Home Health Certification and Plan of Care

Order ID: 1195/779

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1010976465V312619	02/12/2026	From: 08/11/2026 To: 10/09/2026	3648	239350

6. Patient's Name and Address
LARRY WADE
1098 SHADY BROOK LANE,
GAYLORD, MI 49735
(313) 300-7645

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 02/22/1949 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
I95.1	Orthostatic hypotension	02/12/26

13. ICD	Other Pertinent Diagnoses	Date
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	02/12/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	02/12/26
N18.30	Chronic kidney disease stage 3 unspecified	02/12/26
C61.	Malignant neoplasm of prostate	02/12/26
E03.9	Hypothyroidism unspecified	02/12/26

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

CLOPIDOGREL 75 mg 75 MG / 1 tablet by mouth once a day frequency: daily
PREGABALIN 75 MG / 1 capsule by mouth twice a day
Amilodipine - Amlodipine Besylate 10 MG / 1 tablet by mouth once a day frequency: daily
ASPIRIN 81 MG / 1 tablet by mouth once a day frequency: daily
ATENOLOL-CHLORTHALIDONE ORAL TABLET 100 - 25 MG / 1/2 tablet by mouth once a day
ATORVASTATIN 80 MG / 1 tablet by mouth at bedtime
CVS DAILY MULTIVITAMIN-MEN 50 ORAL TABLET 1 tablet by mouth once a day frequency: daily
CVS SENNA ORAL CAPSULE 8.6 MG / 2 capsules by mouth once a day ONGOING
CVS SODIUM CHLORIDE OPHTHALMIC OINTMENT 5 % / 1/4 inch right eye at bedtime ONGOING
Difluprednate Ophthalmic Emulsion 0.05 % 1 drop right eye three times a day
Dorzolamide HCl-Timolol Mal Ophthalmic Solution 2-0.5 % 1 drop left eye twice a day
Empagliflozin 25 MG / 1 tablet by mouth once a day frequency: daily
Ezetimibe - Ezetimibe 10 mg 1 tablet by mouth once a day frequency: daily
Finasteride - Finasteride 5 mg 1 tablet by mouth once a day frequency: daily
Insulin Aspart FlexPen Subcutaneous Solution Pen-injector 100 UNIT/ML 30 units subcutaneous once a day frequency: daily (10 minutes prior to dinner)
Lantus SoloStar Subcutaneous Solution Pen-injector 100 UNIT/ML 50 units subcutaneous at bedtime
Latanoprost Ophthalmic Solution 0.005 % 1 drop left eye once a day frequency: daily
Levothyroxine Sodium - Levothyroxine Sodium 175 mcg / 1 tablet by mouth once a day frequency: daily
Mirtazapine - Mirtazapine 15 mg 1 tablet by mouth at bedtime
Omeprazole D.R. Oral Capsule Delayed Release 20 MG 1 capsule by mouth once a day frequency: daily
Relugolix 120 MG / 1 tablet by mouth once a day
SITagliptin 50 MG / 1 tablet by mouth once a day frequency: daily
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg 1 capsule by mouth at bedtime
Toprol XL Oral Tablet Extended Release 24 Hour 25 MG 1 tablet by mouth once a day frequency: daily
Tums - Simethicone 500 MG / 2 tablets by mouth every 4 hours PRN for GERD
Venlafaxine Hydrochloride - Venlafaxine Hydrochloride 75 mg 1 tablet by mouth at bedtime

14. DME and Supplies:
diabetic supplies, bath bench, 4 wheeled walker

15. Safety Measures:
cardiac precautions, walker precautions, medication safety, diabetic precautions, , fall precautions, ambulates with device, ambulates with assistance

16. Nutrition:
diabetic

17. Allergies:
DRUG ALLERGIES: CODEINE

18.A. Functional Limitations
Hearing, Endurance

18.B. Activities Permitted
Up As Tolerated, Walker

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 2. On awakening or at night only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
family/caregiver 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: Orthostatic hypotension

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by STRICKLER, SYDNEY SN RN on 08/06/2026

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.

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SN WK1: 1 (08/11/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK5: 1 (09/06/26-09/12/26) ,WK6: 1 (09/13/26-09/19/26) ,WK7: 1 (09/20/26-09/26/26) ,WK8: 1 (09/27/26-10/03/26) ,WK9: 1 (10/04/26-10/09/26)

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: 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), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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

08/06/2026 Problems : balance deficit
weak hand grips
urine retention
frequent urination
rough/scaly/cracked skin
limited strength
limited endurance
muscle weakness
abnormal BS < 70/140 > mg/dL

PROCEDURES: glucose testing via monitor, monitor intake & output, coordinate/arrange resources for vision-impaired, coordinate/arrange long-term socialization activities

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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

PATIENT-STATED GOAL: strength and help w/navigating vision loss

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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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 keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient's living environment is clean/uncluttered

meal preparation is available to patient for all meals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN RN	08/06/2026