Home Health Certification and Plan of Care

Order ID: 1195/722

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
120904122	05/29/2026	From: 07/28/2026 To: 09/25/2026	696	239350

6. Patient's Name and Address

ROBERT COMBS
1757 S THENDARA RD,
GRAYLING, MI 49738-
(248) 709-8163

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 05/21/1966 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z48.814	Encntr for surg aftcr fol surg on the teeth or oral cavity	05/29/26

13. ICD	Other Pertinent Diagnoses	Date
C06.9	Malignant neoplasm of mouth unspecified	05/29/26
C15.3	Malignant neoplasm of upper third of esophagus	05/29/26
Z43.0	Encounter for attention to tracheostomy	05/29/26
Z43.1	Encounter for attention to gastrostomy	05/29/26
Z48.01	Encounter for change or removal of surgical wound dressing	05/29/26
J43.9	Emphysema unspecified	05/29/26
J80.	Acute respiratory distress syndrome	05/29/26
R13.12	Dysphagia oropharyngeal phase	05/29/26

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

Amlodipine Besylate - Amlodipine Besylate 2.5 MG / 1 tablet by mouth once a day
Budesonide-Formoterol Fumarate Inhalation Aerosol 160-4.5 MCG/ACT 2 puffs inhalant twice a day
CVS Fluticasone Propionate Nasal Suspension 50 MCG/ACT 1 spray EACH NOSTRIL nasal once a day
Docusate Sodium Oral Liquid 100 MG/10ML 5 ML by mouth twice a day
GNP Naloxone HCl Nasal Liquid 4 MG/0.1ML nasal once a day PRN OD
Levetiracetam - Levetiracetam 750 mg 1 tablet by mouth twice a day
Levothyroxine Sodium - Levothyroxine Sodium 150 MCG /1 tablet by mouth once a day
Megestrol Acetate - Megestrol Acetate 40 mg 1 tablet by mouth twice a day
Metoprolol Tartrate - Metoprolol Tartrate 50 mg 1 tablet by mouth twice a day
Montelukast Sodium - Montelukast Sodium 10 mg 1 tablet by mouth once a day
Olanzapine - Olanzapine 10 mg 1 tablet by mouth once a day
Ondansetron Hydrochloride - Ondansetron Hydrochloride 40 MG / 1 tablet by mouth every 8 hours PRN nausea
Phenytoin Sodium - Phenytoin Sodium 100 mg prompt 2 capsules by mouth three times a day
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg 1 capsule by mouth once a day
Trazodone Hydrochloride - Trazodone Hydrochloride 100 mg 1 tablet by mouth at bedtime
Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT 1 puff inhalant not available frequency: taken at the same time (daily)
Trintellix - Vortioxetine Hydrobromide 20 mg / 1 tablet by mouth once a day
True Folic Acid Oral Tablet 1 MG 1 tablet by mouth once a day
Lorazepam - Lorazepam 1 gm / 1 tablet by mouth in the morning
Oxycodone Hydrochloride - Oxycodone Hydrochloride 10 mg / 1 tablet by mouth as necessary Take every 4 hours as needed (PRN) for pain
Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT 1 puff inhalant as necessary Every 4 hours as needed (PRN) for wheezing
Allergy (Cetirizine) Oral Tablet 10 MG 10 mg / 1 tablet by mouth in the morning
Docusate Sodium Oral Capsule 100 MG 100 mg / 1 capsule by mouth twice a day
Gabapentin (Once-Daily) Oral Tablet 300 MG 300 mg / 1 tablet by mouth three times a day Take 2 tablets
Aripiprazole - Aripiprazole 10 mg / 1 tablet by mouth not available
Atorvastatin Calcium - Atorvastatin Calcium 10 mg / 1 tablet by mouth once a day
CVS Omeprazole Magnesium Oral Capsule Delayed Release 20 MG 20 mg / 1 capsule by mouth once a day

14. DME and Supplies:
wound care supplies, Suction Machine, walking boot, front wheeled walker

15. Safety Measures:
ambulates with device, standard precautions, walker precautions, medication safety, fall precautions, Universal/infection precautions, Proper use of assistive devices

16. Nutrition:
J-tube, Jevity 1.5

17. Allergies:
CODEINE

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Up As Tolerated, Walker

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

Homebound status: Leaving home requires a considerable and taxing effort. Because of illness or injury, the person needs a walker and assistance of another person in order to leave their place of residence.

Clinical Condition Requiring Homecare: Encntr for surg aftcr fol surg on the teeth or oral cavity

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
KYLE AHNERT
1200 W NORTH DOWN RIVER RD
GRAYLING, MI 49738-8025
PHONE: (989) 344-5910 FAX: 12319353463 NPI: 1689439382

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 Careplans

SN WK1: 1 (07/28/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-09/05/26) ,WK7: 1 (09/06/26-09/12/26) ,WK8: 1 (09/13/26-09/19/26) ,WK9: 1 (09/20/26-09/25/26)

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: 2. Unintentional weight loss of a total of 10 pounds or more 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, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 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: swollen lips/tongue/eyes/face, coughing, limited range of motion, limited endurance, #1 - Observable Surgical Wound - Other - Anterior neck - , #2 - Observable Surgical Wound - Other - Lateral left calf -

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Anterior neck -, physician-ordered wound care: #2 - Observable Surgical Wound - Other - Lateral left calf -, cough/deep breathing exercises, incentive spirometer, swallowing exercises, physician-ordered wound care: Wound care to anterior neck: Cleanse with soap and water and leave open to air., physician-ordered wound care: Wound care to lateral left calf: cleanse wound with wound cleanser or normal saline. Apply xeroform to wound bed. Cover with ABD. Wrap with roll gauze and lightly with ace wrap., wound vacuum

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification preventing pressure ulcer recurrence record wound measurements, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: (In patient's own words) : Heal wounds

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* preventing pressure ulcer recurrence
* record wound measurements
* recalls related medication(s) purpose, schedule

PT Careplans

PT WK1: 1 (07/28/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-09/05/26) ,WK7: 1 (09/06/26-09/12/26) ,WK8: 1 (09/13/26-09/19/26) ,WK9: 1 (09/20/26-09/25/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, 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, GG0130B1 - Oral Hygiene, 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: home exercise program: Shoulder ER, shoulder flexion with cane, bicep curl, hip ext standing, squats at counter, hip abd standing, marches standing, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 50 ft

PT Goals

PATIENT-STATED GOAL: Patient to ambulate 600 ft with use of AD to ambulate community distance.;Pt to improve LE strength to 4/5 to safely ambulate without use of AD in home and short distances;Pt to improve balance unsupported to good to reduce fall risk

GOALS
Toilet Transfer - 06. Independent

Chair to Bed to Chair - 06. Independent

Sit to Stand - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by STRICKLER, SYDNEY SN RN

Date
07/23/2026

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with 2 Turns - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent	12 Steps - 06. Independent Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 06. Independent Lower Body Dressing - 06. Independent Upper Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Car Transfer - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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