

Home Health Certification and Plan of Care				Order ID: 1195/485	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
5YP3G23DT04		07/27/2026		From: 07/27/2026 To: 09/24/2026	
				4. Medical Record No.	
				856	
				5. Provider No.	
				239350	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Robert Fosdick				Evergreen Home Health	
1424 Washington St,				403 W Main Street Suite A1	
GAYLORD, MI 49735-				Gaylord, MI 49735-1887	
(989)370-3406				989-214-1114	
				1184225021	
8. DOB				9. Sex	
06/16/1933				Male	
11. ICD		Principal Diagnosis		Date	
I48.91		Unspecified atrial fibrillation		07/27/26	
13. ICD		Other Pertinent Diagnoses		Date	
M25.50		Pain in unspecified joint		07/27/26	
M54.50		Low back pain unspecified		07/27/26	
R26.2		Difficulty in walking not elsewhere classified		07/27/26	
R53.1		Weakness		07/27/26	
K21.9		Gastro-esophageal reflux disease without esophagitis		07/27/26	
E03.9		Hypothyroidism unspecified		07/27/26	
E78.5		Hyperlipidemia unspecified		07/27/26	
14. DME and Supplies:				15. Safety Measures:	
bath bench, grab bars, walker				fall precautions, walker precautions, activity supervision	
16. Nutrition:				17. Allergies:	
regular				No Known Medication Allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation				Up As Tolerated, Exercises Prescribed	
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:				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.				patient will be responsible for managing treatment	
Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home					
Clinical Condition Requiring Homecare: Patient presenting for medication review. Back is causing pain when walking and standing but is ok when sitting or laying down.					
SN Careplans				SN Goals	
PT Careplans				PT Goals	
PT WK1: 1 (07/27/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-09/05/26) ,WK7: 1 (09/06/26-09/12/26) ,WK8: 1 (09/13/26-09/19/26) ,WK9: 1 (09/20/26-09/24/26)				PATIENT-STATED GOAL: Improve transfers and mobility/strength	
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				Toilet Transfer - 06. Independent	
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				patient/caregiver recalls	
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				* 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	
				* 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 self-administers medications as prescribed	
				* recalls related medication(s) purpose, schedule	
				Sit to Stand - 06. Independent	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by HILL, KAITLIN PT PT on 07/27/2026					
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.	
GRETCHEN BURRUS				F2F date : 06/22/2026	
1320 M-32					
EAST GAYLORD, MI 49735					
PHONE: (989) 731-5092 FAX: 19897058323 NPI: 1376057976					
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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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:Durable power of attorney for health care/Medical power of attorney PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M2020 - Oral Med Management, M1400 - Dyspnea, swelling in the arms/legs, muscle spasms, limited endurance, muscle weakness, limited range of motion, limited strength, balance deficit, Pain Interference with ADLs, Pain Effect on Sleep PROCEDURES: home exercise program, equipment training, work simplification/energy conservation, gait training/stair training, transfers training 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Don/Doff Footwear - 03. Partial/moderate assistance			Car Transfer - 06. Independent Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance 1 - Step (curb) - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Don/Doff Footwear - 03. Partial/moderate assistance	

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by HILL, KAITLIN PT PT	07/27/2026