Home Health Certification and Plan of Care

Order ID: 1195/816

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7N15VG4EC71	08/11/2026	From: 08/11/2026 To: 10/09/2026	889	239350

6. Patient's Name and Address
Dennis Ramont
3191 Chippewa Beach RD,
Indian River, MI 49749-
231-238-7581

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 09/16/1944 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
L03.115	Cellulitis of right lower limb	08/11/26

13. ICD	Other Pertinent Diagnoses	Date
T79.A21D	Traumatic compartment syndrome of r low extrem subs	08/11/26
S80.11XD	Contusion of right lower leg subsequent encounter	08/11/26
R33.9	Retention of urine unspecified	08/11/26
I50.22	Chronic systolic (congestive) heart failure	08/11/26
I25.5	Ischemic cardiomyopathy	08/11/26
I48.0	Paroxysmal atrial fibrillation	08/11/26
E11.9	Type 2 diabetes mellitus without complications	08/11/26

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

ELIQUIS 5 MG tablet Oral two times a day for a-fib
ATORVASTATIN 80 MG tablet Oral one time a day for hyperlipidemia
BUMETANIDE 0.5 MG tablet Oral one time a day for edema
CARVEDILOL 3.125 MG tablet Oral two times a day for HF
DIVALPROEX 500 MG tablet Oral one time a day for mood
DULCOLAX 10 MG suppository rectally every 24 hours as needed for constipation
GUAIFENESIN 600 MG tablet Oral every 12 hours as needed for Loosen secretions
Hydrocodone-Acetaminophen Tablet 5-325 MG 325 MG tablet Oral every 4 hours as needed for moderate pain
MELATONIN 5 MG tablet Oral every 24 hours as needed for insomnia
NITROGLYCERIN 0.4 MG tablet sublingually every 5 minutes as needed for Chest Pain x 3 doses. If no relief, call MD.
OMEPRAZOLE 20 MG MG Oral one time a day for Gerd
QUETIAPINE FUMARATE 100 MG tablet Oral one time a day for mood with tablet for total dose
Sennosides-Docusate Sodium Tablet 8.6-50 MG 50 MG MG Oral two times a day for Constipation
SPIRONOLACTONE 25 MG tablet Oral one time a day for HF, chronic systolic ischemic cardiomyopathy for 180 Days
TRAZODONE 50 MG tablet Oral Verbal as needed for insomnia at bedtime

14. DME and Supplies:
walker

15. Safety Measures:
bathroom safety, remove environmental barriers, ambulates with device, infectious material management, walker precautions

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Up As Tolerated

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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

22. A Rehabilitation Potential:
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.

22.B.Discharge Plans
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Absences from the home require considerable and taxing effort and infrequent or short duration.

Clinical Condition Requiring Homecare: Dennis is an 81yr old male who is homebound with a L03.115 Cellulitis of the Right Lower Limb. Dennis has an unsteady gait, poor balance and will need Physical Therapy services and Occupational Therapy for ADL functioning, strengthening, endurance, balance and to promote home safety and education. Dennis will also need an RN for Vitals and Education on Catheter care.

SN Careplans

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: 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 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

SN Goals

PATIENT-STATED GOAL: Heal leg wound and remove catheter

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by PROW, KATIE SN RN on 08/11/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
JESSICA MACHUE
1100 E MICHIGAN AVE
GRAYLING, MI 49738
PHONE: (989) 348-5461 FAX: 19897312497 NPI: 1255750550

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 : 08/06/2026

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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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:Durable power of attorney for health care/Medical power of attorney

08/17/2026 Problems : M1720 - Anxiety
M1610 - Urinary Catheter
M1400 - Dyspnea
M2020 - Oral Med Management
coughing
limited strength
urine retention
loss of appetite
D0160 - Depression

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Right lower leg wound - cleanse with normal saline, cut to fit to wound bed algenite, cover with Coban two layer system, glucose testing via monitor, monitor intake & output, catheter change, care & irrigation: Coude/16 french catheter with 10 mL balloon, drainage bag, and routine catheter care supplies, change every 30 days

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, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

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

PT Careplans

PT 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)

08/17/2026 Problems : 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

PROCEDURES: home exercise program: Instruct and progress HEP to include B LE strengthening, NMR, and static and dynamic balance training, 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: Improve strength

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Car Transfer - 06. Independent

Walk 150 Feet - 04. Supervision or touching assistance

Sit to Stand - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 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

OT Careplans

OT WK1: 1 (08/11/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26)

08/13/2026 Problems : M1400
GG0130B1 - Oral Hygiene
GG0130F1 - Upper Body Dressing
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene

OT Goals

PATIENT-STATED GOAL: Patient and caregiver report goal to be able to take a shower safely and manage catheter bag.

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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by PROW, KATIE SN RN

Date
08/11/2026

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GG0130A1 - Eating

PROCEDURES: equipment training: Walker Negotiation during ADLs, Shower chair, Catheter bag management, work simplification/energy conservation: Pacing, Planning, Positioning, Prioritize.

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by PROW, KATIE SN RN	08/11/2026