Home Health Certification and Plan of Care

Order ID: 1195/928

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
135278366	06/17/2026	From: 08/16/2026 To: 10/14/2026	719	239350

6. Patient's Name and Address
SHERRY ABBE
269 E KNEELAND RD,
MIO, MI 48647-
(989) 390-3380

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 12/01/1960 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	06/17/26

13. ICD	Other Pertinent Diagnoses	Date
J43.2	Centrilobular emphysema	06/17/26
G35.D	Multiple sclerosis unspecified	06/17/26
I10.	Essential (primary) hypertension	06/17/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/17/26
I65.29	Occlusion and stenosis of unspecified carotid artery	06/17/26
I35.0	Nonrheumatic aortic (valve) stenosis	06/17/26
R73.9	Hyperglycemia unspecified	06/17/26
R29.6	Repeated falls	06/17/26

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

Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT 2 puffs inhalant every 4 hours
Aspirin 81Mg - Aspirin 1 capsule by mouth in the morning
Levothyroxine Sodium - Levothyroxine Sodium 25 MCG / 1 capsule by mouth in the morning
Rosuvastatin Calcium - Rosuvastatin Calcium 40 mg 1 tablet by mouth in the morning
Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT 1 puff by mouth in the morning
Plavix - Clopidogrel Bisulfate eq 75 mg base 1 tablet by mouth once a day
Percocet - Acetaminophen: Oxycodone Hydrochloride 325 mg;7.5 mg 1 tablet by mouth as necessary every 4 hours as needed for pain
Bactrim Ds - Sulfamethoxazole: Trimethoprim 800 mg;160 mg 1 tablet by mouth twice a day
Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 5 mg 1 tablet by mouth twice a day
Mirtazapine - Mirtazapine 15 mg 1 tablet by mouth at bedtime
Nitrostat Sublingual Tablet Sublingual 0.3 MG / 1 Tablet sublingual as necessary dis tnt

14. DME and Supplies:
walker, oxygen supplies, , , grab bars, , hoyer lift, , , , bath bench, wheelchair

15. Safety Measures:
diabetic precautions, fall precautions, transfer with assist, wheelchair precautions, , standard precautions, O2 precautions, medication safety, bathroom safety,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
Paxil (Difficulty breathing), natalizumab (Dyspnea), Tysabri (difficulty breathing)

18.A. Functional Limitations
Bowel/Bladder Incontinence, Endurance

18.B. Activities Permitted
Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

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

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

Homebound status: There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort. Because of illness or injury, the person needs a walker and assistance of another person in order to leave their place of residence.

Clinical Condition Requiring Homecare: Chronic obstructive pulmonary disease w (acute) exacerbation

SN Careplans

SN WK1: 1 (08/16/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK7: 1 (09/27/26-10/03/26) ,WK8: 1 (10/04/26-10/10/26) ,WK9: 1 (10/11/26-10/14/26)

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: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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 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

SN Goals

PATIENT-STATED GOAL: continue improving breathing;regain mobility

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
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by STRICKLER, SYDNEY SN RN on 08/14/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
MUHAMMAD ABDELHAI
11899 M 32
ATLANTA, MI 49709-9374
PHONE: (989) 785-4855 FAX: 19893184606 NPI: 1083190888

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.

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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:No Advance Directive

08/14/2026 Problems : M1810 - Upper Body Dressing
M1820 - Lower Body Dressing
M1830 - Bathing
M1840 - Toilet Transferring
M1850 - Transferring
loss of appetite

PROCEDURES: cough/deep breathing exercises, incentive spirometer, assist with fall prevention, assist with O2 safety

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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

PT Careplans

PT WK1: 1 (08/16/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK7: 1 (09/27/26-10/03/26) ,WK8: 1 (10/04/26-10/10/26) ,WK9: 1 (10/11/26-10/14/26)

08/20/2026 Problems : M1860 - Ambulation/Locomotion
M1860 - Ambulation/Locomotion
poor muscle tone
limited strength
muscle weakness
limited endurance

PROCEDURES: transfers training: transfers training, wheelchair training : 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 : wheelchair use, work simplification/energy conservation: work simplification/energy conservation

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 04. Supervision or touching assistance, Sit to Stand - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent

PT Goals

PATIENT-STATED GOAL: return to prior level of function

GOALS
Chair to Bed to Chair - 04. Supervision or touching assistance

Sit to Stand - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN RN	08/14/2026