Home Health Certification and Plan of Care

Order ID: 1195/346

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2D71VY0TF39	07/24/2026	From: 07/24/2026 To: 09/21/2026	848	239350

6. Patient's Name and Address

Beverly fisher
9099 HUTCHINSON HWY,
ONAWAY, MI 497659556-
(585) 306-4238

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 12/12/1956 | 9.Sex Female

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

AMLODIPINE 5 mg Oral Daily
WARFARIN 2 mg Oral Daily
ZOSYN 3375mg IVP q8H continue
ZOFRAN 4mg IVP q6HPRN continue
NORCO 5-325mg x1-2 tab po q4HPRN continue
MORPHINE 4mg IVP q2HPRN continue

11. ICD	Principal Diagnosis	Date
Z48.815	Encntr for surgical aftcr following surgery on the dgstv sys	07/24/26

13. ICD	Other Pertinent Diagnoses	Date
K94.19	Other complications of enterostomy	07/24/26
K43.5	Parastomal hernia without obstruction or gangrene	07/24/26
I10.	Essential (primary) hypertension	07/24/26
I48.0	Paroxysmal atrial fibrillation	07/24/26

14. DME and Supplies:

15. Safety Measures:

walker precautions

16. Nutrition:

TPN

17. Allergies:

no known allergies

18.A. Functional Limitations

18.B. Activities Permitted

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: 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: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: Z48815 - Encounter for surgical aftercare following surgery on the digestive system

SN Careplans

SN WK1: 1 (07/24/26-07/25/26) ,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 (09/13/26-09/19/26) ,WK10: 1 (09/20/26-09/21/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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 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:Full code

SN Goals

PATIENT-STATED GOAL: Get better;Keep up nutrition

GOALS
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
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient has adequate floor/roof/windows

patient living environment has safe floor coverings

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 07/24/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

JENNA COTTRELL
21258 M 68 W CHISHOLM HWY
ONAWAY, MI 49765-9663
PHONE: (989) 742-4583 FAX: 19893184606 NPI: 1003698408

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 : 07/21/2026

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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PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, inadequate floor/roof/windows (CM), unsafe floor coverings (CM), M1400 - Dyspnea, B1000 - Vision Deficit

PROCEDURES: PICC line management : PICC dressing change Q7 days and monitor for s/sx of infection. Flush with NS daily, cough/deep breathing exercises: Nurse to monitor TPN use and Patient/Caregiver's understanding, incentive spirometer, administer TPN: Nurse to monitor TPN use and Patient/Caregiver's understanding, apply collection/fistula pouch, ostomy care & irrigation, coordinate/arrange repair of inadequate floor/roof/windows, coordinate/arrange repair of unsafe floor coverings, coordinate/arrange resources for vision-impaired

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 keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient has adequate floor/roof/windows, patient living environment has safe floor coverings

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	07/24/2026