

Home Health Certification and Plan of Care				Order ID: 1195/637	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
101379377300		07/15/2026		From: 07/15/2026 To: 09/12/2026	
4. Medical Record No.		5. Provider No.			
815		239350			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Josephine Kemp 920 W Sheldon St Apt 304, Gaylord, MI 49735- (989) 448-8091			Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021		
8. DOB 01/03/1940			9.Sex Female		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
S72.142D			Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 200-62.5-25 MCG/ACT (Fluticasone-Umeclidinium-Vilanterol) 1 inhalation inhale orally one time a day for sob		
13. ICD			POTASSIUM 1 tablet by mouth every 24 hours as needed for Give with Metolazine when administered		
J44.1			OMEPRAZOLE 40 mg capsule by mouth one time a day for gerd		
K74.60			MULTIVITAMIN 1 tablet by mouth one time a day for Supplement for bone health and healing		
K76.6			METOLAZONE 2.5 mg tablet by mouth every 24 hours as needed for increased LE edema		
N18.32			MAGNESIUM 30 ml by mouth every 72 hours as needed for constipation		
G25.81			LOVASTATIN 20 mg tablet by mouth one time a day for hyperlipidemia		
I10.			GABAPENTIN 100 mg capsule by mouth every 12 hours as needed for neuropathy		
F32.A			FUROSEMIDE 40 mg tablet by mouth one time a day for edema		
R33.9			DUTASTERIDE AND TAMSULOSIN HYDROCHLORIDE capsule by mouth one time a day for post-foley urinary retention		
Retention of urine unspecified			CYCLOBENZAPRINE tablet by mouth every 8 hours as needed for muscle spasms		
14. DME and Supplies:			15. Safety Measures:		
bath bench, walker			bathroom safety, anticoagulant precautions, fall precautions, medication safety, walker precautions, ambulates with device		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			antibiotics!Penicillins		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Hearing, Ambulation			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:			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 patient will be responsible for managing treatment patient will be responsible for managing treatment		
Homebound status: Absences from the home require considerable and taxing effort and infrequent or short duration.					
Clinical Condition Josephine is an 86yr old female who is homebound with a DX- S72.142D- DISPLACED INTERTROCHANTERIC FRACTURE OF LEFT FEMUR, SUBSEQUENT ENCOUNTER Requiring Homecare: FOR CLOSED FRACTURE WITH ROUTINE HEALING. Josephine has an unsteady gait, poor balance and will need Physical Therapy services and Occupational Therapy for ADL functioning, strengthening, endurance, balance and to promote home safety and education. Josephine will also need an RN for vital monitoring and education on catheter. Cena to assist with showers					
SN Careplans			SN Goals		
SN WK1: 1 (07/15/26-07/18/26) ,WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26) ,WK6: 1 (08/16/26-08/22/26) ,WK7: 1 (08/23/26-08/29/26) ,WK8: 1 (08/30/26-09/05/26) ,WK9: 1 (09/06/26-09/12/26)			PATIENT-STATED GOAL: Pt states having control of pain 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 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		
CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area			patient/caregiver recalls * urinary catheter management including how to flush catheter * change and wash drainage bags * prevent infection including proper handwashing		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion					
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					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by ABRAHAM, ALEXIS RN SN on 07/15/2026					
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.		
CHANGXIN LI 829 N CENTER AVE SUITE 140 GAYLORD, MI 49735-1595 PHONE: (989) 731-7870 FAX: 19897317837 NPI: 1114958899			F2F date : 07/13/2026		
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.		
			PAGE 1 of 3		

Home Health Certification and Plan of Care				Order ID: 1195/637
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
101379377300	07/15/2026	From: 07/15/2026 To: 09/12/2026	815	239350
6. Patient's Name and Address Josephine Kemp 920 W Sheldon St Apt 304, Gaylord, MI 49735- (989) 448-8091			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	

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:Living will and advanced directive Durable power of attorney- Tracy 9893704526 and Mike 5034907031 PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, urine retention, M1610 - Urinary Catheter, B1000 - Vision Deficit PROCEDURES: Med Sets: Complete med set for pt., cough/deep breathing exercises, incentive spirometer, monitor intake & output, catheter change, care & irrigation: Catheter last changed on 14th, not to removed until f/u appt at providers office on 8/3., coordinate/arrange resources for vision-impaired 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, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, 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	* positioning of catheter * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * 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 patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule
--	---

PT Careplans PT WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26) ,WK6: 1 (08/16/26-08/22/26) ,WK7: 1 (08/23/26-08/29/26) ,WK8: 1 (08/30/26-09/05/26) ,WK9: 1 (09/06/26-09/12/26) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170I1 - Walk 10 Feet, 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, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, Pain Effect on Sleep, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, Pain Interference with ADLs, Pain Interference with Therapy activities PROCEDURES: home exercise program, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: * 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, Chair to Bed to Chair - 06. Independent, 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, 12 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	PT Goals PATIENT-STATED GOAL: regain independence GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Sit to Stand - 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 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 12 Steps - 04. Supervision or touching assistance
--	--

OT Careplans	OT Goals
Signature of Physician:	Date PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist: Electronically Signed by ABRAHAM, ALEXIS RN SN	Date 07/15/2026

Home Health Certification and Plan of Care				Order ID: 1195/637
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
101379377300	07/15/2026	From: 07/15/2026 To: 09/12/2026	815	239350
6. Patient's Name and Address Josephine Kemp 920 W Sheldon St Apt 304, Gaylord, MI 49735- (989) 448-8091		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		
OT WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK5: 1 (08/09/26-08/15/26) ,WK7: 1 (08/23/26-08/29/26) ,WK9: 1 (09/06/26-09/12/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating PROCEDURES: cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation 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, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent		PATIENT-STATED GOAL: PT will increase showering ability from min a to set up in 30 days;PT will increase LB dressing from min a to set up in 30 days GOALS Shower/Bathe Self - 05. Setup or clean-up assistance Lower Body Dressing - 05. Setup or clean-up assistance 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 Toileting Hygiene - 06. Independent Don/Doff Footwear - 05. Setup or clean-up assistance Eating - 06. Independent Upper Body Dressing - 06. Independent		

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS RN SN	07/15/2026