

Home Health Certification and Plan of Care							Order ID: 1195/342		
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
1012175665V161625		05/27/2026		From: 07/26/2026 To: 09/23/2026		9359		239350	
6. Patient's Name and Address WILLIAM RUCK 5215 COUNTY ROAD 612 APT 18, LEWISTON, MI 49756 (231) 631-6885					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. DOB12/20/19419.SexMale					10. Medications: Dose/Frequency/Route (N)ew (C)hanged There are no Medications for this Plan of Care				
11. ICD	Principal Diagnosis			Date	10. Medications: Dose/Frequency/Route (N)ew (C)hanged There are no Medications for this Plan of Care				
S32.010D	Wedge comprsn fx first lum vert subs for fx w routn heal			05/27/26					
13. ICD	Other Pertinent Diagnoses			Date					
S22.080D	Wedge comprsn fx T11-T12 vertebra subs for fx w routn heal			05/27/26					
G62.9	Polyneuropathy unspecified			05/27/26					
M81.0	Age-related osteoporosis w/o current pathological fracture			05/27/26					
K26.4	Chronic or unspecified duodenal ulcer with hemorrhage			05/27/26					
D51.9	Vitamin B12 deficiency anemia unspecified			05/27/26					
M17.0	Bilateral primary osteoarthritis of knee			05/27/26					
F41.9	Anxiety disorder unspecified			05/27/26					
I10.	Essential (primary) hypertension			05/27/26					
I35.0	Nonrheumatic aortic (valve) stenosis			05/27/26					
Z87.81	Personal history of (healed) traumatic fracture			05/27/26					
F10.90	Alcohol use unspecified uncomplicated			05/27/26					
M51.360	Other intvrt disc degen			05/27/26					
14. DME and Supplies: bath bench, grab bars, walker,					15. Safety Measures: fall precautions, ambulates with device, walker precautions, , bathroom safety				
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET					17. Allergies: Doxycycline, CeleBREX, Zocor				
18.A. Functional Limitations Ambulation, Endurance, Hearing					18.B. Activities Permitted Walker, Up As Tolerated				
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 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 patient fell backward at home, struck his head, and was admitted with intractable pain due to L1 vertebral fracture with chronic T12 compression fracture noted on Requiring Homecare: imaging									
SN Careplans SN WK1: 1 (07/26/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-09/05/26) ,WK7: 1 (09/06/26-09/12/26) ,WK8: 1 (09/13/26-09/19/26) ,WK9: 1 (09/20/26-09/23/26) 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: 0. No assistance needed - patient is independent or does not have needs in this area HOSPITALIZATION RISKS: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 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					SN Goals PATIENT-STATED GOAL: decrease lightheadedness and have better balance/mobility GOALS patient/caregiver recalls * how to control alcohol withdrawal symptoms * how to get support * overcome cravings * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to increase socialization * 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 * how to optimize joint mobility with active and passive range of motion exercises * fluid and diet intake to promote healing * prevent constipation * home safety * pain control * recalls related medication(s) purpose, schedule patient/caregiver recalls				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by STRICKLER, SYDNEY SN on 07/22/2026							25. Date HHA Received Signed POT		
24. Patient's Name and Address ROBYN YATES 1105 SIXTH ST TRAVERSE CITY, MI 49684-2345 PHONE: (989) 497-2500 FAX: 19893214118 NPI: 1518174101					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 : 03/13/2026				
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. PAGE 1 of 2				

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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. Advance Directive:No Advance Directive PROBLEMS IDENTIFIED ON ASSESSMENT: lightheadedness, diarrhea, limited strength, limited range of motion, limited endurance, involuntary movement of extremity, balance deficit, loss of appetite PROCEDURES: cough/deep breathing exercises, incentive spirometer, dialogue & listening: exploring life, values, fears, and hopes: Related to alcohol use. TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, 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 control alcohol withdrawal symptoms how to get support overcome cravings, related medication(s) purpose, schedule, * how to optimize joint mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety pain control, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule			* how to take the patient's blood pressure * record the reading * recalls related medication(s) purpose, schedule	

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN	07/22/2026