

Home Health Certification and Plan of Care				Order ID: 1195/692	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1043872392V600516		07/21/2026		From: 07/21/2026 To: 09/18/2026	
4. Medical Record No.		5. Provider No.			
841		239350			
6. Patient's Name and Address William Weidemann 117 Anchor Ct, HOUGHTON LAKE, MI 48629- 9892022311			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 03/10/1937			9.Sex Male		
11. ICD J96.01	Principal Diagnosis Acute respiratory failure with hypoxia	Date 07/21/26	10. Medications: Dose/Frequency/Route (N)ew (C)hanged Eliquis - Apixaban 5mg, 1 tab by mouth twice a day Baclofen - Baclofen 10 mg 1 tab by mouth as necessary for muscle spasms Carvedilol - Carvedilol 12.5 mg 1 tab by mouth twice a day Furosemide - Furosemide 40 mg 1 tab by mouth once a day Metformin - Metformin Hydrochloride 500mg by mouth twice a day Multi Vitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 1 tab by mouth once a day Nitro - Nitroglycerin .4 sublingual as necessary Omeprazole - Omeprazole 20 mg 1 tab by mouth once a day Ranolazine - Ranolazine 500mg 1 tab by mouth twice a day Amlodipine: Valsartan - Amlodipine: Valsartan 20 mg by mouth once a day Pravastatin - Pravastatin Sodium 40 mg by mouth at bedtime Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg 1 cap by mouth once a day Stiolto Respimat - Olodaterol Hydrochloride: Tiotropium Bromide 2 puff inhalant twice a day Albuterol Sulfate - Albuterol Sulfate 90mcg inhalant as necessary		
13. ICD M62.81	Other Pertinent Diagnoses Muscle weakness (generalized)	Date 07/21/26			
I50.9	Heart failure unspecified	07/21/26			
E11.8	Type 2 diabetes mellitus with unspecified complications	07/21/26			
I48.91	Unspecified atrial fibrillation	07/21/26			
R53.1	Weakness	07/21/26			
14. DME and Supplies: 4 wheeled walker			15. Safety Measures: walker precautions, fall precautions, O2 precautions		
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET			17. Allergies: Jardiance		
18.A. Functional Limitations Dyspnea With Minimal Exertion, Ambulation,			18.B. Activities Permitted Up As Tolerated, Exercises Prescribed, Walker		
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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: good					
22. A Rehabilitation Potential: SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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 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 - Referral reason: Generalized weakness with a request for home physical therapy. - Recent medical history: The uploaded referral does not include a recent Requiring Homecare: hospitalization, acute-care visit summary, or detailed medical history. It documents generalized weakness and authorization for skilled home health care, including comprehensive OASIS evaluation, medication reconciliation, and in-home skilled services as clinically necessary.					
SN Careplans			SN Goals		
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 < 60 > 100, O2 saturation < 90 > 100, pain < 0 > 7, blood sugar < 70 > 130 CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance HOSPITALIZATION RISKS: 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			PT Goals PATIENT-STATED GOAL: Improve strength and return to PLOF GOALS 1 - Step (curb) - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Shower/Bathe Self - 03. Partial/moderate assistance Lower Body Dressing - 03. Partial/moderate assistance Don/Doff Footwear - 03. Partial/moderate assistance 4 Steps - 04. Supervision or touching assistance patient/caregiver recalls		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by HILL, KAITLIN PT 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 :		
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. PAGE 1 of 2		

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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, 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, 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, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, M2020 - Oral Med Management, M1033 - Exhaustion, lightheadedness, M1400 - Dyspnea, muscle weakness, limited strength, muscle spasms, limited endurance, balance deficit PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program, equipment training, work simplification/energy conservation, 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, 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, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance		* 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 * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule Walk 150 Feet - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by HILL, KAITLIN PT PT	07/21/2026