

Home Health Certification and Plan of Care				Order ID: 1195/268	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
80038976600		07/20/2026		From: 07/20/2026 To: 09/17/2026	
4. Medical Record No.		5. Provider No.		827	
239350					
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Matthew Laforet 2800 ODEN RD UNIT 9, ALANSON, MI 49706-8532 (404) 281-5421			Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021		
8. DOB			9. Sex		
02/03/1960			Male		
11. ICD		Principal Diagnosis		Date	
J96.01		Acute respiratory failure with hypoxia		07/20/26	
13. ICD		Other Pertinent Diagnoses		Date	
B59.		Pneumocystosis		07/20/26	
C90.00		Multiple myeloma not having achieved remission		07/20/26	
G89.3		Neoplasm related pain (acute) (chronic)		07/20/26	
I49.9		Cardiac arrhythmia unspecified		07/20/26	
M54.50		Low back pain unspecified		07/20/26	
R06.02		Shortness of breath		07/20/26	
14. DME and Supplies:			15. Safety Measures:		
commode, bath bench, 4 wheeled walker			walker precautions, fall precautions, ambulates with device		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			Iodinated Contrast Media, Shellfish Containing Products, Iodine containing food		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Endurance			Up As Tolerated, Walker		
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: Fair					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.			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: J9601 - Acute respiratory failure with hypoxia					
SN Careplans			SN Goals		
SN WK1: 1 (07/20/26-07/25/26) ,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 (09/13/26-09/17/26)			PATIENT-STATED GOAL: Heal pressure ulcer on back, regain strength and mobility.		
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, 8. Currently reports exhaustion			* 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		
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.;			* teach relaxation skills and diversional activities		
Advance Directive:Durable power of attorney is pts wife.			* recalls related medication(s) purpose, schedule		
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs			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		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 07/20/2026					
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.		
ERIC BASMAJI 416 CONNABLE AVENUENORTHERN MICHIGAN REGIONAL HOSPITAL PETOSKEY, MI 49770 PHONE: (231) 487-4000 FAX: 12313483184 NPI: 1497745061			F2F date : 07/16/2026		
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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PROCEDURES: Pressure Ulcer Education: Education on preventing pressure ulcers as well as education on dressing change of current pressure ulcer on pts back., cough/deep breathing exercises, incentive spirometer 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule				
PT Careplans PT WK1: 1 (07/20/26-07/25/26) ,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 (09/13/26-09/17/26) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing			PT Goals	

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	07/20/2026