Home Health Certification and Plan of Care

Order ID: 1195/266

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H51375692	07/22/2026	From: 07/22/2026 To: 09/19/2026	388-1	239350

6. Patient's Name and Address
Samuel Hilleary
900 Hayes rd,
Gaylord, MI 49753-
(734) 589-3974

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 05/23/1951 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	07/22/26

13. ICD	Other Pertinent Diagnoses	Date
I11.0	Hypertensive heart disease with heart failure	07/22/26
I50.32	Chronic diastolic (congestive) heart failure	07/22/26
I70.293	Oth athscl native arteries of extremities bilateral legs	07/22/26
L97.929	Non-prs chronic ulc unsp prt of l low leg w unsp severity	07/22/26
I87.323	Chronic venous htn w inflammation of bilateral low extrm	07/22/26
F01.A0	Vascular dementia mild without beh/psych/mood/anx	07/22/26
F33.40	Major depressive disorder recurrent in remission unsp	07/22/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	07/22/26
R26.2	Difficulty in walking not elsewhere classified	07/22/26
Z91.81	History of falling	07/22/26
W01.0XXA	Fall same lev from slip/trip w/o strike against object init	07/22/26
M62.81	Muscle weakness (generalized)	07/22/26

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

VITAMIN capsule mouth once a day
TRAMADOL 50 mg tablet mouth a day as needed (PRN) for Pain
SENNOSIDES 8.6 mg tablet mouth twice a day as needed (PRN)
NYSTATIN 100,000 unit/gram powder transdermal twice daily Apply to the affected area
Thera-M (multivit-min-iron fum-folic ac) 19 mg iron- 400 mcg tablet mouth once a day
METOPROLOL 25 mg tablet extended release 24 hr mouth once a day
MELATONIN 5 mg tablet mouth at bedtime as needed (PRN)
KETOCONAZOLE 2% cream transdermal twice daily Apply topically to the affected area
INFUVITE ADULT 81 mg tablet,delayed release (DR/EC) mouth once a day
IBUPROFEN 200 mg tablet mouth every four hours as needed (PRN)
GABAPENTIN 600 mg tablet mouth three times a day
FUROSEMIDE 20 mg tablet mouth once a day
FLECAINIDE ACETATE 50 mg tablet mouth every twelve hours
DUTASTERIDE AND TAMSULOSIN HYDROCHLORIDE 0.4 mg capsule mouth once a day
Breztri Aerosphere (budesonide-glycopyr-formoterol) mcg/actuation HFA aerosol inhaler mouth twice a day Inhale 2 puff
ATORVASTATIN 80 mg tablet mouth once a day
amoxicillin-pot clavulanate mg tablet mouth every twelve hours
AMITRIPTYLINE 50 mg tablet mouth at bedtime
ALBUTEROL 2.5 mg/3 mL (0.083 %) solution for nebulization inhalant every four to six hours as needed (PRN) Inhale 3 ml using nebulizer

14. DME and Supplies:
bath bench, wheelchair, 4 wheeled walker

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

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
Seasonal Allergies, Latex

18.A. Functional Limitations
Endurance, Bowel/Bladder Incontinence, Ambulation, Amputation

18.B. Activities Permitted
Wheelchair, Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 2. Sometimes, 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
another facility/provider will be responsible for managing treatment

Homebound status: Patient lives in assisted living facility due to chronic conditions

Clinical Condition Requiring Homecare: L97929 - Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity

SN Careplans

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

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: 1. History of falls (2 or more falls – or any fall with an injury – in the past 12 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: BLE wounds will heal without complications

GOALS
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
* 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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration

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
ROSE MARY SPELLMAN
801 ROSE HILL DRIVE
JACKSON, MI 49202
PHONE: (517) 212-2008 FAX: 15172122007 NPI: 1154808418

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 : 07/13/2026

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.

Home Health Certification and Plan of Care

Order ID: 1195/266

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H51375692	07/22/2026	From: 07/22/2026 To: 09/19/2026	388-1	239350

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Samuel Hilleary 900 Hayes rd, Gaylord, MI 49753- (734) 589-3974	Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021

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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, D0700 - Social Isolation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, M1610 - Urinary Incontinence, limited strength, limited endurance, rough/scaly/cracked skin, swell/redness surround. skin

PROCEDURES: coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care, glucose testing via monitor, bladder training, 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, * 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, * urinary incontinence management including bladder training Kegel exercises skin care, 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, * strategies to increase socialization, related medication(s) purpose, schedule

* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

patient/caregiver recalls
* 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	07/22/2026