Home Health Certification and Plan of Care

Order ID: 1195/387

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
121890946	07/23/2026	From: 07/23/2026 To: 09/20/2026	850	239350

6. Patient's Name and Address
Sue Braley
3150 GALLOWAY RD PO BOX 139,
LUZERNE, MI 486360139-
(989) 889-4205

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 10/23/1962 | 9.Sex Female

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
There are no Medications for this Plan of Care

11. ICD	Principal Diagnosis	Date
Z48.811	Encntr for surgical aftcr fol surgery on the nervous sys	07/23/26

13. ICD	Other Pertinent Diagnoses	Date
G82.20	Paraplegia unspecified	07/23/26
I26.93	Single subsegmental pulmon emblsm w/o acute cor pulmonale	07/23/26
I48.92	Unspecified atrial flutter	07/23/26
G40.909	Epilepsy unsp not intractable without status epilepticus	07/23/26
N31.9	Neuromuscular dysfunction of bladder unspecified	07/23/26
J44.89	Other specified chronic obstructive pulmonary disease	07/23/26
I10.	Essential (primary) hypertension	07/23/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/23/26

14. DME and Supplies:
hoyer lift, wheelchair, hand held shower, bath bench, hospital bed, nebulizer

15. Safety Measures:
no bending, medication safety, O2 precautions, seizure precautions, standard precautions, fall precautions, bleeding precautions, transfer with assist, wheelchair precautions, bathroom safety, anticoagulant precautions, lifting restriction of 8lbs

16. Nutrition:
Regular

17. Allergies:
brivaracetam, Pentasa, Trileptal, valproic acid, azithromycin, Bee Stings, beta Ac phenylacetate, TEGretol, Topamax, Trintellix, Vimpat, Yellow Dye, Zonegran, be

18.A. Functional Limitations
Bowel/Bladder Incontinence, Paralysis, Ambulation

18.B. Activities Permitted
Exercises Prescribed, Wheelchair, Transfer bed/Chair

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: Fair

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

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

Homebound status: Symptoms identified support difficulty to leave home for medical services required

Clinical Condition Requiring Homecare: Symptoms identified support difficulty to leave home for medical services required.. post-op care

SN Careplans

SN WK1: 1 (07/23/26-07/29/26)

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), 2. Unintentional weight loss of a total of 10 pounds or more 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.;

SN Goals

PATIENT-STATED GOAL: regain mobility and strength

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
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
DAVID HUNTER
1910 EAST MILLER ROAD
FAIRVIEW, MI 48621
PHONE: (989) 848-5644 FAX: 19893184606 NPI: 1447276167

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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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: A1250 - Lack of Necessary Transportation, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, M1620 - Bowel Incontinence, M1610 - Urinary Incontinence, muscle weakness, limited range of motion, poor muscle tone, limited strength, muscle spasms, limited endurance, Pain Interference with ADLs, seizures, involuntary movement of extremity, extremity burn/tingle/numb, Pain Interference with Therapy activities, Pain Effect on Sleep

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, bladder training, coordinate/arrange transportation services

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, * strategies to increase caloric intake, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence

* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

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

patient's transportation needs are met

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN	07/23/2026