Home Health Certification and Plan of Care

Order ID: 1195/639

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1009823379V911581	08/05/2026	From: 08/05/2026 To: 10/03/2026	6299	239350

6. Patient's Name and Address
David Rivard
5859 Dagon Rd,
JOHANNESBURG, MI 49751-
(989) 217-0200

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 05/22/1957 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.89	Encounter for other orthopedic aftercare	08/05/26

13. ICD	Other Pertinent Diagnoses	Date
M50.01	Cervical disc disorder with myelopathy high cervical region	08/05/26
R13.12	Dysphagia oropharyngeal phase	08/05/26
E78.5	Hyperlipidemia unspecified	08/05/26
F32.A	Depression unspecified	08/05/26
I10.	Essential (primary) hypertension	08/05/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	08/05/26
Z20.822	Contact with and (suspected) exposure to COVID-19	08/05/26

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

HEALTHSHAKE Verbal with meals
ACETAMINOPHEN 650 MG rectally every 6 hours as needed for Fever > 101 F
LORAZEPAM 0.5 ml by mouth every 6 hours as needed for Airway Patency
CALCIUM 20 MG by mouth daily
DOCUSATE 1 suppository rectally as needed for Constipation
GABAPENTIN 300 MG by mouth three times a day for neuropathy
GLYCOPYRROLATE 17 gms by mouth BID for s/s of secretions or drooling
HYDROCHLOROTHIAZIDE 25 MG by mouth at bedtime for HTN
IBUPROFEN 800 MG by mouth three times a day for inflammation with food
LIDODERM 1 patch Topical for 12 hours to back for pain
Lisinopril-Hydrochlorothiazide 10-12.5 MG by mouth in the morning for HTN
MILK OF MAGNESIA 30 ml by mouth three times a week as needed for constipation if no bowel movement for 3 days
ONDANSETRON 4 MG by mouth every 8 hours as needed for Nausea and Vomiting
Primlev 5-325 MG by mouth every 4 hours as needed for Pain
SERTRALINE 50 MG by mouth Give every day at bed time for his Depression
TRAMADOL 50 MG by mouth two times a day for BPH

14. DME and Supplies:
walker

15. Safety Measures:
fall precautions, , walker precautions

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
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: Yes

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
add discharge plan

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: - Resident is ordered to discharge with home health services for skilled nursing, physical therapy, and occupational therapy. - Recent history includes an acute-care hospitalization at McLaren Northern Michigan from 07/14/2026 through 07/17/2026, followed by skilled nursing facility care beginning 07/17/2026. Documented active issues include orthopedic aftercare, cervical disc disorder with myelopathy, cervical collar use, monitoring of an upper mid-spine surgical incision and right upper back/shoulder drain-removal site, pain management, dysphagia, and rehabilitation needs.

SN Careplans

SN WK1: 1 (08/05/26-08/08/26) ,WK2: 1 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26) ,WK4: 1 (08/23/26-08/29/26) ,WK5: 1 (08/30/26-09/05/26) ,WK6: 1 (09/06/26-09/12/26) ,WK7: 1 (09/13/26-09/19/26) ,WK8: 1 (09/20/26-09/26/26) ,WK9: 1 (09/27/26-10/03/26)

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: 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

SN Goals

PATIENT-STATED GOAL: Get back to normal

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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
DAVID DARGIS
109 S 13 HARRINGTON ST
ALPENA, MI 49707-1609
PHONE: (989) 356-2400 FAX: 19893542606 NPI: 1457490609

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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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: D0160 - Depression, M2020 - Oral Med Management, M1400 - Dyspnea, abnormal blood pressure, M1620 - Bowel Incontinence, muscle weakness, B0200 - Hearing Deficit, B1000 - Vision Deficit

PROCEDURES: cough/deep breathing exercises, incentive spirometer, swallowing exercises, physician-ordered wound care: Keep incision clean and dry and keep C collar on, wound vacuum, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, 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

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

PT Careplans

PT WK2: 1 (08/09/26-08/15/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PT Goals

PATIENT-STATED GOAL: add patient-stated goal

GOALS

OT Careplans

OT WK2: 1 (08/09/26-08/15/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400, GG0130A1 - Eating, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene

OT Goals

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/05/2026