Home Health Certification and Plan of Care

Order ID: 1195/815

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
128041745	06/12/2026	From: 08/11/2026 To: 10/09/2026	744	239350

6. Patient's Name and Address

Donald Moyer
122 MAPLE ST APT 3,
MIO, MI 48647-
(734) 496-4897

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 02/03/1964 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma	06/12/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	06/12/26
E78.5	Hyperlipidemia unspecified	06/12/26
F17.210	Nicotine dependence cigarettes uncomplicated	06/12/26
Z79.4	Long term (current) use of insulin	06/12/26

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

Toujeo Solostar - Insulin Glargine Recombinant 300 unit subcutaneous see instructions
Metoprolol Succinate - Metoprolol Succinate 25mg / 1 tablet by mouth once a day
Metformin Hcl - Metformin Hydrochloride 1000 mg / 1 tablet by mouth once a day
Losartan Potassium - Losartan Potassium 25 mg 25mg / 1 tablet by mouth once a day
Jardiance - Empagliflozin 25 mg / 1 Tablet by mouth every morning
Ibuprofen - Ibuprofen 800 mg 1 tablet by mouth as necessary Every 8 hours as needed for pain
Humalog - Insulin Lispro Recombinant 100 units/ml 100 unit subcutaneous as directed Low Sliding Scale
Glipizide - Glipizide 10 mg 1 tablet by mouth twice a day
Atorvastatin - Atorvastatin Calcium 20 mg / 1 tablet by mouth once a day

14. DME and Supplies:
None of the above

15. Safety Measures:
None of the above

16. Nutrition:
regular

17. Allergies:
codeine with chest pain reaction

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
No Restrictions

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: Residual weakness, Leaving home requires a considerable and taxing effort, because of illness or injury, the person needs the following in order to leave their place of residence, the assistance of another person

Clinical Condition Requiring Homecare: DM

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

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

08/06/2026 Problems : wheezing
limited endurance
muscle weakness
abnormal BS < 70/140 > mg/dL

SN Goals

PATIENT-STATED GOAL: become more independent

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

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

25. Date HHA Received Signed POT

24. Physician's Name and Address
NATIKA MITCHELL COWIE
1370 MAPES RD
MIO, MI 48647-9516
PHONE: (989) 344-5820 FAX: 12313927338 NPI: 1861202574

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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PROCEDURES: glucose testing via monitor

TEACH PATIENT/CAREGIVER: patient self-administers medications as prescribed, related medication(s) purpose, schedule

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