Home Health Certification and Plan of Care

Order ID: 1195/681

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1024557158V655746	07/21/2026	From: 07/21/2026 To: 09/18/2026	829	239350

6. Patient's Name and Address

Kenneth Noble
330 N ELEVENTH AVE,
ALPENA, MI 49707-
9255770952

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 01/27/1954 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.69	Type 2 diabetes mellitus with other specified complication	07/21/26

13. ICD	Other Pertinent Diagnoses	Date
N18.5	Chronic kidney disease stage 5	07/21/26
Z99.2	Dependence on renal dialysis	07/21/26
R53.1	Weakness	07/21/26

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

Acephen - Acetaminophen 500mg, 2 tabs by mouth twice a day
Albuterol Nebulizer - Albuterol 2.5mg/3mL inhalation solution, use 1 vial inhalant every 6 hours
Albuterol Inhaler - Albuterol 90 mcg, take 2 puffs inhalant four times a day PRN for COPD
Aspirin 81Mg - Aspirin (chewable) 1 tab by mouth twice a day for heart health
Atorvastatin - Atorvastatin Calcium 10 mg, 1 tab by mouth once a day
probiotics 2 gummie by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 mcg, one tab by mouth once a day (Cholecalciferol) for vitamin D supplementation
Colace - Docusate Sodium 100mg cap, one cap by mouth at bedtime For Constipation
Advair - Fluticasone Propionate: Salmeterol Xinafoate 250-50 mcg inhaler, take 1 inhalation inhalant twice a day rinse mouth and throat after use.
Glucerna - Glucerna 240 mL shake, 1-2 shakes by mouth as necessary 1-2 shakes daily between meals depending on ability to chew food provided.
Glucose oral tablet 4 grams, 3-4 tablets by mouth as necessary To treat hypoglycemia symptoms
Novolog - Insulin Aspart Recombinant 100 units/ml Sliding scale subcutaneous three times a day (with meals) Sliding scale: If blood sugar (BS) is 100 or less, do not take; if BS is 101-150 take 4 units; if BS is 151-200 take 6 units; if BS is 201-250 take 8 units; if BS is 151-300 take 10 units; if BS is 301-350 take 12 units; if BS is over 350 take 14 units
Lantus - Insulin Glargine Recombinant 100 units/ml 24 units subcutaneous once a day For diabetes. Inject at same time every day.
Lidocaine - Lidocaine 1 application topical as necessary Apply to fistula before dialysis for pain
Midodrine Hydrochloride - Midodrine Hydrochloride 10 mg 1 tablet by mouth threee times per week Take as directed at dialysis.
Vitamin B Complex - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 cap by mouth once a day
Pantoprazole - Pantoprazole Sodium 20 mg 1 tab by mouth twice a day For GERD
Renvela - Sevelamer Carbonate 800 mg 3 tabs by mouth three times a day To lower phosphate levels.

14. DME and Supplies:

diabetic supplies, oxygen supplies, rolling walker, wheelchair

15. Safety Measures:

O2 precautions, ambulates with device, standard precautions, diabetic precautions, fall precautions

16. Nutrition:

diabetic

17. Allergies:

PLACEHOLDER

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Endurance, Ambulation!Hearing

18.B. Activities Permitted

Wheelchair, Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, 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: 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.

22.B.Discharge Plans

patient 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, medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: - Evaluation and treatment by Community Care Physical Therapy for strengthening and gait and transfer assessment and training related to weakness from type 2 diabetes mellitus with stage 5 chronic kidney disease on hemodialysis. - The referral documents type 2 diabetes mellitus with diabetic chronic kidney disease, stage 5 chronic kidney disease, hemodialysis dependence, and weakness requiring physical therapy evaluation and treatment.

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by ORR, DANIEL PT on 07/21/2026

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 : 07/16/2026

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.

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PT Careplans

PT WK1: 1 (07/21/26-07/25/26) ,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 (09/13/26-09/18/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 94 > 101.0, heart rate < 50 > 100, respiratory rate < 12 > 20, blood pressure systolic < 90 > 150, blood pressure diastolic < 50 > 100, O2 saturation < 90 > 100, pain < 0 > 7, blood sugar < 70 > 270

CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 5. Decline in mental, emotional, or behavioral status in the past 3 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, 9. Other risk(s) not listed in 1- 8

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:PLACEHOLDER

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130E1 - Shower/Bathe Self, 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, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, M2020 - Oral Med Management, M1033 - Exhaustion, wheezing, M1400 - Dyspnea, limited endurance, limited strength, muscle weakness, balance deficit, obesity

PROCEDURES: Manual Therapy: Manual Therapy, cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, home exercise program, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Car Transfer - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: Return to previous level of function;Return to previous level of function

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Shower/Bathe Self - 05. Setup or clean-up assistance

Shower/Bathe Self - 05. Setup or clean-up assistance

Toilet Transfer - 06. Independent

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
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Car Transfer - 05. Setup or clean-up assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 05. Setup or clean-up assistance

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

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

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ORR, DANIEL PT	07/21/2026