Home Health Certification and Plan of Care

Order ID: 1195/320

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
X3LM64963832	05/27/2026	From: 07/26/2026 To: 09/23/2026	690	239350

6. Patient's Name and Address
THERESA HUFF
14291 TERRY RD,
JOHANNESBURG, MI 49751-
(248) 939-1272

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 12/04/1930 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	05/27/26

13. ICD	Other Pertinent Diagnoses	Date
J18.9	Pneumonia unspecified organism	05/27/26
J96.01	Acute respiratory failure with hypoxia	05/27/26
N18.31	Chronic kidney disease stage 3a	05/27/26
E11.9	Type 2 diabetes mellitus without complications	05/27/26
I10.	Essential (primary) hypertension	05/27/26
J84.9	Interstitial pulmonary disease unspecified	05/27/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/27/26
E78.5	Hyperlipidemia unspecified	05/27/26

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

Ciprofloxacin Hydrochloride - Ciprofloxacin Hydrochloride 250 MG / 1 tablet by mouth twice a day TAKE FOR 7 DAYS
Ocuvite Adult Formula Oral Capsule 1 tablet by mouth once a day
Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT 1 puff inhalant once a day
Vitamin K 2-Vitamin D 3 Oral Capsule 45-2000 MCG-UNIT 1 capsule by mouth once a day
Aspirin - Aspirin 81 mg / 1 capsule by mouth once a day
Bariatric Multivitamins Oral Tablet 1 tablet by mouth once a day
Claritin - Loratadine 10 mg / 1 tablet by mouth once a day
Cranberry-Probiotic Oral Capsule 1 capsule by mouth once a day
DuoNeb Inhalation Solution 0.5-2.5 (3) MG/3ML 3 mg / 3 ml (1 vial) inhalant three times a day
Isosorbide Mononitrate - Isosorbide Mononitrate 60 mg / 1 tablet by mouth once a day
Losartan Potassium - Losartan Potassium 100 mg / 1 tablet by mouth once a day
Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 100 MG 100 mg / 1 tablet by mouth once a day
Omeprazole - Omeprazole 10 mg / 1 capsule by mouth once a day
turmeric 100-1000 mg / 1 capsule by mouth once a day
Acetaminophen - Acetaminophen 500 mg / tablet by mouth as necessary
Take 2 tablets every 8 hours as needed (PRN) for pain

14. DME and Supplies:
walker

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

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
SYMBICORT, TOLTERODINE EXTENDED RELEASE

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Walker

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: fair

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

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

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 walker and assistance of another person in order to leave their place of residence.

Clinical Condition Requiring Homecare: Chronic obstructive pulmonary disease w (acute) exacerbation

SN Careplans

SN WK1: Weekly SN 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: 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)

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

SN Goals

PATIENT-STATED GOAL: Get stronger and decrease edema

GOALS

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
MATTHEW MAZUR
850 N OTSEGO AVE SUITE 1
GAYLORD, MI 49735-1568
PHONE: (989) 731-7870 FAX: 19897317837 NPI: 1376719781

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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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.; Decrease edema Patient to be educated and wear compression stockings daily to help decrease BLE edema Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: swelling in the arms/legs, dependent edema, muscle weakness, bruising/discoloration

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	07/23/2026