Home Health Certification and Plan of Care

Order ID: 1195/587

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5XG1PU1PK92	06/08/2026	From: 08/07/2026 To: 10/05/2026	715	239350

6. Patient's Name and Address

DOLORES SMILOWSKI
1130 SHADOW LN,
GAYLORD, MI 49735-
(989) 448-8281

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 10/05/1939 | **9.Sex** Female

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

Atorvastatin Calcium - Atorvastatin Calcium 20 mg / 1 Tablet by mouth once a day
Hydrochlorothiazide - Hydrochlorothiazide 12.5 mg / 1 tablet by mouth once a day
Lisinopril - Lisinopril 10 mg / 1 Tablet by mouth once a day
Metformin Hcl - Metformin Hydrochloride 500 mg / 1 tablet - 2 tablets by mouth twice a day
Mirtazapine - Mirtazapine 7.5 mg / 1 tablet by mouth at bedtime

11. ICD	Principal Diagnosis	Date
G30.1	Alzheimer's disease with late onset	06/08/26

13. ICD	Other Pertinent Diagnoses	Date
R26.89	Other abnormalities of gait and mobility	06/08/26
F02.80	Dem in oth dis classd elswhrunsp sevw/o beh/psych/mood/anx	06/08/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	06/08/26
E11.3293	Type 2 diab with mild nonp rtnop without macular edema bi	06/08/26
I10.	Essential (primary) hypertension	06/08/26
E78.5	Hyperlipidemia unspecified	06/08/26
D50.0	Iron deficiency anemia secondary to blood loss (chronic)	06/08/26
R63.4	Abnormal weight loss	06/08/26

14. DME and Supplies:
bath bench, 4 wheeled walker

15. Safety Measures:
diabetic precautions, fall precautions, , walker precautions, , ambulates with device,

16. Nutrition:
diabetic

17. Allergies:
NKDA

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Walker, Up As Tolerated, 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: 2. On awakening or at night only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Residual weakness, There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort, because of illness or injury,

Clinical Condition Requiring Homecare: Alzheimer's disease with late onset

SN Careplans

SN WK2: 1 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26) ,WK4: 1 (08/23/26-08/29/26) ,WK5: 1 (08/30/26-09/05/26) ,WK6: 1 (09/06/26-09/12/26) ,WK7: 1 (09/13/26-09/19/26) ,WK8: 1 (09/20/26-09/26/26) ,WK9: 1 (09/27/26-10/03/26)

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 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:Living Will

PROCEDURES: Assess Cognition and ability to live independently at every visit: Pt has Alzheimers, report any changes in cognition or safety to self/others, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor: Pt does

SN Goals

PATIENT-STATED GOAL: Pt states increase strength with PT.

GOALS

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 08/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
STEVEN WISNIEWSKI
829 N CENTER AVE SUITE 140
GAYLORD, MI 49735-1595
PHONE: (989) 731-7870 FAX: 19897317837 NPI: 1104851658

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.

Home Health Certification and Plan of Care

Order ID: 1195/587

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5XG1PU1PK92	06/08/2026	From: 08/07/2026 To: 10/05/2026	715	239350

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
DOLORES SMILOWSKI 1130 SHADOW LN, GAYLORD, MI 49735- (989) 448-8281	Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021

not check or monitor BS, is on oral meds.

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	08/03/2026