

Home Health Certification and Plan of Care				Order ID: 1195/798	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1014758218V682908		08/04/2026		From: 08/04/2026 To: 10/02/2026	
				4. Medical Record No.	
				5105	
				5. Provider No.	
				239350	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Terral Hurd 128 Brenda Dr, CHEBOYGAN, MI 49721- 231) 4451702			Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021		
8. DOB			9. Sex		
02/05/1957			Male		
11. ICD		Principal Diagnosis		Date	
I63.9		Cerebral infarction unspecified		08/04/26	
13. ICD		Other Pertinent Diagnoses		Date	
I69.359		Hemiplga following cerebral infarction affecting unsp side		08/04/26	
M54.16		Radiculopathy lumbar region		08/04/26	
G40.909		Epilepsy unsp not intractable without status epilepticus		08/04/26	
I10.		Essential (primary) hypertension		08/04/26	
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs		08/04/26	
E78.5		Hyperlipidemia unspecified		08/04/26	
F32.A		Depression unspecified		08/04/26	
14. DME and Supplies:			15. Safety Measures:		
None of the above			fall precautions		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			lisinopril (Cough), losartan (Tremor)		
18.A. Functional Limitations			18.B. Activities Permitted		
Dyspnea With Minimal Exertion, Ambulation			Complete Bedrest		
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Psychosocial Status: Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: fair					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 1. Dependent - A helper completed all the activities for the patient.			family/caregiver will be responsible for managing treatment		
Homebound status: Decreased activity tolerance, endurance, Requires aid of supportive device (walker, cane, wheelchair) to leave home, Requires assist of another person to leave place of residence, Unsafe for community ambulation due to fall risk and poor safety awareness					
Clinical Condition CC GEC Skilled Nursing referral for diagnosis hemiparesis due to stroke.					
Requiring Homecare:					
SN Careplans			SN Goals		
SN WK1: 1 (08/04/26-08/08/26) ,WK2: 1 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26) ,WK4: 1 (08/23/26-08/29/26) ,WK5: 1 (08/30/26-09/05/26) ,WK6: 1 (09/06/26-09/12/26) ,WK7: 1 (09/13/26-09/19/26) ,WK8: 1 (09/20/26-09/26/26) ,WK9: 1 (09/27/26-10/02/26)			PATIENT-STATED GOAL: Improve quality of life and manage medications		
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, 8. Currently reports exhaustion			* how to maintain a diary to monitor effective and non-effective pain relief		
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			including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain		
			* teach relaxation skills and diversional activities		
			* 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		
			* 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's living environment is clean/uncluttered		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/04/2026					
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.		
ROBYN YATES			F2F date : 07/01/2026		
1105 SIXTH ST					
TRAVERSE CITY, MI 49684-2345					
PHONE: (989) 497-2500 FAX: 19893214118 NPI: 1518174101					
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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Home Health Certification 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 08/12/2026 Problems : M1033 - Exhaustion Pain Effect on Sleep Pain Interference with Therapy activities Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management Home Safety limited strength limited range of motion muscle weakness PROCEDURES: Medication management: Monitor med management and ensure wife is able to manage medications, cough/deep breathing exercises, incentive spirometer, coordinate/arrange for maintenance of clean/uncluttered living area 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, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, 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, patient's living environment is clean/uncluttered				

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/04/2026