Home Health Certification and Plan of Care

Order ID: 1195/781

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
X3LM68134192	08/13/2026	From: 08/13/2026 To: 10/11/2026	907	239350

6. Patient's Name and Address
David Thompson
910 W SHELDON ST APT 310,
GAYLORD, MI 497351934-
(989) 644-3114

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 03/27/1946 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N12.	Tubulo-interstitial nephritis not spcf as acute or chronic	08/13/26

13. ICD	Other Pertinent Diagnoses	Date
A41.9	Sepsis unspecified organism	08/13/26
R41.0	Disorientation unspecified	08/13/26
R32.	Unspecified urinary incontinence	08/13/26
H91.93	Unspecified hearing loss bilateral	08/13/26

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

Midodrine Hydrochloride - Midodrine Hydrochloride 5 mg 1 tab by mouth twice a day
Ciprofloxacin - Ciprofloxacin 500mg 1 tab by mouth every 12 hours
Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 500mg 1 tab by mouth once a day
Docusate Sodium - Docusate Sodium 250mg 1 tab by mouth as necessary
Acetaminophen - Acetaminophen 1000mg 2 tabs by mouth as necessary
Memantine Hydrochloride - Memantine Hydrochloride 21 mg 1 tab by mouth once a day
Vitamin D - Ergocalciferol 25mcg 1 tab by mouth once a day

14. DME and Supplies:
bath bench, grab bars, , walker

15. Safety Measures:
walker precautions, medication safety, fall precautions, ambulates with device, supervision at all times

16. Nutrition:
regular

17. Allergies:
Dust, pine trees, pseudoephedrine-terfenadine

18.A. Functional Limitations
Ambulation, Hearing, Endurance

18.B. Activities Permitted
Up As Tolerated, Walker

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 2. Sometimes, 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, HISTORY OF DEPRESSION: Yes

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: 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
family/caregiver will be responsible for managing treatment

Homebound status: Symptoms identified support difficulty to leave home for medical services required.

Clinical Condition Requiring Homecare: - Home Care Referral ordered 08/11/2026 after face-to-face encounter. Order identifies pyelonephritis and sepsis and documents difficulty leaving home for required medical services. - Recent hospitalization began 08/09/2026. Therapy documentation lists severe sepsis as the reason for hospitalization and also notes shortness of breath and confusion. During hospitalization, the patient was evaluated by PT/OT for fall risk, mobility, cognition, and self-care. PT documented functional mobility with a front-wheeled walker but recommended 24-hour supervision because of cognitive impairment. OT recommended home care OT and stated the patient would benefit from HHC OT/PT for safety training and home-safety evaluation. (orders in referral only showed SN)

SN Careplans

SN WK1: 1 (08/13/26-08/15/26) ,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 (09/06/26-09/11/26)

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, 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

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

SN Goals

PATIENT-STATED GOAL: Regain strength and mobility

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/13/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
DOUGLAS GENTRY
419 SOUTH CORAL STREET
KALKASKA, MI 49646
PHONE: (231) 258-7777 FAX: 12312587786 NPI: 1245224435

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.

Home Health Certification and Plan of Care

Order ID: 1195/781

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
X3LM68134192	08/13/2026	From: 08/13/2026 To: 10/11/2026	907	239350

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
David Thompson 910 W SHELDON ST APT 310, GAYLORD, MI 497351934- (989) 644-3114	Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021

08/13/2026 Problems : M1720 - Anxiety
D0700 - Social Isolation
M1745 - Behavioral Issues
M1600 - UTI
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
balance deficit
muscle weakness
limited strength
limited endurance
D0160 - Depression

PROCEDURES: Monitor ability to live in apartment, continuous supervision: Pts wife and son state pt needs supervision at all times. Pt is confused and gets disoriented regularly. Monitor ability to live in apartment vs nursing home and needs for assistance with monitoring pt. Currently pts wife watches him during the day and their son has been living with them for the past 8 weeks but lives/works in kalkaska., cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, bladder training, coordinate/arrange long-term socialization activities, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, * strategies to increase socialization, related medication(s) purpose, schedule

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

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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/13/2026