Home Health Certification and Plan of Care

Order ID: 1195/411

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
80020463100	06/01/2026	From: 07/31/2026 To: 09/28/2026	682	239350

6. Patient's Name and Address
JANIE LLOYD
628 S RIPLEY BLVD TRLR D8,
ALPENA, MI 49707-
(989) 278-6372

7. Provider's Name, Address and Telephone Number
Evergreen Home Health
403 W Main Street Suite A1
Gaylord, MI 49735-1887
989-214-1114
1184225021

8. DOB 11/11/1962 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I63.9	Cerebral infarction unspecified	06/01/26

13. ICD	Other Pertinent Diagnoses	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	06/01/26
I25.5	Ischemic cardiomyopathy	06/01/26
I50.22	Chronic systolic (congestive) heart failure	06/01/26
Z95.811	Presence of heart assist device	06/01/26
I48.91	Unspecified atrial fibrillation	06/01/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	06/01/26
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	06/01/26
J44.9	Chronic obstructive pulmonary disease unspecified	06/01/26

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

Enoxaparin Sodium - Enoxaparin Sodium 80 MG/0.8ML subcutaneous every 12 hours
Cholecalciferol 25 MCG (1000 UT) - 1 capsule by mouth once a day
CVS Diclofenac Sodium External Gel 1 % 2 g aa by mouth four times a day
Gabapentin - Gabapentin 100 mg 5 tablets by mouth in the morning 2 tabs and 3 tabs at bedtime
GNP Magnesium Oxide 400mg - 1 tablet by mouth twice a day Before meals
Insulin Glargine Subcutaneous Solution 100 unit/ml - 4 units subcutaneous in the morning
Insulin Lispro Injection Solution 100 unit/ml - 4 units subcutaneous three times a day with food
inpatient correction scale also listed as 1-12 units Subcutaneous (SubQ/SC) four times daily before meals and at bedtime.
Lidocaine - Lidocaine 5 perc 140 mg - 1 patch transdermal once a day for up to 12 h per 24 h
Renal Caps - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day
Sertraline Hcl - Sertraline Hydrochloride 100 mg - 1.5 tablets by mouth once a day
Spironolactone - Spironolactone 50 mg 1 tablet by mouth in the morning
Tirzepatide Subcutaneous Solution Auto-injector 10 mg/0.5 ml subcutaneous once a week
Torsemide - Torsemide 20 mg 1 tablet by mouth as necessary once a day as needed for symptoms of heart failure
Metformin Hcl - Metformin Hydrochloride 1000 mg / 1 tablet by mouth twice a day before meals
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 mg 1 tablet by mouth as necessary every 6 hours as needed for itch/allergies
Empagliflozin 25 mg / 1 tablet by mouth in the morning
Melatonin - Melatonin 3 mg / 1 tablet by mouth as necessary at bedtime as needed for sleep
CVS Glucose Oral Gel 40 % 15 g by mouth as necessary as needed for low blood sugar
Carvedilol - Carvedilol 6.25 mg 1 tablet by mouth twice a day in the morning and in the evening
Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 tablet by mouth once a day
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 500 mg / 1 capsule by mouth twice a day
Acetaminophen - Acetaminophen 325 mg/ 1 tablet by mouth as necessary 1-2 tablet every 4-6 hours as needed for pain
Furosemide - Furosemide 40 mg 1 tablet by mouth as necessary once a day as needed for weight gain
Warfarin Sodium - Warfarin Sodium 4 mg / 1 tablet by mouth at bedtime
Valsartan - Valsartan 40 mg / 1 tablet by mouth twice a day
Trazodone Hydrochloride - Trazodone Hydrochloride 100 mg 100 mg / 1 tablet by mouth as necessary at bedtime as needed for sleep
Nitroglycerine - Nitroglycerin 0.4 mg / 1 tablet sublingual as necessary
Frequency not available, used as necessary as default.

14. DME and Supplies:
walker

15. Safety Measures:
bleeding precautions, anticoagulant precautions,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
Ace inhibitors, Bismuth subsalicylate, Fentanyl

18.A. Functional Limitations
Paralysis, Ambulation, Endurance, Hearing, Dyspnea With Minimal Exertion

18.B. Activities Permitted
Walker

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: SOB on exertion, Leaving home requires a considerable and taxing effort

Clinical Condition Requiring Homecare: CVA

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 07/29/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
SARAH STEVENS
1185 US HIGHWAY 23 N
ALPENA, MI 49707-8018
PHONE: (989) 356-4049 FAX: 19893583711 NPI: 1316193816

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.
F2F date :

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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SN Careplans

SN WK1: 1 (07/31/26-08/01/26) ,WK3: 1 (08/09/26-08/15/26) ,WK5: 1 (08/23/26-08/29/26) ,WK7: 1 (09/06/26-09/12/26) ,WK9: 1 (09/20/26-09/26/26) ,WK10: 1 (09/27/26-09/28/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 94 > 101.0, heart rate < 50 > 100, respiratory rate < 12 > 20, blood pressure systolic < 90 > 150, blood pressure diastolic < 60 > 100, O2 saturation < 90 > 100, pain < 0 > 7

CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications

STANDING ORDERS: Home Health Clinician to provide ongoing patient and caregiver education regarding prevention of skin breakdown and pressure injuries during the home health episode as clinically indicated.; Home Health Clinician to assess fall risk and provide ongoing patient and caregiver education regarding fall prevention and home safety measures throughout the home health episode as clinically indicated.; Home Health Clinician to assess, monitor, educate, and implement non-pharmacological pain management interventions as clinically indicated throughout the home health episode. Notify physician/authorized provider of uncontrolled pain, significant changes in pain status, or adverse medication effects.; Home Health Clinician to assess, monitor, and provide patient/caregiver education regarding mood status, signs and symptoms of depression, and coping strategies throughout the home health episode. Notify physician/authorized provider of significant mood changes, safety concerns, or worsening depressive symptoms.; Home Health Clinician to implement standard and transmission-based infection control precautions as indicated and provide ongoing patient/caregiver education regarding infection prevention throughout the home health episode. Notify physician/authorized provider of suspected or confirmed infection or clinical deterioration.; Home Health Clinician to assess, review, and reinforce patient/caregiver emergency preparedness plan throughout the home health episode, recertifications and resumptions of care.; Home Health Clinician to assess patient advance directive status and provide education regarding advance care planning throughout the home health episode. Assist with identification, completion, or updating of advance directive documents as appropriate and within scope of practice.; SN frequency SN to eval vitals and assessment twice in a 30 day period
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: painful urination, muscle weakness

PROCEDURES: Monitoring BP : obtain BP via doppler, cough/deep breathing exercises, incentive spirometer, glucose testing via monitor

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 keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids

SN Goals

PATIENT-STATED GOAL: Get stronger

GOALS
patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	07/29/2026