

Medical Update for Josephine Kemp DOB: 01/03/1940

Date Order Created: 08/04/2026

Order ID: 1195/461

Agency Assigned Id: 815

Certification Period: 07/15/2026 to 09/12/2026

Evergreen Home Health 239350
403 W Main Street Suite A1
Gaylord, MI 49735-1887
PHONE 989-214-1114 FAX

Orders:

07/29/2026 procedure: home exercise program, Notes: , gait training/stair training, Notes: , transfers training, Notes: ,

07/29/2026 goal: 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, Target Date: 09/12/2026, Sit to Stand - 06.

Independent, Target Date: 09/12/2026, Chair to Bed to Chair - 06. Independent, Target Date:

09/12/2026: DISCONTINUED, Toilet Transfer - 06. Independent, Target Date: 09/12/2026:

DISCONTINUED, Car Transfer - 06. Independent, Target Date: 09/12/2026, Walk 10 Feet - 04.

Supervision or touching assistance, Target Date: 09/12/2026: DISCONTINUED, Walk 50 ft with 2

Turns - 04. Supervision or touching assistance, Target Date: 09/12/2026: DISCONTINUED, Walk 150

Feet - 04. Supervision or touching assistance, Target Date: 09/12/2026: DISCONTINUED, 1 - Step

(curb) - 04. Supervision or touching assistance, Target Date: 09/12/2026: DISCONTINUED, 4 Steps -

04. Supervision or touching assistance, Target Date: 09/12/2026: DISCONTINUED, 12 Steps - 04.

Supervision or touching assistance, Target Date: 09/12/2026, Picking Up Object - 04. Supervision or

touching assistance, Target Date: 09/12/2026: DISCONTINUED, Walk 10 ft on Uneven Surface - 04.

Supervision or touching assistance, Target Date: 09/12/2026: DISCONTINUED,

LACEY KANE
825 N. CENTER AVE

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Tele:(989) 731-7870 FAX: 19897317721

Physician Signature _____ Date _____

Staff Signature: Electronically Signed by LUBELAN, SAMANTHA Date 08/04/2026