

Home Health Certification and Plan of Care				Order ID: 1195/940	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
3JC5RV5GK88		07/24/2026		From: 07/24/2026 To: 09/21/2026	
4. Medical Record No.		5. Provider No.			
845		239350			
6. Patient's Name and Address William Herbert 3640 LONG RAPIDS RD, ALPENA, MI 49707-7916 989-354-5655			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 05/21/1949 9.Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD D59.6	Principal Diagnosis Hemoglobinuria due to hemolysis from other external causes	Date 07/24/26	TYLENOL 650 mg oral q6h PRN ZYLOPRIM 300 mg oral Daily (0900) MAALOX 40 MG mL oral q4h PRN ASPIRIN 81 mg oral Daily (0900) LIPITOR 10 mg oral Nightly DULCOLAX 10 mg rectal Daily PRN COLACE 100 mg oral BID ZESTRIL 10 mg oral Daily (0900) ZESTORETIC oral Daily (0900) [Held by provider] MAGNESIUM 400 MG mL oral Daily PRN MELATONIN 6 mg oral Nightly PRN PROTONIX 20 mg oral Daily AC MIRALAX 17 g oral Daily PRN MESTINON 60 mg oral TID semaglutide (weight loss) (Wegovy) injection 2.4 mg subcutaneous Weekly START ON 7/23/2026 ACETAZOLAMIDE SODIUM 10 mL intravenous PRN FLOMAX 0.4 mg oral Nightly DETROL 4 mg oral Daily (0900)		
13. ICD I63.9 Z79.899 E66.9 G47.33 K21.9 E16.2 I10. E78.5 D69.6 D64.9 N40.1 R32. R47.81 Z47.89 G73.1 M48.02	Other Pertinent Diagnoses Cerebral infarction unspecified Other long term (current) drug therapy Obesity unspecified Obstructive sleep apnea (adult) (pediatric) Gastro-esophageal reflux disease without esophagitis Hypoglycemia unspecified Essential (primary) hypertension Hyperlipidemia unspecified Thrombocytopenia unspecified Anemia unspecified Benign prostatic hyperplasia with lower urinary tract symp Unspecified urinary incontinence Slurred speech Encounter for other orthopedic aftercare Lambert-Eaton syndrome in neoplastic disease Spinal stenosis cervical region	Date 07/24/26 07/24/26 07/24/26 07/24/26 07/24/26 07/24/26 07/24/26 07/24/26 07/24/26 07/24/26 07/24/26 07/24/26 07/24/26 07/24/26 07/24/26			
14. DME and Supplies: 4 wheeled walker, walker			15. Safety Measures: fall precautions, walker precautions		
16. Nutrition: regular, cardiac diet			17. Allergies: no known allergies		
18.A. Functional Limitations Speech, Ambulation			18.B. Activities Permitted Walker		
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: No					
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 family/caregiver 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 nursing care, physical therapy and/or speech therapy.					
Clinical Condition Requiring Homecare: I639 - Cerebral infarction, unspecified (Acute CVA)					
SN Careplans SN WK1: 1 (07/24/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26) ,WK5: 1 (08/16/26-08/22/26) ,WK7: 1 (08/30/26-09/05/26) ,WK9: 1 (09/13/26-09/19/26) 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: 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 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			SN Goals PATIENT-STATED GOAL: work on strength and speech 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 * 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 * 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 GRANDCHAMP, SAVANNAH SN RN on 07/24/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address BRANDON WHITSCCELL 1185 U.S. 23 N ALPENA, MI 49707-0857 PHONE: (989) 356-4049 FAX: 19893583712 NPI: 1932304862			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. PAGE 1 of 3		

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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.; Strengthen Educate on ambulation and fall risk Advance Directive:full code 07/28/2026 Problems : Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management impaired speech muscle weakness frequent urination increased urine output bruising/discoloration B1000 - Vision Deficit PROCEDURES: Speech: speech to eval and treat, Blood pressure : blood pressure education and monitoring, cough/deep breathing exercises, incentive spirometer, physician-ordered wound care, wound vacuum, bladder training, coordinate/arrange resources for vision-impaired 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, * 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule		
PT Careplans PT WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26) ,WK7: 1 (08/30/26-09/05/26) ,WK8: 1 (09/06/26-09/12/26) 08/24/2026 Problems : GG0170F1 - Toilet Transfer GG0170D1 - Sit to Stand GG0170E1 - Chair to Bed to Chair GG0170G1 - Car Transfer GG0170I1 - Walk 10 Feet GG0170J1 - Walk 50 ft with 2 Turns GG0170K1 - Walk 150 Feet GG0170L1 - Walk 10 ft on Uneven Surface GG0170M1 - 1 - Step (curb) GG0170N1 - 4 Steps GG0170O1 - 12 Steps GG0170P1 - Picking Up Object		PT Goals		
OT Careplans OT WK3: 1 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26) 08/04/2026 Problems : GG0130B1 - Oral Hygiene GG0130F1 - Upper Body Dressing GG0130G1 - Lower Body Dressing GG0130H1 - Don/Doff Footwear GG0130E1 - Shower/Bathe Self GG0130C1 - Toileting Hygiene GG0130A1 - Eating PROCEDURES: TRANSFER TRAINING: TRANSFER TRAINING, NEURO MUSCULAR RE-EDUCATION: NEURO MUSCULAR RE-EDUCATION, cough/deep breathing exercises, incentive spirometer, equipment training, work simplification/energy conservation 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent, PATIENT WILL DEMONSTRATE IMPROVED BUE STRENGTH NECESSARY FOR ADL/IADLS, TRANSFERS AND BED MOBILITY., PATIENT WILL IMPROVE LEFT HAND STRENGTH AND COORDINATION FOR IMPROVED TASKS SUCH AS CUTTING FOOD, PATIENT WILL UTILIZE INSTRUCTED TECHNIQUES FOR IMPROVED FALL SAFETY WITH ADL'S AND MOBILITY AS SEEN WITH IMPROVED EMS SCORE		OT Goals Shower/Bathe Self - 05. Setup or clean-up assistance 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 Oral Hygiene - 06. Independent Lower Body Dressing - 05. Setup or clean-up assistance Don/Doff Footwear - 05. Setup or clean-up assistance Eating - 06. Independent Upper Body Dressing - 06. Independent PATIENT WILL DEMONSTRATE IMPROVED BUE STRENGTH NECESSARY FOR ADL/IADLS, TRANSFERS AND BED MOBILITY. PATIENT WILL IMPROVE LEFT HAND STRENGTH AND COORDINATION FOR IMPROVED TASKS SUCH AS CUTTING FOOD PATIENT WILL UTILIZE INSTRUCTED TECHNIQUES FOR IMPROVED FALL SAFETY WITH ADL'S AND MOBILITY AS SEEN WITH IMPROVED EMS SCORE TO 10/20..		
Signature of Physician:		Date		
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Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN		07/24/2026		

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TO 10/20..			Toileting Hygiene - 05. Setup or clean-up assistance	

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	PAGE 3 of 3
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