

Home Health Certification and Plan of Care				Order ID: 1195/760	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1CR2CR1CT16		07/22/2026		From: 07/22/2026 To: 09/19/2026	
4. Medical Record No.		5. Provider No.			
721		239350			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
GARY STEWART 8041 BEAR CROSSING, VANDERBILT, MI 49795- (989) 476-0296			Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021		
8. DOB			9. Sex		
01/31/1955			Male		
11. ICD		Principal Diagnosis		Date	
Z47.1		Aftercare following joint replacement surgery		07/22/26	
13. ICD		Other Pertinent Diagnoses		Date	
M23.009		Cystic meniscus unspecified meniscus unspecified knee		07/22/26	
M17.11		Unilateral primary osteoarthritis right knee		07/22/26	
M17.12		Unilateral primary osteoarthritis left knee		07/22/26	
M25.561		Pain in right knee		07/22/26	
Z68.38		Body mass index [BMI] 38.0-38.9 adult		07/22/26	
I35.9		Nonrheumatic aortic valve disorder unspecified		07/22/26	
14. DME and Supplies:			15. Safety Measures:		
walker, bath bench,			walker precautions, fall precautions, ambulates with device, knee precautions, bathroom safety, anticoagulant precautions		
16. Nutrition:			17. Allergies:		
High protein, high fiber diet, regular			ATORVASTATIN, NIACIN		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation,!Hearing			Up As Tolerated, Walker, Independent at Home		
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Psychosocial Status: Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: Good					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			another facility/provider will be responsible for managing treatment 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					
Clinical Condition Requiring Homecare: post-surgical weakness, pain, and fall risk.					
SN Careplans			SN Goals		
SN WK1: 1 (07/22/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26)			PATIENT-STATED GOAL: AMBULATE INDEPENDENTLY		
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			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		
CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area			patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications			patient/caregiver recalls * pain control * therapeutic exercises to optimize range of motion of affected area * diet and fluids to promote healing * recalls related medication(s) purpose, schedule		
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:Wife is durable power of attorney for healthcare, pt states has living will					
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, swelling of affected area					
PROCEDURES: cough/deep breathing exercises: POST SURGERY, incentive spirometer: POST SURGERY					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by LUBELAN, SAMANTHA RN SN on 07/22/2026					
24. Physician's Name and Address			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.		
JESSICA NEUROTH 3040 Bourn Street Lewiston, MI 49756 PHONE: 989-786-4877 FAX: 19897316723 NPI: 1487036513			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		

Home Health Certification and Plan of Care				Order ID: 1195/760
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1CR2CR1CT16	07/22/2026	From: 07/22/2026 To: 09/19/2026	721	239350
6. Patient's Name and Address GARY STEWART 8041 BEAR CROSSING, VANDERBILT, MI 49795- (989) 476-0296		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		

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, * pain control therapeutic exercises to optimize range of motion of affected area diet and fluids to promote healing, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule	
---	--

PT Careplans PT WK1: 1 (07/22/26-07/25/26) ,WK2: 2 (07/26/26-08/01/26) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, Pain Effect on Sleep, Pain Interference with ADLs, Pain Effect on Sleep, Pain Interference with ADLs PROCEDURES: home exercise program, equipment training, work simplification/energy conservation, 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 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent, Patient will demonstrate improved R knee AROM to >=90 degrees flexion and 0 degrees extension, Reduce falls	PT Goals PATIENT-STATED GOAL: Complete in home post surgical rehab, improve ambulation GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Sit to Stand - 06. Independent Car Transfer - 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 Patient will demonstrate improved R knee AROM to >=90 degrees flexion and 0 degrees extension Reduce falls Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 06. Independent Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance Upper Body Dressing - 06. Independent
--	---

OT Careplans OT WK2: 1 (07/26/26-08/01/26) PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating	OT Goals
---	----------

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	07/22/2026