Home Health Certification and Plan of Care

Order ID: 1195/943

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H58464343	10/16/2025	From: 08/12/2026 To: 10/10/2026	189	239350

6. Patient's Name and Address

JOHN MORSE
1626 WHITMARSH RD,
VANDERBILT, MI 49795
(989) 858-9622

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 04/06/1961 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
L89.154	Pressure ulcer of sacral region stage 4	10/16/25

13. ICD	Other Pertinent Diagnoses	Date
G82.20	Paraplegia unspecified	10/16/25
N31.9	Neuromuscular dysfunction of bladder unspecified	10/16/25
E11.9	Type 2 diabetes mellitus without complications	10/16/25
E66.01	Morbid (severe) obesity due to excess calories	10/16/25
I10.	Essential (primary) hypertension	10/16/25

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

Eliquis - Apixaban 5 mg / 1 Tablet by mouth twice a day
Atorvastatin Calcium - Atorvastatin Calcium 20 mg / 1 tablet by mouth daily
Baclofen - Baclofen 10 mg 2 tablets by mouth three times a day
Cephalexin - Cephalexin eq 500 mg base 1 tablet by mouth 4 times a day
Colace - Docusate Sodium 100 mg /1 capsule by mouth twice a day
Metoprolol Tartrate - Metoprolol Tartrate 25 mg / 1 Tablet by mouth twice a day
Ms Contin - Morphine Sulfate 30 mg 1 tablet by mouth every 8 hours
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg / 1 Tablet by mouth as necessary every 4 hours as needed for pain
Tylenol Arthritis - Acetaminophen 650 mg / 2 tablets by mouth twice a day
Triamcinolone - Triamcinolone 0.1% topical twice a day
Pioglitazone Hydrochloride - Pioglitazone Hydrochloride 15 mg / 1 tablet by mouth once a day
Nystatin - Nystatin (powder) topical twice a day Clean area with soap and water, pat dry, apply powder
Losartan Potassium - Losartan Potassium 100 mg 1 tablet by mouth once a day
Fentanyl - Fentanyl Citrate 1000 mcg/HR - 1 patch transdermal every 3 days
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg / 2 capsules by mouth daily
Duloxetine Hydrochloride - Duloxetine Hydrochloride 60 mg 1 capsule by mouth once a day
Acetic Acid - Acetic Acid, Glacial 30 ml Irrigation daily

14. DME and Supplies:
wheelchair

15. Safety Measures:
wheelchair precautions

16. Nutrition:
high protein, regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Contracture, Ambulation,

18.B. Activities Permitted
Transfer bed/Chair, , Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

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

22.B.Discharge Plans
family/caregiver 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

Clinical Condition Requiring Homecare: Skilled Nursing to Assess and Eval

SN Careplans

SN WK1: 1 (08/12/26-08/15/26) ,WK2: 2 (08/16/26-08/22/26) ,WK3: 2 (08/23/26-08/29/26) ,WK4: 2 (08/30/26-09/05/26) ,WK5: 2 (09/06/26-09/12/26) ,WK6: 2 (09/13/26-09/19/26) ,WK7: 2 (09/20/26-09/26/26) ,WK8: 2 (09/27/26-10/03/26) ,WK9: 2 (10/04/26-10/09/26)

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: 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: Wounds

GOALS

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 08/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
CHANGXIN LI
829 N CENTER AVE SUITE 140
GAYLORD, MI 49735-1595
PHONE: (989) 731-7870 FAX: 19897317837 NPI: 1114958899

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

08/11/2026 Problems : open sores/lesions
limited range of motion
muscle spasms
limited endurance
limited strength
poor muscle tone
muscle weakness
abnormal BS < 70/140 > mg/dL
tooth pain/decay/sensitivity

PROCEDURES: Catheter Management : Irrigate daily with 10-30 cc of sterile water and change catheter every 4 weeks., physician-ordered wound care: Cleans both wounds with wound cleanser and pat dry, To thigh wound pack wound with normal saline soaked gauze, and cover with a ABD pad, To the sacral wound apply barrier cream around wound edges, apply calcium alginate, and cover with a ABD pad., glucose testing via monitor, monitor intake & output

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	08/10/2026