Home Health Certification and Plan of Care

Order ID: 1195/345

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3JC5RV5GK88	07/24/2026	From: 07/24/2026 To: 09/21/2026	845	239350

6. Patient's Name and Address
William Herbert
3640 LONG RAPIDS RD,
ALPENA, MI 49707-7916
989-354-5655

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 05/21/1949 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
D59.6	Hemoglobinuria due to hemolysis from other external causes	07/24/26

13. ICD	Other Pertinent Diagnoses	Date
I63.9	Cerebral infarction unspecified	07/24/26
Z79.899	Other long term (current) drug therapy	07/24/26
E66.9	Obesity unspecified	07/24/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	07/24/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/24/26
E16.2	Hypoglycemia unspecified	07/24/26
I10.	Essential (primary) hypertension	07/24/26
E78.5	Hyperlipidemia unspecified	07/24/26
D69.6	Thrombocytopenia unspecified	07/24/26
D64.9	Anemia unspecified	07/24/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	07/24/26
R32.	Unspecified urinary incontinence	07/24/26
R47.81	Slurred speech	07/24/26
Z47.89	Encounter for other orthopedic aftercare	07/24/26
G73.1	Lambert-Eaton syndrome in neoplastic disease	07/24/26
M48.02	Spinal stenosis cervical region	07/24/26

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

TYLENOL 650 mg oral q6h PRN
ZYLOPRIM 300 mg oral Daily (0900)
MAALOX 40 MG mL oral q4h PRN
ASPIRIN 81 mg oral Daily (0900)
LIPITOR 10 mg oral Nightly
DULCOLAX 10 mg rectal Daily PRN
COLACE 100 mg oral BID
ZESTRIL 10 mg oral Daily (0900)
ZESTORETIC oral Daily (0900) [Held by provider]
MAGNESIUM 400 MG mL oral Daily PRN
MELATONIN 6 mg oral Nightly PRN
PROTONIX 20 mg oral Daily AC
MIRALAX 17 g oral Daily PRN
MESTINON 60 mg oral TID
semaglutide (weight loss) (Wegovy) injection 2.4 mg subcutaneous Weekly START ON 7/23/2026
ACETAZOLAMIDE SODIUM 10 mL intravenous PRN
FLOMAX 0.4 mg oral Nightly
DETROL 4 mg oral Daily (0900)

14. DME and Supplies:
4 wheeled walker, walker

15. Safety Measures:
fall precautions, walker precautions

16. Nutrition:
regular, cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Speech, Ambulation

18.B. Activities Permitted
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: 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
family/caregiver 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: I639 - Cerebral infarction, unspecified (Acute CVA)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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

SN Goals

PATIENT-STATED GOAL: work on strength and speech

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 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
* 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

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
BRANDON WHITSCELL
1185 U.S. 23 N
ALPENA, MI 49707-0857
PHONE: (989) 356-4049 FAX: 19893583712 NPI: 1932304862

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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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.; Strengthen
Educate on ambulation and fall risk
Advance Directive:full code

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, frequent urination, increased urine output, muscle weakness, Pain Interference with ADLs, impaired speech, B1000 - Vision Deficit, bruising/discoloration

PROCEDURES: Speech: speech to eval and treat, Blood pressure : blood pressure education and monitoring, cough/deep breathing exercises, incentive spirometer, physician-ordered wound care, wound vacuum, bladder training, 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 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, * 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

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