Home Health Certification and Plan of Care

Order ID: 1195/800

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1FY2QH2MC19	06/10/2026	From: 08/09/2026 To: 10/07/2026	725	239350

6. Patient's Name and Address
Rita Cucheran
4079 N RACOON TRL,
LINCOLN, MI 48742-
989-736-8509

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 09/05/1940 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
K56.699	Other intestnl obst unsp as to partial versus complete obst	06/10/26

13. ICD	Other Pertinent Diagnoses	Date
N83.8	Oth noninflammatory disord of ovary fallop and broad ligmt	06/10/26
I10.	Essential (primary) hypertension	06/10/26
G35.D	Multiple sclerosis unspecified	06/10/26
E78.5	Hyperlipidemia unspecified	06/10/26
K58.9	Irritable bowel syndrome without diarrhea	06/10/26
K86.89	Other specified diseases of pancreas	06/10/26
R33.9	Retention of urine unspecified	06/10/26
S81.812A	Laceration without foreign body left lower leg init encntr	06/10/26

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

Spironolactone - Spironolactone 50 mg 1 tablet by mouth once a day
Losartan Potassium - Losartan Potassium 100 mg 1 tablet by mouth once a day
Labetalol Hydrocloride - Labetalol Hydrochloride 100 mg / 1 tablet by mouth once a day
Estrace - Estradiol 1 mg 1 tablet by mouth once a day
Dalfampridine - Dalfampridine 5 mg / 1 Tablet by mouth twice daily
Amilodipine - Amlodipine Besylate 5 mg / 1 Tablet by mouth once a day
Myrbetriq - Mirabegron 50 mg, one tablet by mouth in the evening for urination

14. DME and Supplies:
cane, 4 wheeled walker, walker

15. Safety Measures:
fall precautions, standard precautions, ambulates with device

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Exercises Prescribed, Walker, Up As Tolerated

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: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: -, HISTORY OF DEPRESSION:

20. Prognosis: good

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

22.B.Discharge Plans
patient 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: Home health referral was requested for nursing for MED, PT, and HHA services with anticipated discharge home. Home care orders include RN med/S&O, skilled assessment of gastrointestinal status, mobility/home safety plan, musculoskeletal status, pain control, vital signs, education for diet/hydration, medication regimen, signs and symptoms of infection, signs and symptoms to report to physician, PT evaluation, and HHA evaluation.

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (08/09/26-08/15/26) ,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 (10/04/26-10/07/26)

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 > 95, O2 saturation < 90 > 100, pain < 0 > 7

CAREGIVER: -

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 9. Other risk(s) not listed in 1- 8

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

PT Goals

PATIENT-STATED GOAL: 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 08/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
RONG LAWSON
ALPENA MEDICAL ARTS, PC 211 LONG RAPIDS ROAD
ALPENA, MI 49707
PHONE: (989) 358-4251 FAX: 19893548600 NPI: 1215116025

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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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 : GG0130F1 - Upper 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
GG0170E1 - Chair to Bed to Chair
GG0130B1 - Oral Hygiene
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130E1 - Shower/Bathe Self
GG0170F1 - Toilet Transfer
GG0130C1 - Toileting Hygiene
GG0170D1 - Sit to Stand
GG0170G1 - Car Transfer
M1810 - Upper Body Dressing
M1820 - Lower Body Dressing
M1830 - Bathing
M1840 - Toilet Transferring
M1850 - Transferring
M1860 - Ambulation/Locomotion
limited strength
limited endurance

PROCEDURES: Manual Therapy: Manual therapy may include manually resisted or assisted range of motion to the joints of the right or left lower extremity; manual muscle stretching to decrease muscular tension and improve range of motion for improved transfers in and out of vehicle., home exercise program: Therapist to instruct seated, standing and/or reclined home exercises including but not limited to any or all of the following as tolerated: active or band resisted/assisted ankle pumps, circumduction, hip flexion, adduction, and/or abduction, range of motion for Lower extremity joints of knees, hips, and/or ankle/foot. Core strengthening; neuromuscular education. Written home exercises provided and program may be modified and/or progressed as tolerated., equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training, assist with toilet transferring, assist with transferring, assist with mobility, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with lower body dressing, assist with upper body dressing

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, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

Picking Up Object - 06. Independent

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	08/05/2026