Home Health Certification and Plan of Care

Order ID: 1195/642

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1005107339V157478	07/15/2026	From: 07/15/2026 To: 09/12/2026	816	239350

6. Patient's Name and Address
robert barke
126 STANLEY AVE,
PRUDENVILLE, MI 48651-
9893669072

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 10/03/1947 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	07/15/26

13. ICD	Other Pertinent Diagnoses	Date
N18.30	Chronic kidney disease stage 3 unspecified	07/15/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	07/15/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	07/15/26
I50.32	Chronic diastolic (congestive) heart failure	07/15/26
I48.20	Chronic atrial fibrillation unspecified	07/15/26
E78.5	Hyperlipidemia unspecified	07/15/26
Z79.4	Long term (current) use of insulin	07/15/26
M10.9	Gout unspecified	07/15/26
L92.0	Granuloma annulare	07/15/26

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

Extra Strength Tylenol - Acetaminophen 1000mg/2 tabs by mouth every 8 hours
Albuterol - Albuterol 0.09 mg/inh 2 puffs inhalant four times a day
Allopurinal - Allopurinol half tablet by mouth once a day
Eliquis - Apixaban 5mg by mouth every 12 hours
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Baclofen - Baclofen 20 mg 1 tab by mouth once a day As needed for muscle spasms
Cetirizine Hydrochloride - Cetirizine Hydrochloride 10 mg 1 tab by mouth once a day
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Vitamin D-3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tab by mouth once a day
B12 - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 1 tab by mouth once a day
Cymbalta - Duloxetine Hydrochloride 30 mg 1 cap by mouth once a day
Jardiance - Empagliflozin 1 tab by mouth once a day
Flonase - Fluticasone Propionate 0.05 mg/spray 1 spray per nostril nasal once a day
Gabapentin - Gabapentin 400 mg 1 cap by mouth twice a day
Novolog - Insulin Aspart Recombinant Per sliding scale subcutaneous before meal
Lantus - Insulin Glargine Recombinant 10 units subcutaneous once a day
Lactobacillus - Lactinex 1 cap by mouth once a day
Lidocaine - Lidocaine 1 patch transdermal once a day Remove after 12 hours.
Singulair - Montelukast Sodium eq 10 mg base 1 tab by mouth once a day
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tab by mouth once a day
Nitroglycerin - Nitroglycerin 0.4 mg/hr 1 tab sublingual as necessary If chest pain occurs, place one tab under tongue every 5 minutes up to 3 doses. Call 911 if chest pain still present after second dose.
Nortriptyline Hydrochloride - Nortriptyline Hydrochloride eq 50 mg base 1 cap by mouth once a day
Nystatin Cream - Nystatin Cream 1 application topical twice a day
Pantoprazole - Pantoprazole Sodium 20 mg 1 tab by mouth once a day Before breakfast
Miralax - Polyethylene Glycol 3350 17gm/scoopful 17 grams by mouth once a day
Stiolto Respimat - Olodaterol Hydrochloride: Tiotropium Bromide 2 puffs inhalant once a day
Zinc Sulfate - Zinc Sulfate 1 tab by mouth once a day
Metoprolol Succinate - Metoprolol Succinate eq 25 mg tartrate 1 tab by mouth once a day
Torsemide - Torsemide 20 mg 1 tab by mouth every other day

14. DME and Supplies:
grab bars, wound care supplies, oxygen supplies, electric scooter

15. Safety Measures:
cardiac precautions, bathroom safety, anticoagulant precautions, bleeding precautions, transfer with assist, restricted ROM, O2 precautions, medication safety, diabetic precautions, fall precautions, toe-touch weight bearing LLE, toe-touch weight bearing RLE

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
lisinopril, semaglultides/GLP1

18.A. Functional Limitations
Endurance, Dyspnea With Minimal Exertion, Legally Blind, Paralysis

18.B. Activities Permitted
Partial Weight Bearing, Transfer bed/Chair, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: Fair

22. A Rehabilitation Potential:

22.B.Discharge Plans

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 07/15/2026

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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SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

family/caregiver will be responsible for managing treatment
family/caregiver 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

Clinical Condition Requiring Homecare: wound care- in home assistance with dressing changes

SN Careplans

SN WK1: 1 (07/15/26-07/18/26) ,WK2: 2 (07/19/26-07/25/26) ,WK3: 2 (07/26/26-08/01/26) ,WK4: 2 (08/02/26-08/08/26) ,WK5: 2 (08/09/26-08/15/26) ,WK6: 2 (08/16/26-08/22/26) ,WK7: 2 (08/23/26-08/29/26) ,WK8: 2 (08/30/26-09/05/26) ,WK9: 2 (09/06/26-09/12/26)

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: 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), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 4. Multiple emergency department visits (2 or more) in the past 6 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1700 - Cognition, D0160 - Depression, M2020 - Oral Med Management, meal preparation, M1033 - Unintentional Weight Loss, M1400 - Dyspnea, weak pulses in feet, swelling in the arms/legs, limited endurance, muscle weakness, limited range of motion, limited strength, poor muscle tone, muscle spasms, Pain Effect on Sleep, B1000 - Vision Deficit, weak hand grips, balance deficit, Pain Interference with ADLs, open sores/lesions, #1 - Diabetic Ulcer - Other - Plantar right foot - , #2 - Diabetic Ulcer - Other - plantar left foot -

PROCEDURES: physician-ordered wound care: #2 - Diabetic Ulcer - Other - plantar left foot -: Cleanse with saline. Cut aquacel to fit and apply to wound bed. Cover with non-adherent pad. Wrap with roll gauze and coban., physician-ordered wound care: #1 - Diabetic Ulcer - Other - Plantar right foot -: Cleanse with saline. Apply betadine moistened gauze to wound bed. Cover with dry gauze. Wrap with roll gauze and coban., coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care, 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, * 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, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to increase caloric intake, 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, meal preparation is available to patient for all meals

SN Goals

PATIENT-STATED GOAL: Heal wounds on both feet

GOALS
patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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/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

patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase caloric intake
* 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

meal preparation is available to patient for all meals

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by LUBELAN, SAMANTHA RN SN

Date
07/15/2026

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PT WK4: 1 (08/02/26-08/08/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170I1 - Walk 10 Feet, GG0170S1 - Wheel 150 feet, GG0170R1 - Wheel 50 ft w 2 Turns, 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, GG0130B1 - Oral Hygiene, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, 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

PROCEDURES: wheelchair training, home exercise program: sitting hip abd yellow tband, sitting hip adduction isometric, seated march red tband, ankle pump, hamstring stretch, seated hip IR and ER, equipment training, work simplification/energy conservation, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet 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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance

PATIENT-STATED GOAL: add patient-stated goal

GOALS
Toilet Transfer - 06. Independent

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

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

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

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