Home Health Certification and Plan of Care

Order ID: 1195/407

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1XT2F50QG90	07/31/2026	From: 07/31/2026 To: 09/28/2026	861	239350

6. Patient's Name and Address

Marie Leavesley
1116 Birch Rd,
ALPENA, MI 49707-
989-356-2787

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 05/11/1954 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
E78.49	Other hyperlipidemia	07/31/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	07/31/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/31/26
K58.2	Mixed irritable bowel syndrome	07/31/26
M81.0	Age-related osteoporosis w/o current pathological fracture	07/31/26
F17.200	Nicotine dependence unspecified uncomplicated	07/31/26
Z86.0101	Personal history of adeno	07/31/26
Z12.11	Encounter for screening for malignant neoplasm of colon	07/31/26
Z86.0100	Personal history of colonic polyps	07/31/26
E87.1	Hypo-osmolality and hyponatremia	07/31/26
S22.41XA	Multiple fractures of ribs right side init for clos fx	07/31/26
R13.19	Other dysphagia	07/31/26
R10.11	Right upper quadrant pain	07/31/26
J96.01	Acute respiratory failure with hypoxia	07/31/26
R91.1	Solitary pulmonary nodule	07/31/26
J44.9	Chronic obstructive pulmonary disease unspecified	07/31/26
C34.92	Malignant neoplasm of unsp part of left bronchus or lung	07/31/26
S72.8X2A	Oth fracture of left femur init encntr for closed fracture	07/31/26
S72.002A	Fracture of unsp part of neck of left femur init	07/31/26
S72.045A	Nondisp fx of base of neck of left femur init for clos fx	07/31/26
S72.002S	Fracture of unspecified part of neck of left femur sequela	07/31/26
D64.9	Anemia unspecified	07/31/26
G47.34	Idio sleep related nonobstructive alveolar hypoventilation	07/31/26
E46.	Unspecified protein-calorie malnutrition	07/31/26
K44.9	Diaphragmatic hernia without obstruction or gangrene	07/31/26
J90.	Pleural effusion not elsewhere classified	07/31/26
R09.02	Hypoxemia	07/31/26

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

ALBUTEROL 2 puffs every 4 (four) hours as needed for wheezing or shortness of breath.
NORVASC 5 MG TABLET BY MOUTH EVERY DAY
ASPIRIN 81 MG mg by mouth daily
VITAMIN 1 capsule by mouth daily
ZESTRIL 40 MG tablet (40 mg total) by mouth daily
NICOTINE 7 MG patch on the skin daily Patient not taking; Reported on 5/14/2026
Trelegy Ellipta 100-62.5-25 mcg blister with device inhaler 1 Puff(s) By Mouth Daily
UNABLE TO FIND Probiotic Patient not taking; Reported on 5/14/2026

14. DME and Supplies:

walker

15. Safety Measures:

O2 precautions, fall precautions, , walker precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

Dilaudid [Hydromorphone]

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Up As Tolerated, Walker,

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: good

22. A Rehabilitation Potential:

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.

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: High fall risk due to gait instability and muscle weakness

Clinical Condition Requiring Homecare: Closed left hip fracture, sequela (S72.002S); Acute respiratory failure with hypoxia (CMS/HCC) (J96.01); Other fracture of left femur, initial encounter for closed fracture (S72.8X2A); Hypoxia (R09.02)

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 07/31/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

KATHLEEN PAWLANTA
829 N CENTER AVE SUITE 210
GAYLORD, MI 49735-1595
PHONE: (989) 731-7860 FAX: 19897317833 NPI: 1225055833

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

F2F date : 07/26/2026

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

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

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SN WK1: 1 (07/31/26-08/01/26) then weekly after

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

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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.
Advance Directive:full code

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, muscle weakness, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, B1000 - Vision Deficit

PROCEDURES: Showering : Assist Patient with shower during nursing visit until patient feels safe, cough/deep breathing exercises, incentive spirometer, swallowing exercises, monitor intake & output, coordinate/arrange resources for vision-impaired

TEACH PATIENT/CAREGIVER: * 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

PATIENT-STATED GOAL: Get stronger and not have to wear O2 all day

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

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	07/31/2026