Home Health Certification and Plan of Care

Order ID: 1195/644

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1047004627V681295	05/18/2026	From: 07/17/2026 To: 09/14/2026	0301	239350

6. Patient's Name and Address

DONALD DEADMAN
147 BARE POINT ROAD,
ALPENA, MI 49707
(231) 313-7301

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 01/23/1938 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
S22.41XD	Multiple fx of ribs right side subs for fx w routn heal	05/18/26

13. ICD	Other Pertinent Diagnoses	Date
N30.00	Acute cystitis without hematuria	05/18/26
N18.31	Chronic kidney disease stage 3a	05/18/26
E11.29	Type 2 diabetes mellitus w oth diabetic kidney complication	05/18/26
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx	05/18/26
F32.A	Depression unspecified	05/18/26
E03.9	Hypothyroidism unspecified	05/18/26
I71.40	Abdominal aortic aneurysm without rupture unspecified	05/18/26
C67.2	Malignant neoplasm of lateral wall of bladder	05/18/26

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

OXYCODONE 5 mg / 1 tablet by mouth as necessary 1 tablet every 6 hours as needed for severe pain
Administered By: Patient
ACARBOSE 25 mg / 1 tablet by mouth with meals please verify: daily with meals or with *each* meal?
Administered By: Patient.
CVS Lysine Oral Tablet 500 MG 500 mg / 1 tablet by mouth once a day
Administered By: Patient
Diphenoxylate-Atropine Oral Tablet 0.025-2.5 MG 0.025-2.5 mg / 1 tablet by mouth as necessary 1 tablet every 6 hours as needed for diarrhea
Administered By: Patient
DONEPEZIL HYDROCHLORIDE 5 mg / 1 tablet by mouth once a day
Administered By: Patient
EQ Milk of Magnesia Oral Suspension 1200 MG/15ML 30 ml by mouth in the morning Administered By: Patient
ESCITALOPRAM 20 mg 20 mg / 1 tablet by mouth once a day Administered By: Patient
HYDROXYZINE 50 mg / 1 tablet by mouth once a day Administered By: Patient
INSULIN 100 UNIT/ML subcutaneous before meal as per sliding scale before meals
201-250 = 2u // 251-300 = 4u // 301-350 = 6u // 351-400 = 8u // 401+ = 10u and notify physician
LANTUS 100 UNIT/ML sublingual once a day 20 units per day
Administered By: Patient
LEVOTHYROXINE 88 mcg / 1 tablet by mouth once a day Administered By: Patient
MEMANTINE HYDROCHLORIDE 5 mg / 1 tablet by mouth once a day
Administered By: Patient
MIRABEGRON ER Oral Tablet Extended Release 24 Hour 50 MG 50 mg / 1 tablet by mouth at bedtime Administered By: Patient
PIOGLITAZONE 45 mg 45 mg / 1 tablet by mouth once a day Administered By: Patient
Polyethyl Glycol-Propyl Glycol Ophthalmic Therapy Pack 0.4-0.3% 1 drop both eyes every 4 hours 1 drop in both eyes every 4 hours
Administered By: Patient
TYLENOL 500 mg / 1 tablet by mouth as necessary 1 tablet, once a day as needed for pain
Administered By: Patient
RIVAROXIBAN Oral Tablet 10 MG 10 mg / 1 tablet by mouth once a day
Administered By: Patient
CHOLECALCIFEROL 25 mcg (1000 UT) / 1 capsule - 4 capsules by mouth once a day Administered By: Patient

14. DME and Supplies:
None of the above

15. Safety Measures:
None of the above

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET,

17. Allergies:
DRUG ALLERGIES: NKDA

18.A. Functional Limitations
Hearing

18.B. Activities Permitted
No Restrictions

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: fair

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

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

Homebound status: Requires assistance for most to all ADL, There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort, because of illness or injury, the person needs the following in order to leave their place of residence, Dementia

Clinical Condition Requiring Homecare: SN: Freq Order SN visits every other week since ROC; PT: PT to assess/eval and treat eff.: 05/18/2026; OT: Move visit from week of June 7th to the week of June 14th due to Multiple fx of ribs, right side, subs for fx w routn heal

SN Careplans

SN 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) ,WK10: 1 (09/13/26-09/14/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 94 > 101.0, heart rate < 50 > 100

SN Goals

PATIENT-STATED GOAL: Strengthen

GOALS

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by ORR, DANIEL PT on 07/16/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
ROBYN YATES
1105 SIXTH ST
TRAVERSE CITY, MI 49684-2345
PHONE: (989) 497-2500 FAX: 19893214118 NPI: 1518174101

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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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, blood sugar < 70 > 130

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

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months

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:Patient have Advance Directives, Patient Advance Directives: POA, wife. Patient has a DPOA, Patient has Advanced Directives Material provided, Patient has been educated on Adv. Directives

PROBLEMS IDENTIFIED ON ASSESSMENT: abnormal BS < 70/140 > mg/dL, muscle weakness

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, monitor intake & output, monitor dialysis schedule

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ORR, DANIEL PT	07/16/2026