Home Health Certification and Plan of Care

Order ID: 1195/808

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
101482281600	06/11/2026	From: 08/10/2026 To: 10/08/2026	740	239350

6. Patient's Name and Address
BARBARA PETERMAN
403 W MITCHELL ST APT 406,
GAYLORD, MI 49735-
(989)3506118

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 02/16/1952 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N39.41	Urge incontinence	06/11/26

13. ICD	Other Pertinent Diagnoses	Date
E03.9	Hypothyroidism unspecified	06/11/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	06/11/26
N18.31	Chronic kidney disease stage 3a	06/11/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/11/26
E78.5	Hyperlipidemia unspecified	06/11/26
E66.9	Obesity unspecified	06/11/26
R41.89	Oth symptoms and signs w cognitive functions and awareness	06/11/26
Z91.148	Patient's other noncompl with meds regimen for other reason	06/11/26

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

Vitamin B Complex - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet sublingual once a day
Sertraline Hydrochloride - Sertraline Hydrochloride 100 mg / 1 tablet - 1.5 tablet by mouth at bedtime
SENNA 8.6 mg/tablet / Give 2 tablet by mouth as necessary once a day as needed for constipation
Lisinopril - Lisinopril 20 mg 1 tablet by mouth in the morning
Metoprolol Tartrate - Metoprolol Tartrate 50 mg/ 1 tablet by mouth once a day
Levothyroxine Sodium - Levothyroxine Sodium 88 mcg / 1 tablet by mouth once a day
CVS Magnesium Oxide Oral Tablet 250 MG 250 mg / 1 Tablet by mouth once a day
CVS Acetaminophen Oral Capsule 325 MG 325 mg / 1 tablet - 2 tablets by mouth as necessary every 4-6 hours as needed for pain
Clotrimazole-Betamethasone External Cream 0.05-1 % 1 application transdermal twice a day Administered By: Patient
Calcium With Vitamin D - Calcium Acetate 600-40-500 MG-MG-UNIT / 1 tablet by mouth once a day
Bariatric Multivitamins Oral Tablet 1 tablet by mouth once a day
Azelastine Hydrochloride - Azelastine Hydrochloride 137 mcg/spray - 2 sprays Nasal as necessary 2 sprays each nostrills twice a day as needed for allergy
Atorvastatin Calcium - Atorvastatin Calcium 20 mg / 1 tablet by mouth once a day
Aspirin - Aspirin 81 mg / 1tablet by mouth in the morning

14. DME and Supplies:
None of the above

15. Safety Measures:
fall precautions, Anticoagulation precaution, Keep pathways clear

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
Hearing

18.B. Activities Permitted
No Restrictions, Independent at Home

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., 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: medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: Urge incontinence

SN Careplans

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)

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: 0. No assistance needed - patient is independent or does not have needs in this area

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: Pt will understand how to properly fill out med set and take meds correctly.

GOALS
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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by ABRAHAM, ALEXIS RN SN on 08/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
KATHLEEN PAWLANTA
829 N CENTER AVE SUITE 210
GAYLORD, MI 49735-1595
PHONE: (989) 731-7860 FAX: 19897317833 NPI: 1225055833

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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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 : dependent edema
limited endurance
abnormal thyroid 0.40 - 4.50 mIU/mL

PROCEDURES: Med management: Complete med sets at every visit with pt, teach pt how to complete, and observe pt as she completes med sets independently. Education as needed., coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, bladder training, coordinate/arrange long-term socialization activities

TEACH PATIENT/CAREGIVER: * 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS RN SN	08/06/2026