

Home Health Certification and Plan of Care										Order ID: 1195/841			
1. Patient s HI claim No.			2. Start Of Care Date			3. Certification Period			4. Medical Record No.			5. Provider No.	
X3LM66548616			08/13/2026			From: 08/13/2026 To: 10/11/2026			911			239350	
6. Patient's Name and Address Maureen Henze 9545 helen st, ATLANTA, MI 49709- 989-306-8923							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 07/29/1936							9. Sex Female		10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD		Principal Diagnosis					Date		XANAX 0.25 MG Tab Oral twice daily as needed				
S32.019A		Unsp fracture of first lumbar vertebra init for clos fx					08/13/26		ELIQUIS 2.5 MG Tablet Oral twice daily				
13. ICD		Other Pertinent Diagnoses					Date		LOPRESSOR 25 MG Tab Oral twice daily				
S06.5XAA		Traum subdr hem with LOC status unknown initial encounter					08/13/26		PROSIGHT 1 Tab Oral twice daily				
R29.6		Repeated falls					08/13/26		ZOLOFT 25 mg Tab Oral at bedtime				
E11.42		Type 2 diabetes mellitus with diabetic polyneuropathy					08/13/26		TYLENOL MG Oral twice daily				
N18.31		Chronic kidney disease stage 3a					08/13/26		SYNTHROID 0.075 mg **see current annual edition, 1.8 description of special situations, levothyroxine sodium 1 TABLET Oral EVERY MORNING ON AN EMPTY STOMACH AT LEAST 30 MINUTES BEFORE BREAKFAST				
I48.0		Paroxysmal atrial fibrillation					08/13/26		RANEXA 500 mg Tab Oral twice daily				
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs					08/13/26		PRILOSEC 20 mg Cap Oral daily				
I50.9		Heart failure unspecified					08/13/26		PACERONE 100 mg Tab Oral EVERY MORNING WITH BREAKFAST				
I10.		Essential (primary) hypertension					08/13/26		LIPITOR eq 40 mg base Tablet Oral at bedtime				
E03.4		Atrophy of thyroid (acquired)					08/13/26		NITROSTAT 0.4 mg Tab sublingual under tongue every 5 minutes as needed for chest pain				
14. DME and Supplies: commode, wheelchair, 4 wheeled walker							15. Safety Measures: standard precautions, fall precautions, ambulates with device, , ,						
16. Nutrition: diabetic							17. Allergies: Lidocaine-Hallucinations and Nightmares, Mirtazapin-NOT AN ALLERGY, Metals c						
18.A. Functional Limitations Endurance, Ambulation							18.B. Activities Permitted Exercises Prescribed						
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: 8. Patient unable to respond, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, HISTORY OF DEPRESSION: Yes											
20. Prognosis:		good											
22. A Rehabilitation Potential: SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., 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 patient will be responsible for managing treatment add discharge plan						
Homebound status: Requires the use of an assistive device such as walker, cane, wheelchair or crutch; Unsteady gait and requires assistive device without assist of another person													
Clinical Condition Requiring Homecare: Acute subdural hematoma, Closed fracture of first lumbar vertebra													
SN Careplans							SN Goals						
PT Careplans							PT Goals						
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/13/2026										25. Date HHA Received Signed POT			
24. Physician's Name and Address MIRZA HUSSAIN 70 N FROST DR STE 4 saginaw, MI 48638 PHONE: (989) 790-2690 FAX: (989) 790-4759 NPI: 1780784934							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 : 06/10/2026						
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 3						

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PT WK1: 1 (08/13/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK5: 1 (09/06/26-09/11/26) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 94 > 101.0, heart rate < 50 > 100, respiratory rate < 12 > 20, blood pressure systolic < 90 > 150, blood pressure diastolic < 50 > 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), 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8 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 resumpions 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 08/15/2026 Problems : 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 GG0170F1 - Toilet Transfer M1720 - Anxiety M1745 - Behavioral Issues M1610 - Urinary Incontinence M1033 - Exhaustion Pain Effect on Sleep Pain Interference with Therapy activities Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management extremity burn/tingle/numb limited endurance limited strength B1000 - Vision Deficit M2102d - Caregiver Performs Treatment M2102c - Med Admin D0160 - Depression 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., cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, glucose testing via monitor, 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						PATIENT-STATED GOAL: Patient Goal GOALS Toilet Transfer - 06. Independent 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 * prevention exacerbation of anxiety condition including coping patterns * improved concentration * strategies to reduce anxiety * identification of anxiety precipitants, conflicts, and threats * recalls related medication(s) purpose, schedule 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 * management of mental health condition including joining a peer group * maintaining regular contact with mental health professional * avoiding known stressors * controlling impulses * 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/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 * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence Sit to Stand - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up 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 - - - - -			
Signature of Physician:						Date			
						PAGE 2 of 3			
Optional Name/Signature of Nurse/Therapist:						Date			
Electronically Signed by LUBELAN, SAMANTHA RN SN						08/13/2026			

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simplification/energy conservation, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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, * 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, 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, Oral Hygiene - 05. Setup or clean-up assistance			Car Transfer - 05. Setup or clean-up assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Oral Hygiene - 05. Setup or clean-up assistance Walk 10 Feet - 04. Supervision or touching assistance	
OT Careplans OT WK3: 1 (08/23/26-08/29/26) 08/25/2026 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 M1400 - Dyspnea			OT Goals PATIENT-STATD GOAL: add patient-stated goal GOALS	

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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