

Home Health Certification and Plan of Care				Order ID: 1195/920	
1. Patient s HI claim No. H74281122		2. Start Of Care Date 08/12/2026		3. Certification Period From: 08/12/2026 To: 10/10/2026	
		4. Medical Record No. 445-1		5. Provider No. 239350	
6. Patient's Name and Address Stuart Robbennolt 109 SHOSHONE CT, GAYLORD, MI 49735-8706 616-879-9075			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 06/11/1956			9. Sex Male		
10. Medications: Dose/Frequency/Route (N)ew (C)hanged There are no Medications for this Plan of Care					
11. ICD 150.20		Principal Diagnosis Unspecified systolic (congestive) heart failure		Date 08/12/26	
13. ICD R42. I25.10 I48.91 I73.9 J44.9 I10. G89.4		Other Pertinent Diagnoses Dizziness and giddiness Athscl heart disease of native coronary artery w/o ang pctrs Unspecified atrial fibrillation Peripheral vascular disease unspecified Chronic obstructive pulmonary disease unspecified Essential (primary) hypertension Chronic pain syndrome		Date 08/12/26 08/12/26 08/12/26 08/12/26 08/12/26 08/12/26 08/12/26	
14. DME and Supplies: walker			15. Safety Measures: standard precautions, fall precautions, anticoagulant precautions		
16. Nutrition: fluid restriction			17. Allergies: Patient has no known allergies.		
18.A. Functional Limitations Dyspnea With Minimal Exertion, Endurance, Ambulation			18.B. Activities Permitted Walker, Exercises Prescribed		
19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, HISTORY OF DEPRESSION: Yes					
20. Prognosis: poor					
22. A Rehabilitation Potential: SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.			22.B.Discharge Plans family/caregiver will be responsible for managing treatment patient will be responsible for managing treatment		
Homebound status: Based on the above findings, I certify that this patient is confined to the home and needs intermittent skilled care, physical therapy and/or speech therapy.					
Clinical Condition Requiring Homecare: High fall risk due to gait instability and muscle weakness					
SN Careplans SN WK1: 1 (08/12/26-08/15/26) 08/16/2026 Problems : muscle weakness Home Safety PROCEDURES: Medication set up: Nurse to complete med set during visit and assess and educate patient and family in medication and how to safely set medications., coordinate/arrange for maintenance of clean/uncluttered living area TEACH PATIENT/CAREGIVER: patient's living environment is clean/uncluttered			SN Goals PATIENT-STATED GOAL: Get medications organized and get stronger GOALS patient's living environment is clean/uncluttered		
PT Careplans PT WK1: 1 (08/12/26-08/15/26) ,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 (10/04/26-10/10/26) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 94 > 101.0, heart rate < 50 > 100, respiratory rate < 12 > 20, blood pressure systolic < 90 > 150, blood pressure diastolic < 50 > 100, O2 saturation < 90 > 100, pain < 0 > 7 CAREGIVER: 2. Non-agency caregiver(s) need training/supportive services to provide assistance HOSPITALIZATION RISKS: 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8 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			PT Goals PATIENT-STATED GOAL: Patient Goal GOALS Toilet Transfer - 06. Independent patient/caregiver recalls * 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 * 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 * prevention exacerbation of anxiety condition including coping patterns * improved concentration		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/12/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address BRITTANY RAMIREZ 8333 FELCH ST STE 200 ZEELAND, MI 49464-2609 PHONE: (616) 748-2850 FAX: 16167482855 NPI: 1790270320			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 : 08/10/2026		
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. PAGE 1 of 3		

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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:Durable power of attorney for health care/Medical power of attorney 08/14/2026 Problems : GG0170D1 - Sit to Stand shortness of breath cluttered/soiled living area (CM) unsafe floor coverings (CM) inadequate stairs railings (CM) GG0170P1 - Picking Up Object GG0170O1 - 12 Steps GG0170N1 - 4 Steps GG0170L1 - Walk 10 ft on Uneven Surface GG0170F1 - Toilet Transfer GG0170E1 - Chair to Bed to Chair GG0170G1 - Car Transfer GG0170I1 - Walk 10 Feet GG0170M1 - 1 - Step (curb) GG0170K1 - Walk 150 Feet GG0170J1 - Walk 50 ft with 2 Turns M1700 - Cognition M1720 - Anxiety M1745 - Behavioral Issues M1033 - Exhaustion Pain Effect on Sleep Pain Interference with Therapy activities Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management lightheadedness balance deficit limited strength limited endurance M2102d - Caregiver Performs Treatment M2102c - Med Admin D0160 - Depression PROCEDURES: Manual Therapy: Manual therapy may include manually resisted or assisted range of motion to the joints of the right or left lower extremity; manual muscle stretching to decrease muscular tension and improve range of motion for improved transfers in and out of vehicle., Falls Prevention: Education and interventions designed to decrease risk of falls., cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, home exercise program: Therapist to instruct seated, standing and/or reclined home exercises including but not limited to any or all of the following as tolerated: active or band resisted/assisted ankle pumps, circumduction, hip flexion, adduction, and/or abduction, range of motion for Lower extremity joints of knees, hips, and/or ankle/foot. Core strengthening; neuromuscular education. Written home exercises provided and program may be modified and/or progressed as tolerated., equipment training, work simplification/energy conservation, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration 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, * 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, * how to keep home safe for patient with dementia coping strategies for the caregiver*, 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, * management of mental			* strategies to reduce anxiety * identification of anxiety precipitants, conflicts, and threats * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to keep home safe for patient with dementia * coping strategies for the caregiver* 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 * management of mental health condition including joining a peer group * maintaining regular contact with mental health professional * avoiding known stressors * controlling impulses * 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 enviroment has adequate stairs railings patient living environment has safe floor coverings patient's living environment is clean/uncluttered caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence Sit to Stand - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance 1 - Step (curb) - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Car Transfer - 05. Setup or clean-up assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance	
Signature of Physician:			Date	
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Optional Name/Signature of Nurse/Therapist:			Date	
Electronically Signed by LUBELAN, SAMANTHA RN SN			08/12/2026	

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			1184225021		
health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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 enviroment has adequate stairs railings, patient living environment has safe floor coverings, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance					
OT Careplans			OT Goals		
OT WK2: 1 (08/16/26-08/22/26)			patient/caregiver recalls		
08/22/2026 Problems : GG0130B1 - Oral Hygiene			* lifestyle modifications to manage respiratory condition including		
GG0130F1 - Upper Body Dressing			* diet changes and regular exercise		
GG0130G1 - Lower Body Dressing			* strategies to control shortness of breath		
GG0130H1 - Don/Doff Footwear			* home remedies to keep lungs healthy		
GG0130E1 - Shower/Bathe Self			* recalls related medication(s) purpose, schedule		
GG0130C1 - Toileting Hygiene			patient/caregiver recalls		
GG0130A1 - Eating			* 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		
Pain Interference with ADLs			* teach relaxation skills and diversional activities		
M1400 - Dyspnea			* recalls related medication(s) purpose, schedule		
PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program, equipment training, work simplification/energy conservation			Oral Hygiene - 06. Independent		
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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent			Toileting Hygiene - 06. Independent		
			Shower/Bathe Self - 06. Independent		
			Lower Body Dressing - 06. Independent		
			Don/Doff Footwear - 06. Independent		

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