

Home Health Certification and Plan of Care				Order ID: 1195/805	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
9AF1GH4AP24		08/10/2026		From: 08/10/2026 To: 10/08/2026	
4. Medical Record No.		5. Provider No.		890239350	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Karen Cribb 3123 PARROTTS POINT RD, INDIAN RIVER, MI 49749- (248)762-8667			Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021		
8. DOB10/09/1954			9.SexFemale		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
Principal Diagnosis			AMLODIPINE 5 mg, 1 tabs Oral QAM		
Z48.811			ATARAX 10 mg, 1 tabs Oral QID, PRN		
Encntr for surgical afctr fol surgery on the nervous sys			bempedoic acid 180 mg oral tablet 180 MG tabs Oral QAM		
Date08/10/26			PEG-3350, SODIUM CHLORIDE, SODIUM BICARBONATE, POTASSIUM		
13. ICD			CHLORIDE AND BISACODYL 5 mg, 1 tabs Oral QHS		
Other Pertinent Diagnoses			EZETIMIBE 10 mg, 1 tabs Oral QAM		
M48.062			FARXIGA 10 mg, 1 tabs Oral QAM		
Spinal stenosis lumbar region with neurogenic claudication			HYDROcodone-acetaminophen 10 mg-325 mg oral tablet 10 MG tabs Oral		
M54.16			Q4H, PRN		
Radiculopathy lumbar region			HYDROcodone-acetaminophen 7.5 mg-325 mg oral tablet 7.5 MG tabs Oral		
M43.16			Q4H, PRN		
Spondylolisthesis lumbar region			LISINOPRIL 20 mg, 1 tabs Oral Daily		
E11.21			MIRALAX 17 g, 1 EA Oral BID		
Type 2 diabetes mellitus with diabetic nephropathy			PANTOPRAZOLE 40 mg, 1.5 tabs Oral Daily		
N18.31			PROPRANOLOL 60 mg, 1.5 tabs Oral BID		
Chronic kidney disease stage 3a			ROBAXIN 500 mg, 1 tabs Oral Q6H, PRN		
N39.0					
Urinary tract infection site not specified					
14. DME and Supplies:			15. Safety Measures:		
walker, ,			walker precautions, fall precautions		
16. Nutrition:			17. Allergies:		
cardiac diet, soft			primidone (unable to function) rosuvastatin (Muscle pain)		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			Up As Tolerated, 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:			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.			patient will be responsible for managing treatment add discharge plan		
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 Requiring Homecare: LUMBAR SPONDYLOLISTHESIS					
SN Careplans			SN Goals		
SN WK1: 1 (08/10/26-08/15/26) ,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 (10/04/26-10/08/26)			PATIENT-STATED GOAL: Incision		
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		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications			* prevention including increase fluid intake		
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			* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)		
			* perineal hygiene		
			* recalls related medication(s) purpose, schedule		
			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		
			* how to keep home safe for patient with vision loss including eliminating hazards		
			* enhancing lighting		
			* using mechanical aids		
			patient self-administers medications as prescribed		
			* recalls related medication(s) purpose, schedule		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 08/10/2026					
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.		
RICHARD SHOSKEY			F2F date :		
560 W. MITCHELL STREET, SUITE C70					
PETOSKEY, MI 49770					
PHONE: (231) 487-7200 FAX: 12314877188 NPI: 1376805903					
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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spreaders, heavy physical assistance, provider or 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:Do not resuscitate (DNR) orders 08/10/2026 Problems : M1600 - UTI M1400 - Dyspnea M2020 - Oral Med Management weak hand grips muscle weakness heartburn/indigestion abnormal BS < 70/140 > mg/dL B1000 - Vision Deficit PROCEDURES: Infection and wound: Nurse to monitor for s/sx of infection at surgical site, cough/deep breathing exercises, glucose testing via monitor, monitor intake & output, coordinate/arrange resources for vision-impaired 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 including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule	
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PT Careplans PT WK1: 1 (08/10/26-08/15/26) 08/13/2026 Problems : GG0170G1 - Car Transfer 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 GG0130B1 - Oral Hygiene GG0170E1 - Chair to Bed to Chair 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 PROCEDURES: equipment training, work simplification/energy conservation, gait training on uneven surfaces, 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 - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent	PT Goals PATIENT-STATED GOAL: add patient-stated goal GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 - Step (curb) - 06. Independent 4 Steps - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Shower/Bathe Self - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Upper Body Dressing - 06. Independent
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Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	08/10/2026