Home Health Certification and Plan of Care

Order ID: 1195/310

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
80034705600	07/18/2026	From: 07/18/2026 To: 09/15/2026	834	239350

6. Patient's Name and Address
Russell Martin
3721 N LAKE SHORE DR,
HARBOR SPGS, MI 49740-
231-526-6168

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 03/28/1944 | **9.Sex** Male

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

ENTRESTO 24 mg-26 mg tablet Oral BID
IBUPROFEN 600 mg oral tablet Oral q6hr
Relaxium Sleep See Instructions
SPIRONOLACTONE 25 mg oral tablet Oral Daily
TORADOL 15 mg IntraMuscular ED
DORZOLAMIDE HYDROCHLORIDE 2% ophthalmic solution Eye-Both BID 1 drops

11. ICD	Principal Diagnosis	Date
S72.002A	Fracture of unsp part of neck of left femur init	07/18/26

13. ICD	Other Pertinent Diagnoses	Date
N18.32	Chronic kidney disease stage 3b	07/18/26
I50.9	Heart failure unspecified	07/18/26
I42.8	Other cardiomyopathies	07/18/26
I10.	Essential (primary) hypertension	07/18/26
R26.81	Unsteadiness on feet	07/18/26
R53.1	Weakness	07/18/26
Z95.810	Presence of automatic (implantable) cardiac defibrillator	07/18/26
S42.031A	Disp fx of lateral end of right clavicle init for clos fx	07/18/26
S22.41XA	Multiple fractures of ribs right side init for clos fx	07/18/26

14. DME and Supplies:
walker

15. Safety Measures:
fall precautions, walker precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

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

18.B. Activities Permitted
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: Good

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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
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: S72002A - Fracture of unspecified part of neck of left femur, initial encounter for closed fracture

SN Careplans
SN Services declined

SN Goals

PT Careplans
PT WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26) ,WK6: 1 (08/16/26-08/22/26) ,WK7: 1 (08/23/26-08/29/26) ,WK8: 1 (08/30/26-09/05/26) ,WK9: 1 (09/06/26-09/12/26) ,WK10: 1 (09/13/26-09/15/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: Balance training: Balance training, static and dynamic training to improve functional mobility and reduce fall risk, home exercise program, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Patient will demonstrate improved balance with Tinetti score of >=24/28

PT Goals
PATIENT-STATED GOAL: Improve mobility

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Patient will demonstrate improved balance with Tinetti score of >=24/28

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

OT Careplans
OT WK2: 1 (07/19/26-07/25/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400, Pain Interference with Therapy activities, Pain Interference with ADLs, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

OT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 07/18/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
EMILEE KENNEDY
8881 M 119
harbor springs, MI 49740
PHONE: (231) 347-5400 FAX: 12313482515 NPI: 1255665220

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.

Signature of Physician:

Date

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Optional Name/Signature of Nurse/Therapist:
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 07/18/2026

Date