Home Health Certification and Plan of Care

Order ID: 1195/355

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6K59MX9DF57	07/29/2026	From: 07/29/2026 To: 09/26/2026	857	239350

6. Patient's Name and Address
James White
521 Elizabeth St,
HILLMAN, MI 49746-
989-255-6836

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 08/08/1942 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.628	Type 2 diabetes mellitus with other skin complications	07/29/26

13. ICD	Other Pertinent Diagnoses	Date
L03.115	Cellulitis of right lower limb	07/29/26
L08.9	Local infection of the skin and subcutaneous tissue unsp	07/29/26
E11.621	Type 2 diabetes mellitus with foot ulcer	07/29/26
L97.419	Non-prs chr ulcer of right heel and midfoot w unsp severt	07/29/26
I73.9	Peripheral vascular disease unspecified	07/29/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/29/26
I10.	Essential (primary) hypertension	07/29/26

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

ATENOLOL 12.5 mg oral Daily (0900)
LISINOPRIL 40 mg oral Daily (0900)
ROSUVASTATIN CALCIUM 20 mg oral Nightly
SERTRALINE 100 mg oral Nightly
ACETAMINOPHEN PRN
Norco - Acetaminophen: Hydrocodone Bitartrate 325 mg;5 mg 5mg by mouth every 6 hours
Cephalexin - Cephalexin eq 500 mg base 1 tab by mouth twice a day
Glucophage - Metformin Hydrochloride 1000mg 1 tab by mouth twice a day
Jardiance - Empagliflozin 10mg 1 tab by mouth once a day
B12 - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 500mcg 1 tab by mouth twice a day
Januvia - Sitagliptin Phosphate eq 100 mg base 1 tab by mouth once a day

14. DME and Supplies:
wheelchair, rolling walker, wound care supplies

15. Safety Measures:
diabetic precautions, fall precautions, ambulates with device, non-weight bearing RLE, standard precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
Penicillins - Swelling, Propoxyphene Napsylate

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Walker, Independent at Home, Wheelchair, NON WEIGHT BEARING LEFT FOOT/LEG

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: 4. Always, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., 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

Homebound status: Based on the above findings, I certify that this patient is confined to the home and needs intermittent skilled nursing care, physical therapy and/or speech therapy.

Clinical Condition Requiring Homecare: Diabetic foot infection (CMS/HCC)

SN Careplans

SN WK1: 1 (07/29/26-08/01/26)

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: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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: D0160 - Depression, D0700 - Social Isolation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, constipation, limited endurance, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, loss of appetite, open sores/lesions, #1 -

SN Goals

PATIENT-STATED GOAL: Heal wound RLE

GOALS

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by ABRAHAM, ALEXIS SN RN on 07/29/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
WAYNE MCEWEN
11899 M 32
ATLANTA, MI 49709-9374
PHONE: (989) 785-4855 FAX: 19893184606 NPI: 1437101680

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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Diabetic Ulcer - Posterior Right Heel - wound vac present. unable to visualize wound. no current wound care orders. sees doc friday, #2 - Diabetic Ulcer - Anterior Right Foot - right great toe diabetic foot ulcer. covered with gauze and bandage. no drainage noted. no current wound care orders.

PROCEDURES: physician-ordered wound care: #2 - Diabetic Ulcer - Anterior Right Foot - right great toe diabetic foot ulcer. covered with gauze and bandage. no drainage noted. no current wound care orders., physician-ordered wound care: #1 - Diabetic Ulcer - Posterior Right Heel - wound vac present. unable to visualize wound. no current wound care orders. sees doc friday, cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care, wound vacuum, glucose testing via monitor, coordinate/arrange long-term socialization activities

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, 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	07/29/2026