Home Health Certification and Plan of Care

Order ID: 1195/763

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4UV4WH9AA95	08/21/2026	From: 08/21/2026 To: 10/19/2026	265-1	239350

6. Patient's Name and Address
Jerome Dobrzelewski
N2189 US 131,
Elmira, MI 49730-
231-546-3818

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 06/19/1935 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
G70.00	Myasthenia gravis without (acute) exacerbation	08/21/26

13. ICD	Other Pertinent Diagnoses	Date
G30.9	Alzheimer's disease unspecified	08/21/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	08/21/26
I10.	Essential (primary) hypertension	08/21/26

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

DIPHENHYDRAMINE 25 MG Orally Once a day as needed
DUTASTERIDE AND TAMSULOSIN HYDROCHLORIDE 0.4 MG Orally Once a day
HYDROCHLOROTHIAZIDE 12.5 MG Orally Once a day in the morning
FAMOTIDINE 40 MG Orally Once a day at bedtime
DUTASTERIDE 0.5 MG Orally Once a day
TRAZODONE 50 MG Orally Once a day As needed
INSULATARD NPH HUMAN 10 GM Intravenously every 8 weeks Start Date: 06/26/2026
MESTINON 60 MG Orally 4x daily Start Date: 06/26/2026
DONEPEZIL HYDROCHLORIDE 10 MG Orally Once a day Start Date: 06/26/2026
SERTRALINE 50 MG Orally daily Start Date: 06/26/2026
MEMANTINE HYDROCHLORIDE 10 MG Orally daily Start Date: 06/26/2026
METHYLPREDNISOLONE 125 MG Injection as directed

14. DME and Supplies:
wheelchair, walker

15. Safety Measures:
transfer with assist, supervision at all times, fall precautions, ambulates with device, ambulates with assistance, walker precautions, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
Tetanus Immune Globulin

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Walker, Exercises Prescribed

19. Mental & Pyschosocial Status: COGNITION: 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time., ANXIETY: 4. Constantly, SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required!2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
patient to receive home care indefinately

Homebound status: medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: Deconditioning, weakness

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (08/21/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK7: 1 (09/27/26-10/03/26) ,WK8: 1 (10/04/26-10/10/26) ,WK9: 1 (10/11/26-10/17/26) ,WK10: 1 (10/18/26-10/19/26)

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

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 5. Decline in mental, emotional, or behavioral status in the past 3 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 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

PT Goals

PATIENT-STATED GOAL: Per Family- Maintain current functioning/movement

GOALS
patient/caregiver recalls
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls 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 - 05. Setup or clean-up assistance

1 - Step (curb) - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
MATTHEW MAZUR
850 N OTSEGO AVE SUITE 1
GAYLORD, MI 49735-1568
PHONE: (989) 731-7870 FAX: 19897317837 NPI: 1376719781

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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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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130G1 - Lower Body Dressing, 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, GG0130F1 - Upper Body Dressing, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, M1700 - Cognition, M1745 - Behavioral Issues, M2020 - Oral Med Management, M1400 - Dyspnea, M1620 - Bowel Incontinence, limited endurance, limited strength, muscle weakness, balance deficit, lethargy, headache, daytime fatigue

PROCEDURES: cough/deep breathing exercises, home exercise program, therapeutic exercises: for maintenance therapy, gait training/stair training: with 2WW, neuromuscular re-education: for maintenance therapy, transfers training

TEACH PATIENT/CAREGIVER: * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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 - 05. Setup or clean-up assistance, 1 - Step (curb) - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/21/2026