Home Health Certification and Plan of Care

Order ID: 1195/733

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H52186264	04/13/2026	From: 08/11/2026 To: 10/09/2026	552	239350

6. Patient's Name and Address
DEBORAH BISSELL
1108 S HURON APT 25, NEWPORT VILLAGE,
CHEBOYGAN, MI 49721-
(231) 818-0945

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 01/08/1961 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
S82.871D	Displaced pilon fx r tibia subs for clos fx w routn heal	04/13/26

13. ICD	Other Pertinent Diagnoses	Date
S82.401D	Unsp fx shaft of r fibula subs for clos fx w routn heal	04/13/26
E11.9	Type 2 diabetes mellitus without complications	04/13/26
J44.9	Chronic obstructive pulmonary disease unspecified	04/13/26
I11.0	Hypertensive heart disease with heart failure	04/13/26
F31.9	Bipolar disorder unspecified	04/13/26
M81.0	Age-related osteoporosis w/o current pathological fracture	04/13/26

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

LISINOPRIL 20 mg MG by mouth twice a day
Biotene Dry Mouth Gentle Mouth/Throat Liquid 1spray by mouth every 12 hours
TRIHEXYPHENIDYL HYDROCHLORIDE 2 mg 2mg by mouth three times a day
QC Fluticasone Propionate Nasal Suspension 50 MCG/ACT 50 MCG/ACT Nasal each nostril bid
PREGABALIN 200mg by mouth three times a day
MORPHINE 15mg by mouth every 8 hours
METFORMIN 500mg by mouth twice a day
FUROSEMIDE 20 mg 20mg by mouth twice a day
CEPHALEXIN 500mg by mouth every 8 hours
Robafen CF Cough/Cold Oral Syrup 5-10-100 MG/5ML 5,10,100mg/5ml - 10 ML by mouth as necessary every 4 hours as needed for chest congestion
POLYETHYLENE GLYCOL 1Packet(s) by mouth as necessary every 24 hours as needed for constipation
please review dosing; list states 1 "scoop". Generally translates to 17g but can vary.
ONDANSETRON 4 mg 4mg by mouth as necessary every 6 hours as needed for nausea/vomiting
JARDIANCE 25mg by mouth once a day
GNP Naloxone HCl Nasal Liquid 4 MG/0.1ML 4mg/0.1 ML Nasal as necessary as needed once a day, repeat after 3 minutes
ESCITALOPRAM 20 MG / 1 tablet by mouth once a day
DOXEPIN HYDROCHLORIDE 25mg / 1 capsule by mouth at bedtime
DONEPEZIL HYDROCHLORIDE 10 mg 10 MG / 1 Tablet by mouth at bedtime
CYCLOBENZAPRINE 10mg / 1 tablet by mouth as necessary every 8 hours as needed for spasms
CVS Omeprazole Magnesium Oral Capsule Delayed Release 20 MG 20mg / 1 Capsule - 2 Capsules by mouth twice a day
CVS Nicotine Mouth/Throat Gum 4 MG 4mg by mouth as necessary every 2 hours as needed for nicotine dependance
CARBAMAZEPINE 200 MG / 1 tablet - 3 tablets by mouth twice a day
BUSPIRONE HCL 15mg / 1 tablet - 3 tablets by mouth at bedtime 3 tablets at bedtime
ATORVASTATIN 80mg / 1 tablet by mouth once a day
AMLODIPINE 10mg / 1 tablet by mouth once a day
ALENDRONATE SODIUM 70 mg / 1 tablet by mouth once a week every TUESDAY
ACETAMINOPHEN 325 mg / 1 Tablet - 2 tablets by mouth as necessary every 6 hours as needed for pain
LUBIPROSTONE ORAL CAPSULE 24 MCG 24 MCG / 1 Capsule by mouth as necessary every 12 hours as needed for constipation
Docusate Sodium - Docusate Sodium 100 MG / 1 Capsule - 3 Capsules by mouth every other day
CLONIDINE 0.2mg / 1 tablet by mouth three times a day

14. DME and Supplies:
wheelchair, , diabetic supplies, , bath bench, grab bars, 4 wheeled walker

15. Safety Measures:
ambulates with device, diabetic precautions, fall precautions, , walker precautions, wheelchair precautions

16. Nutrition:
diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Wheelchair, Walker, Up As Tolerated, Independent at Home

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: good

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

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

Homebound status: There exists a normal inability to leave the home. Requires the aid of supportive device(s), the use of special transportation, and the assistance of another person.

Clinical Condition Requiring Homecare: There exists a normal inability to leave the home. Requires the aid of supportive device(s), the use of special transportation, and the assistance of another person.

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by PROW, KATIE SN RN on 08/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
KAITLIN LALONDE
740 S MAIN ST FL 2
CHEBOYGAN, MI 49721-2220
PHONE: (231) 627-7118 FAX: 12313631822 NPI: 1922556190

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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SN WK1: 1 (08/11/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK5: 1 (09/06/26-09/12/26) ,WK6: 1 (09/13/26-09/19/26) ,WK7: 1 (09/20/26-09/26/26) ,WK8: 1 (09/27/26-10/03/26) ,WK9: 1 (10/04/26-10/09/26)

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: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 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 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: dependent edema, muscle weakness, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, rough/scaly/cracked skin

PROCEDURES: Assess Pain: Assess pain at every visit, report any abnormal or increased symptoms in regards to pain. Educate pt on pain relieving measures., cough/deep breathing exercises, glucose testing via monitor

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

PATIENT-STATED GOAL: Pt will have decreased pain from fractured ribs

GOALS
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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by PROW, KATIE SN RN	08/06/2026