

Home Health Certification and Plan of Care				Order ID: 1195/605	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
X3LM62093889		08/01/2026		From: 08/01/2026 To: 09/29/2026	
				4. Medical Record No. 867	
				5. Provider No. 239350	
6. Patient's Name and Address Kathleen Moore 1334 FOX FARM DR, ALPENA, MI 49707- 989-306-7945			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 01/27/1953			9.Sex Female		
11. ICD G70.00			Principal Diagnosis Myasthenia gravis without (acute) exacerbation		
13. ICD R53.1 M05.79 R41.89 R60.0 N32.81 R93.89			Other Pertinent Diagnoses Weakness Rheu arthritis w rheu factor mult site w/o org/sys involv Oth symptoms and signs w cognitive functions and awareness Localized edema Overactive bladder Abnormal findings on dx imaging of oth body structures		
			Date 08/01/26 08/01/26 08/01/26 08/01/26 08/01/26 08/01/26 08/01/26		
			10. Medications: Dose/Frequency/Route (N)ew (C)hanged antib/db/dha/epa/fut/zeax blood sugar diagnostic (strip) Test once daily blood-glucose meter (misc) test once daily VITAMIN by mouth daily Take 1,000 Units/hr by mouth. FUROSEMIDE 20 mg by mouth daily Take 1 tablet (20 mg total) by mouth daily. EFAVIRENZ 200MG SCORED TABLETS 200 mg by mouth daily Take 1.5 tablets (300 mg total) by mouth daily. lancets (misc) 28 gauge test once daily LEVOTHYROXINE 25 mcg by mouth daily TAKE 1 TABLET BY MOUTH DAILY EXCEPT 2 TABLETS ON MONDAY AND FRIDAY. METFORMIN 500 mg by mouth daily with breakfast Take 1 tablet (500 mg total) by mouth daily with breakfast. MULTIVITAMIN by mouth daily Take 1 tablet by mouth daily. COLD CAPSULE IV 1,000 (120-180) mg by mouth daily with breakfast Take 1 g by mouth daily with breakfast. OMEPRAZOLE 20 mg by mouth daily Take 1 capsule (20 mg total) by mouth daily. OXYBUTYNIN 5 mg by mouth 3 (three) times a day Take 1 tablet (5 mg total) by mouth 3 (three) times a day. POTASSIUM 20 mEq by mouth daily with breakfast Take 1 tablet (20 mEq total) by mouth daily with breakfast. PRAVASTATIN 10 mg by mouth daily Take 1 tablet (10 mg total) by mouth daily. PREDNISONE 20 mg by mouth daily Take 60 mg by mouth daily. Coq10 - Coenzyme Q10 100mg by mouth once a day Vit B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 1000mcg by mouth once a day		
14. DME and Supplies: grab bars, bath bench, diabetic supplies, rolling walker			15. Safety Measures: walker precautions, medication safety, fall precautions, diabetic precautions, ambulates with device, , medical alert/lifeline, standard precautions, hand rails, bathroom safety		
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET			17. Allergies: no known allergies		
18.A. Functional Limitations Speech, Bowel/Bladder Incontinence, Endurance, Ambulation			18.B. Activities Permitted Up As Tolerated, Walker		
19. Mental & Pyschosocial Status:			COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 2. Sometimes, 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 family/caregiver will be responsible for managing treatment 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			Based on the above findings, I certify that this patient is confined to the home and needs intermittent skilled nursing care, physical therapy and/or speech therapy. Requiring Homecare: Due to cognitive changes, patient needs ongoing help to set up her medications for safety reasons.		
SN Careplans SN WK1: 1 (08/01/26-08/01/26) ,WK2: 2 (08/02/26-08/08/26) ,WK3: 2 (08/09/26-08/15/26) ,WK4: 2 (08/16/26-08/22/26) ,WK5: 2 (08/23/26-08/29/26) 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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance HOSPITALIZATION RISKS: 1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion 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			SN Goals PATIENT-STATED GOAL: Be more stable at home GOALS patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * 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		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/01/2026			25. Date HHA Received Signed POT		
24. Physician's Name and Address EVAN GRAVEDONI 1320 E M 32 gaylord, MI 49735 PHONE: (989) 731-5092 FAX: (989) 705-8323 NPI: 1083326557			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 : 07/29/2026		
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 2		

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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:DPOA - Pamela Merrifield Living will PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, D0700 - Social Isolation, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1033 - Exhaustion, M1400 - Dyspnea, dependent edema, cough/gag/pain chew/swallow, M1610 - Urinary Incontinence, limited strength, muscle weakness, limited endurance, impaired speech, balance deficit PROCEDURES: cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange long-term socialization activities 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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, 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, * 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence	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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule patient is adequately supervised caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence patient/caregiver recalls * how to optimize mental status with cognition therapy * home safety * optimize mobility with active and passive range of motion therapeutic exercises * diet and fluids to optimize peripheral circulation * recalls related medication(s) purpose, schedule
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PT Careplans PT WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170G1 - Car Transfer, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0130B1 - Oral Hygiene, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing 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., 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 PATIENT/CAREGIVER: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 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, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance	PT Goals PATIENT-STATED GOAL: Goal GOALS Toilet Transfer - 06. Independent 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 Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/01/2026