

Medical Update for Gerald Johnston DOB: 11/24/1942

Date Order Created: 08/04/2026

Order ID: 1195/464

Agency Assigned Id: 820

Certification Period: 07/16/2026 to 09/13/2026

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

Orders:

07/31/2026 procedure: home exercise program, Notes: , equipment training, Notes: , work simplification/energy conservation, Notes: , gait training on uneven surfaces, Notes: , gait training/stair training, Notes: , transfers training, Notes: ,

07/31/2026 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: 09/13/2026, Walk 10 Feet - 05. Setup or clean-up assistance, Target Date: 09/13/2026: DISCONTINUED, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Target Date: 09/13/2026: DISCONTINUED, Walk 150 Feet - 05. Setup or clean-up assistance, Target Date: 09/13/2026: DISCONTINUED, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, Target Date: 09/13/2026: DISCONTINUED, 1 - Step (curb) - 05. Setup or clean-up assistance, Target Date: 09/13/2026: DISCONTINUED, 4 Steps - 05. Setup or clean-up assistance, Target Date: 09/13/2026: DISCONTINUED, 12 Steps - 05. Setup or clean-up assistance, Target Date: 09/13/2026, Picking Up Object - 05. Setup or clean-up assistance, Target Date: 09/13/2026: DISCONTINUED, Don/Doff Footwear - 05. Setup or clean-up assistance, Target Date: 09/13/2026: DISCONTINUED,

TIMOTHY ISMOND
560 W MITCHELL ST SUITE 300

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Physician Signature _____ Date _____

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