Home Health Certification and Plan of Care

Order ID: 1195/725

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
94939026300	07/23/2026	From: 07/23/2026 To: 09/20/2026	836	239350

6. Patient's Name and Address
Lesley Young
7311 ARROWROOT TRL,
GAYLORD, MI 497359685-
(586) 752-5165

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 11/12/1954 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
L97.929	Non-prs chronic ulc unsp prt of l low leg w unsp severity	07/23/26

13. ICD	Other Pertinent Diagnoses	Date
G20.A1	Parkinson's dis w/o dyskinesia w/o mention of fluctuations	07/23/26
Z91.81	History of falling	07/23/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	07/23/26
Z79.4	Long term (current) use of insulin	07/23/26
I87.2	Venous insufficiency (chronic) (peripheral)	07/23/26
I48.0	Paroxysmal atrial fibrillation	07/23/26
Z79.01	Long term (current) use of anticoagulants	07/23/26

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

ATORVASTATIN 20 mg oral tablet Oral Daily
ELIQUIS 5 mg oral tablet Oral BID
FARXIGA 10 mg oral tablet Oral Daily
HUMALOG 100 units/mL subcutaneous ONCE DAILY
KEFLEX 500 mg oral capsule Oral BID
LEVOTHYROXINE 200 mcg (0.2 mg) oral tablet Oral Daily
METOPROLOL 25 mg oral tablet, extended release Oral daily
MULTAQ 400 mg oral tablet Oral BID, with morning and evening meals
MULTIVITAMIN 1 Tab Oral Daily
PRAMIPEXOLE DIHYDROCHLORIDE 1.5 mg oral tablet Oral BID
Crexont 70 mg-280 mg oral capsule, extended release Oral 4 TIMES DAILY

14. DME and Supplies:
wheelchair, bath bench, 4 wheeled walker

15. Safety Measures:
diabetic precautions, ambulates with device, fall precautions, standard precautions, walker precautions, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
terbinafine, LamISil

18.A. Functional Limitations
Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted
Up As Tolerated, Walker, Exercises Prescribed

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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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 to receive home care indefinately

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: - Referral is for in-home therapy related to a non-pressure chronic ulcer of an unspecified part of the left lower leg with unspecified severity. The referral was written 06/12/2026 with a requested start date of 06/12/2026 and routine priority. Source: Home Health Referral, page 1. - Recent primary care documentation describes history of falls, Parkinson disease, walker use, and plans to resume physical therapy. The patient reported a prior fall from a golf cart with spinal compression and right-sided deficit, subsequent inpatient rehabilitation, and another fall with subdural hematoma. The office note also documents diabetes with hyperglycemia, venous insufficiency, atrial fibrillation, hypertension, hypothyroidism, and obesity. Source: Primary Care Office Note dated 05/12/2026, pages 3-6.

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (07/23/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26) ,WK7: 1 (08/30/26-09/05/26) ,WK8: 1 (09/06/26-09/12/26) ,WK9: 1 (09/13/26-09/19/26) ,WK10: 1 (09/20/26-09/20/26)

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

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

PT Goals

PATIENT-STATED GOAL: Reduce falls, improve ambulation with less freezing

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
* 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 achieve wound healing including cleaning and dressing wound
* position changes

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
LAUREN ATKINSON
829 N CENTER AVE STE 210
GAYLORD, MI 49735-1599
PHONE: (989) 731-7860 FAX: 19897317833 NPI: 1063925246

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 : 07/20/2026

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.

Home Health Certification and Plan of Care

Order ID: 1195/725

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
94939026300	07/23/2026	From: 07/23/2026 To: 09/20/2026	836	239350

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Lesley Young 7311 ARROWROOT TRL, GAYLORD, MI 497359685- (586) 752-5165	Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021

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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0130A1 - Eating, 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, GG0170I1 - Walk 10 Feet, 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, M2020 - Oral Med Management, cramping calves/thighs/hips, dizziness/syncope, M1400 - Dyspnea, weak pulses in feet, M1610 - Urinary Incontinence, limited strength, limited endurance, muscle spasms, Pain Interference with ADLs, Pain Effect on Sleep, extremity burn/tingle/numb, difficulty sleeping, involuntary movement of extremity, balance deficit, bruising/discoloration, rough/scaly/cracked skin, #1 - Abrasion - Anterior Right Knee - , #2 - Abrasion - Anterior Left Knee - , #3 - Abrasion - Anterior Right Foot -

PROCEDURES: physician-ordered wound care: #3 - Abrasion - Anterior Right Foot -: monitor, possible RN consult if needed, physician-ordered wound care: #2 - Abrasion - Anterior Left Knee -: monitor, possible RN consult if needed, physician-ordered wound care: #1 - Abrasion - Anterior Right Knee -: monitor, possible RN consult if needed, cough/deep breathing exercises, bladder training, home exercise program, equipment training, work simplification/energy conservation, strengthening exercises: Balance training and NMR specific to PD diagnosis, static standing balance exercises: Balance training and NMR specific to PD diagnosis, dynamic standing balance exercises: Balance training and NMR specific to PD diagnosis, gait training/stair training, neuromuscular re-education: Balance training and NMR specific to PD diagnosis, transfers training

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, Sit to Stand - 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

* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

Sit to Stand - 06. Independent

1 - Step (curb) - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching 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

4 Steps - 04. Supervision or touching assistance

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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by HILL, KAITLIN PT PT	07/23/2026