Order ID: 1195/264
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9N57Q39MF57	07/25/2026	From: 07/25/2026 To: 09/22/2026	842	239350
6. Patient's Name and Address Donna Martin 920 W SHELDON ST APT 305, GAYLORD, MI 49735- 386) 566-2689		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		
PROCEDURES: coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, coordinate/arrange long-term socialization activities 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 maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule		* strategies to increase socialization * recalls related medication(s) purpose, schedule		

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS SN RN	07/25/2026