Home Health Certification and Plan of Care

Order ID: 1195/279

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4W21AD6FQ23	05/26/2026	From: 07/25/2026 To: 09/22/2026	684	239350

6. Patient's Name and Address
MELANIE TOTTEN
1939 RAMONA TRL,
GAYLORD, MI 49735-
(989) 732-7928

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 08/09/1973 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
G35.D	Multiple sclerosis unspecified	05/26/26

13. ICD	Other Pertinent Diagnoses	Date
I82.502	Chronic embolism and thombos unsp deep veins of l low extrem	05/26/26
E03.9	Hypothyroidism unspecified	05/26/26
F41.1	Generalized anxiety disorder	05/26/26
F32.A	Depression unspecified	05/26/26
N31.9	Neuromuscular dysfunction of bladder unspecified	05/26/26

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

Adipex-P Oral Capsule 37.5 MG 1 capsule by mouth once a day
Armour Thyroid - Levothyroxine Sodium 60 MG / 1 tablet by mouth once a day
Eliquis 5 MG / 1 tablet by mouth twice a day
Abilify 10 MG / 1 tablet by mouth once a day
Baclofen - Baclofen 20 mg 1 tablet by mouth three times a day
Citalopram Hydrobromide - Citalopram Hydrobromide 40 mg 1 tablet by mouth once a day
Dalfampridine ER Oral Tablet Extended Release 12 Hour 10 MG 1 tablet by mouth twice a day
Modafinil - Modafinil 200 mg 1 tablet by mouth twice a day
Myrbetriq Oral Tablet Extended Release 24 Hour 50 MG 1 tablet by mouth once a day
Nebivolol Hydrochloride - Nebivolol Hydrochloride 5 MG / 1 tablet by mouth as necessary once a day as needed for anxiety

14. DME and Supplies:
wheelchair, walker

15. Safety Measures:
fall precautions, remove environmental barriers, anticoagulant precautions, Proper use of assistive devices

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
BACTRIM ZOLOFT CAPAXONE

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

18.B. Activities Permitted
Walker, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment
add discharge plan

Homebound status: There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort. Because of illness or injury, the person needs a wheelchair, a walker and assistance of another person in order to leave their place of residence.

Clinical Condition Requiring Homecare: Multiple sclerosis, unspecified

SN Careplans

SN weekly visits for cert period

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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, poor muscle tone, muscle weakness, weak hand grips

PROCEDURES: coordinate/arrange caregiver support to prevent caregiver physical, emotional and

SN Goals

PATIENT-STATED GOAL: Assist w/showers, monitor gait/mobility, getting dressed/undressed

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
* 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/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/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by ABRAHAM, ALEXIS SN RN on 07/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
TABITHA PARDO
825 N CENTER AVE STE 140
GAYLORD, MI 49735-1592
PHONE: (989) 731-7870 FAX: 19897317837 NPI: 1548852130

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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mental exhaustion

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, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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, * strategies to increase socialization, related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls 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	07/20/2026