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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--|
| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                       |                                                                                                                                                                                                                                                                                                                                   | Order ID: 1195/402               |  |
| 1. Patient s HI claim No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           | 2. Start Of Care Date |                                                                                                                                                                                                                                                                                                                                   | 3. Certification Period          |  |
| x3lm68330453                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           | 08/03/2026            |                                                                                                                                                                                                                                                                                                                                   | From: 08/03/2026 To: 10/01/2026  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           | 4. Medical Record No. |                                                                                                                                                                                                                                                                                                                                   | 5. Provider No.                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           | 868                   |                                                                                                                                                                                                                                                                                                                                   | 239350                           |  |
| 6. Patient's Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                       | 7. Provider's Name, Address and Telephone Number                                                                                                                                                                                                                                                                                  |                                  |  |
| Mary Krenz<br>2955 Midland Rd,<br>Saginaw, MI 48603-<br>(989) 792-0227                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |                       | Evergreen Home Health<br>403 W Main Street Suite A1<br>Gaylord, MI 49735-1887<br>989-214-1114<br>1184225021                                                                                                                                                                                                                       |                                  |  |
| 8. DOB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |                       | 9. Sex                                                                                                                                                                                                                                                                                                                            |                                  |  |
| 06/16/1933                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                       | Female                                                                                                                                                                                                                                                                                                                            |                                  |  |
| 11. ICD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Principal Diagnosis                                       |                       | Date                                                                                                                                                                                                                                                                                                                              |                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                       | -                                                                                                                                                                                                                                                                                                                                 |                                  |  |
| 13. ICD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Other Pertinent Diagnoses                                 |                       | Date                                                                                                                                                                                                                                                                                                                              |                                  |  |
| Z47.89                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Encounter for other orthopedic aftercare                  |                       | -                                                                                                                                                                                                                                                                                                                                 |                                  |  |
| Z47.81                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Encounter for orthopedic aftercare following surgical amp |                       | -                                                                                                                                                                                                                                                                                                                                 |                                  |  |
| M62.81                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Muscle weakness (generalized)                             |                       | -                                                                                                                                                                                                                                                                                                                                 |                                  |  |
| F32.A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Depression unspecified                                    |                       | -                                                                                                                                                                                                                                                                                                                                 |                                  |  |
| I10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Essential (primary) hypertension                          |                       | -                                                                                                                                                                                                                                                                                                                                 |                                  |  |
| R26.9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Unspecified abnormalities of gait and mobility            |                       | -                                                                                                                                                                                                                                                                                                                                 |                                  |  |
| Z20.822                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Contact with and (suspected) exposure to COVID-19         |                       | -                                                                                                                                                                                                                                                                                                                                 |                                  |  |
| 14. DME and Supplies:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           |                       | 15. Safety Measures:                                                                                                                                                                                                                                                                                                              |                                  |  |
| bath bench, 4 wheeled walker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |                       | bathroom safety, medication safety, fall precautions, hip precautions, walker precautions, ambulates with device                                                                                                                                                                                                                  |                                  |  |
| 16. Nutrition:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                           |                       | 17. Allergies:                                                                                                                                                                                                                                                                                                                    |                                  |  |
| regular                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           |                       | no known allergies                                                                                                                                                                                                                                                                                                                |                                  |  |
| 18.A. Functional Limitations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |                       | 18.B. Activities Permitted                                                                                                                                                                                                                                                                                                        |                                  |  |
| Endurance, Bowel/Bladder Incontinence, Hearing, Ambulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                       | Up As Tolerated, Walker, ,                                                                                                                                                                                                                                                                                                        |                                  |  |
| 19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 2. On awakening or at night only, SOCIAL ISOLATION: 4. Always, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |                       |                                                                                                                                                                                                                                                                                                                                   |                                  |  |
| 20. Prognosis: fair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           |                       |                                                                                                                                                                                                                                                                                                                                   |                                  |  |
| 22. A Rehabilitation Potential:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                       | 22.B.Discharge Plans                                                                                                                                                                                                                                                                                                              |                                  |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                       | family/caregiver will be responsible for managing treatment                                                                                                                                                                                                                                                                       |                                  |  |
| Homebound status:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                           |                       |                                                                                                                                                                                                                                                                                                                                   |                                  |  |
| Clinical Condition - Referral is for discharge home with skilled nursing, physical therapy, and occupational therapy after skilled rehabilitation for a left hip fracture treated with open Requiring Homecare: reduction internal fixation. [Source: Medication Review Report discharge order; H&P; OT/PT treatment notes] - The patient was hospitalized after a fall at home and underwent left hip ORIF for a displaced subtrochanteric fracture of the left femur. She was subsequently admitted to MediLodge of Gaylord for therapy. Notes document generalized weakness, gait and mobility impairment, fall risk, need for assistance with transfers and toileting, and continued rehabilitation. Pain was reported as controlled, with intermittent nausea treated with ondansetron. [Source: 06/15/2026 H&P; 07/26/2026 PT note; 07/27/2026 OT note]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                       |                                                                                                                                                                                                                                                                                                                                   |                                  |  |
| SN Careplans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |                       | SN Goals                                                                                                                                                                                                                                                                                                                          |                                  |  |
| SN WK1: 1 (08/03/26-08/08/26)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                       | PATIENT-STATED GOAL: Pt states decreased pain level and increased mobility                                                                                                                                                                                                                                                        |                                  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           |                       | GOALS                                                                                                                                                                                                                                                                                                                             |                                  |  |
| CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           |                       | patient/caregiver recalls                                                                                                                                                                                                                                                                                                         |                                  |  |
| HOSPITALIZATION RISKS: 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                           |                       | * depression-prevention strategies including avoidance of isolation                                                                                                                                                                                                                                                               |                                  |  |
| 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.; |                                                           |                       | * healthy eating                                                                                                                                                                                                                                                                                                                  |                                  |  |
| Home Health Clinician to assess, review, and reinforce patient/caregiver emergency preparedness plan throughout the home health episode, recertifications and resumptions of care.;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           |                       | * sleeping habits                                                                                                                                                                                                                                                                                                                 |                                  |  |
| Home Health Clinician to assess patient advance directive status and provide education regarding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                       | * identification of activities that bring pleasure                                                                                                                                                                                                                                                                                |                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                       | * preventive care                                                                                                                                                                                                                                                                                                                 |                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                       | * recalls related medication(s) purpose, schedule                                                                                                                                                                                                                                                                                 |                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                       | 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                                                                                                                                                                                                                                                                                                         |                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                       | * urinary incontinence management including bladder training                                                                                                                                                                                                                                                                      |                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                       | * Kegel exercises                                                                                                                                                                                                                                                                                                                 |                                  |  |
| 23. Signature and Date of Verbal SOC Where Applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |                       |                                                                                                                                                                                                                                                                                                                                   | 25. Date HHA Received Signed POT |  |
| Electronically Signed by ABRAHAM, ALEXIS SN RN on 08/03/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |                       |                                                                                                                                                                                                                                                                                                                                   |                                  |  |
| 24. Physician's Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                       | 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. |                                  |  |
| DAVID DARGIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |                       | F2F date :                                                                                                                                                                                                                                                                                                                        |                                  |  |
| 109 S 13 HARRINGTON ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |                       |                                                                                                                                                                                                                                                                                                                                   |                                  |  |
| ALPENA, MI 49707-1609                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           |                       |                                                                                                                                                                                                                                                                                                                                   |                                  |  |
| PHONE: (989) 356-2400 FAX: 19893542606 NPI: 1457490609                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |                       |                                                                                                                                                                                                                                                                                                                                   |                                  |  |
| 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.                                                                                                                            |                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                       | PAGE 1 of 2                                                                                                                                                                                                                                                                                                                       |                                  |  |

| Home Health Certification and Plan of Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | Order ID: 1195/402 |
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| 1. Patient s HI claim No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. Start Of Care Date | 3. Certification Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4. Medical Record No. | 5. Provider No.    |
| x3lm68330453                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 08/03/2026            | From: 08/03/2026 To: 10/01/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 868                   | 239350             |
| 6. Patient's Name and Address<br>Mary Krenz<br>2955 Midland Rd,<br>Saginaw, MI 48603-<br>(989) 792-0227                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       | 7. Provider's Name, Address and Telephone Number<br>Evergreen Home Health<br>403 W Main Street Suite A1<br>Gaylord, MI 49735-1887<br>989-214-1114<br>1184225021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                    |
| <p>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.<br/>Advance Directive:Daughter Laura DPOA</p> <p>PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, D0700 - Social Isolation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, M1610 - Urinary Incontinence, swelling of affected area, muscle weakness, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit, bruising/discoloration</p> <p>PROCEDURES: bladder training, coordinate/arrange long-term socialization activities</p> <p>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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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, * strategies to increase socialization, related medication(s) purpose, schedule</p> |                       | <p>* skin care<br/>* recalls related medication(s) purpose, schedule</p> <p>patient/caregiver recalls<br/>* strategies to minimize fatigue and exhaustion including work simplification<br/>* energy conservation<br/>* lifestyle changes<br/>* diet<br/>* recalls related medication(s) purpose, schedule</p> <p>patient/caregiver recalls<br/>* how to keep home safe for patient with vision loss including eliminating hazards<br/>* enhancing lighting<br/>* using mechanical aids</p> <p>patient self-administers medications as prescribed<br/>* recalls related medication(s) purpose, schedule</p> <p>patient/caregiver recalls<br/>* strategies to increase socialization<br/>* recalls related medication(s) purpose, schedule</p> |                       |                    |

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|------------------------------------------------|-------------|
| Signature of Physician:                        | Date        |
|                                                | PAGE 2 of 2 |
| Optional Name/Signature of Nurse/Therapist:    | Date        |
| Electronically Signed by ABRAHAM, ALEXIS SN RN | 08/03/2026  |