Home Health Certification and Plan of Care

Order ID: 1195/811

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H57702977	06/11/2026	From: 08/10/2026 To: 10/08/2026	742	239350

6. Patient's Name and Address
TOBY SLATER
2125 BEAN CREEK RD,
LACHINE, MI 49753-
810-627-8744

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 03/24/1980 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
L89.154	Pressure ulcer of sacral region stage 4	06/11/26

13. ICD	Other Pertinent Diagnoses	Date
L89.014	Pressure ulcer of right elbow stage 4	06/11/26
G82.21	Paraplegia complete	06/11/26
M46.28	Osteomyelitis of vertebra sacral and sacrococcygeal region	06/11/26
M86.621	Other chronic osteomyelitis right humerus	06/11/26
D50.9	Iron deficiency anemia unspecified	06/11/26
E44.1	Mild protein-calorie malnutrition	06/11/26
I10.	Essential (primary) hypertension	06/11/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/11/26
F41.9	Anxiety disorder unspecified	06/11/26
Z86.718	Personal history of other venous thrombosis and embolism	06/11/26

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

Zoloft - Sertraline Hydrochloride eq 25 mg base 1 tablet by mouth once a day
True Folic Acid Oral Tablet 1 MG 2 tablets by mouth once a day
Prilosec - Omeprazole 1 tablet by mouth once a day Start date: 06/08/2026
Metoprolol Tartrate - Metoprolol Tartrate 50 mg/ 1 tablet by mouth twice a day
Megestrol Acetate - Megestrol Acetate 20 mg / 1 tablet by mouth four times a day
Eliquis - Apixaban 5 mg / 1 Tablet by mouth twice a day
Cyanocobalamin - Cyanocobalamin 1000 mcg / 1 capsule by mouth once a day

14. DME and Supplies:
large base quad cane, wheelchair, hoyer lift, wound care supplies, IV supplies

15. Safety Measures:
wheelchair precautions, , Universal/infection precautions , Keep pathways clear

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Paralysis

18.B. Activities Permitted
Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 0. Never, 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 is homebound due to paraplegia.

Clinical Condition Requiring Homecare: Patient is homebound due to paraplegia.

SN Careplans

SN WK1: 2 (08/10/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 2 (08/23/26-08/29/26) ,WK4: 2 (08/30/26-09/05/26) ,WK5: 2 (09/06/26-09/12/26) ,WK6: 2 (09/13/26-09/19/26) ,WK7: 2 (09/20/26-09/26/26) ,WK8: 2 (09/27/26-10/03/26) ,WK9: 2 (10/04/26-10/08/26)

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: 10. None of the above

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

08/20/2026 Problems : limited strength (MS)
foul-smelling urine (GU)

SN Goals

PATIENT-STATED GOAL: (In patient's Own Words): Maintain wounds and make sure new ones start

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 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/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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
DANIEL MORTENS
211 LONG RAPIDS RD
ALPENA, MI 49707-1315
PHONE: (989) 354-2142 FAX: 19893548600 NPI: 1447871587

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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swell/redness surround. skin (SK)
open sores/lesions (SK)
poor muscle tone
muscle weakness

PROCEDURES: apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care: Complete wound care twice a week by cleansing with wound cleanser, patting dry, packing buttock and hip wounds with dakins soaked gauze and cover with ABD pads. Complete wound care to left knee by cleaning with wound cleanser and patting dry, applying antibacterial ointment and covering with silicone bandage. Complete wound care to lateral right lower leg by cleansing with wound cleanser, patting dry, applying calcium alginate , and covering with silicone bandage., wound vacuum, monitor intake & output

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 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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids

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