Home Health Certification and Plan of Care

Order ID: 1195/915

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H55117699	08/10/2026	From: 08/10/2026 To: 10/08/2026	881	239350

6. Patient's Name and Address

Diane Jullette
1821 EAST STATE ST,
CHEBOYGAN, MI 49721-
(231)818-0121

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 02/02/1968 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	08/10/26

13. ICD	Other Pertinent Diagnoses	Date
L97.429	Non-prs chronic ulcer of left heel and midfoot w unsp severt	08/10/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/10/26
I50.22	Chronic systolic (congestive) heart failure	08/10/26
I48.0	Paroxysmal atrial fibrillation	08/10/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	08/10/26
N18.30	Chronic kidney disease stage 3 unspecified	08/10/26
I10.	Essential (primary) hypertension	08/10/26

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

ASPIRIN 81 mg, 1 tabs Oral Daily
ATORVASTATIN 80 mg, 1 tabs Oral Daily
ALCOHOL 10% AND DEXTROSE 5% 25 g, 50 mL IV Push Unscheduled, PRN
FUROSEMIDE 40 mg, 1 tabs Oral Daily
GABAPENTIN 800 mg, 2 cap Oral BID
PLAVIX 75 mg, 1 tabs Oral Daily
FAMOTIDINE 20 mg, 1 tabs Oral Daily
IMODIUM 2 mg, 1 cap Oral Q2H, PRN

14. DME and Supplies:

wheelchair

15. Safety Measures:

fall precautions, wheelchair precautions, anticoagulant precautions

16. Nutrition:

cardiac diet

17. Allergies:

iodine (Anaphylaxis), Adhesive Bandage (redness to skin, itching and burning), I
Bee Stings (Throat tightness, Swelling)

18.A. Functional Limitations

R BKA

18.B. Activities Permitted

Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

22. A Rehabilitation Potential:

SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

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, medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: - Referral follows hospitalization beginning 07/31/2026 for weakness with three days of nausea/vomiting/diarrhea and redness of the left leg/left heel wound. The hospital course included cardiac evaluation and treatment, management of reduced ejection fraction, diabetes, and evaluation of left heel redness/ulcer. - Recent notes document coronary artery disease, congestive heart failure with EF 25-30%, atrial fibrillation, chronic kidney disease stage 3, hypertension, hyperlipidemia, type 2 diabetes with neuropathy/hyperglycemia, chronic pain, prior CVA, MRSA history, prior right foot osteomyelitis/amputations, and a left heel ulcer. Orthopedic consultation documented left leg redness and an ulcer of unknown severity on the left heel.

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: 1. Non-agency caregiver(s) currently provide assistance

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 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

SN Goals

PATIENT-STATED GOAL: Wounds

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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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
* 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 ABRAHAM, ALEXIS RN SN on 08/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

KATIE FULCHER
416 CONNABLE AVE P
ETOSKEY, MI 49770-2212
PHONE: (231) 487-7969 FAX: 12314873063 NPI: 1851705727

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 **08/26/2026**: 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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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:Living Will

08/10/2026 Problems : A1250 - Lack of Necessary Transportation
M1610 - Urinary Incontinence
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
open sores/lesions
abnormal BS < 70/140 > mg/dL
B1000 - Vision Deficit
D0160 - Depression

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Cleans with wound cleanser, Pat dry, apply xeroform to wound bed and wrap with gauze and ace wrap if needed., glucose testing via monitor, monitor intake & output, coordinate/arrange resources for vision-impaired, coordinate/arrange transportation services

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met

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

patient's transportation needs are met

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS RN SN	08/10/2026