Home Health Certification and Plan of Care

Order ID: 1195/263

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H40544951	07/23/2026	From: 07/23/2026 To: 09/20/2026	852	239350

6. Patient's Name and Address

Donna Robinson
810 W SHELDON ST APT 201,
GAYLORD, MI 49735-
(950) 401-8476

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 04/14/1947 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
A04.72	Enterocolitis d/t Clostridium difficile not spcf as recur (A04.72)	07/23/26

13. ICD	Other Pertinent Diagnoses	Date
I50.22	Chronic systolic (congestive) heart failure	07/23/26
I48.0	Paroxysmal atrial fibrillation	07/23/26
I49.5	Sick sinus syndrome	07/23/26
I10.	Essential (primary) hypertension	07/23/26
Z95.0	Presence of cardiac pacemaker	07/23/26
R63.4	Abnormal weight loss	07/23/26
I42.1	Obstructive hypertrophic cardiomyopathy	07/23/26
L89.321	Pressure ulcer of left buttock stage 1	07/23/26
Z79.01	Long term (current) use of anticoagulants	07/23/26
N17.9	Acute kidney failure unspecified	07/23/26
Z91.010	Allergy to peanuts	07/23/26
A04.72	Enterocolitis d/t Clostridium difficile not spcf as recur (A04.72)	07/23/26
N18.9	Chronic kidney disease u	07/23/26

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

ALLOPURINOL 100 MG by mouth one time a day for gout prevention
BUMETANIDE 1 mg 1 MG by mouth one time a day for fluid retention
IPRATROPIUM 0.03% each nostril three times a day for antihistamine 1 spray each nostril
METOPROLOL 50 MG by mouth two times a day for hypertension
SPIRONOLACTONE 25 MG by mouth one time a day for edema
XARELTO 15 MG by mouth in the evening for anti coagulant
Ativan - Lorazepam 0.5 mg 1 tab by mouth once a day
Midodrine Hydrochloride - Midodrine Hydrochloride 10 mg 1 tab by mouth once a day
Biotin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1000 UNIT
2 tabs by mouth once a day

14. DME and Supplies:

bath bench, , , 4 wheeled walker

15. Safety Measures:

ambulates with device, fall precautions, walker precautions, , bathroom safety, anticoagulant precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

Eliquis, Macrobld, Nitrofurantoin, Pradaxa, Contrast Media (iodine-based)

18.A. Functional Limitations

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

patient will be responsible for managing treatment

Homebound status: Absences from the home require considerable and taxing effort.

Clinical Condition Requiring Homecare: A-fib, Sick sinus syndrome, C-diff (resolved), Acute renal failure, systolic heart failure

SN Careplans

SN WK1: 1 (07/23/26-07/29/26)

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: 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, 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

SN Goals

PATIENT-STATED GOAL: Regain strength and mobility, edurance

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

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 : 07/23/2026

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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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:DNI (Do Not Intubate)

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, muscle weakness, limited strength, limited endurance

PROCEDURES: cough/deep breathing exercises, monitor intake & output: BM i/o, pt states no current diarrhea episodes

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, 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	07/23/2026