

Home Health Certification and Plan of Care				Order ID: 1195/826	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
80013907600		08/12/2026		From: 08/12/2026 To: 10/10/2026	
4. Medical Record No.		5. Provider No.		899239350	
6. Patient's Name and Address Lawrence Dunn 11676 GERBER RD, ATLANTA, MI 49709-9730 989-785-4069			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. DOB07/05/19389. SexMale			10. Medications: Dose/Frequency/Route (N)ew (C)hanged ACETAMINOPHEN 325 MG mg Oral every 6 (six) hours as needed for mild pain VENTOLIN 2 (two) puffs Inhalation every 4 (four) hours as needed for wheezing or shortness of breath NORVASC 10 MG mg Oral daily PLAVIX 75 MG mg Oral daily FEROSUL 325 MG mg Oral daily with breakfast FLONASE 2 sprays Nasal into each nostril 2 (two) times a day FOLVITE 1 MG mg Oral daily Indications: inadequate folic acid. LASIX 40 MG tablet (40 mg) Oral daily MUCINEX 600 MG mg Oral 2 (two) times a day METOPROLOL 100 MG mg Oral daily Indications: high blood pressure. PRILOSEC 20 MG mg Oral daily Indications: gastroesophageal reflux disease. FLOMAX 0.4 MG mg Oral daily Indications: enlarged prostate with urination problem. Amitriptyline - Amitriptyline Hydrochloride: Chlordiazepoxide 50mg 1 tab by mouth in the evening Cyclobenzaprine - Cyclobenzaprine Hydrochloride 10mg 1 tab PRN for muscle spasms by mouth twice a day Trazadone - Trazodone Hydrochloride 50mg 1 tab by mouth once a day Potassium Chloride - Potassium Chloride 20meq 1 tab by mouth once a day		
11. ICD 150.33		Principal Diagnosis Acute on chronic diastolic (congestive) heart failure		Date 08/12/26	
13. ICD N17.9 J44.1 N18.32 I48.0 J96.11 D50.9 I10.		Other Pertinent Diagnoses Acute kidney failure unspecified Chronic obstructive pulmonary disease w (acute) exacerbation Chronic kidney disease stage 3b Paroxysmal atrial fibrillation Chronic respiratory failure with hypoxia Iron deficiency anemia unspecified Essential (primary) hypertension		Date 08/12/26 08/12/26 08/12/26 08/12/26 08/12/26 08/12/26 08/12/26	
14. DME and Supplies: oxygen supplies, commode, grab bars, walker, , bath bench			15. Safety Measures: walker precautions, O2 precautions, medication safety, fall precautions, ambulates with device, medical alert/lifeline, cardiac precautions, anticoagulant precautions		
16. Nutrition: fluid restriction, 2gm sodium			17. Allergies: Patient has no known allergies.		
18.A. Functional Limitations Bowel/Bladder Incontinence, Endurance, Hearing, Ambulation			18.B. Activities Permitted Walker, Up As Tolerated		
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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes					
20. Prognosis: fair					
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 family/caregiver will be responsible for managing treatment add discharge plan		
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: 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.					
SN Careplans SN WK1: 1 (08/12/26-08/15/26) ,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 (09/06/26-09/12/26) ,WK6: 1 (09/13/26-09/19/26) ,WK7: 1 (09/20/26-09/26/26) ,WK8: 1 (09/27/26-10/03/26) ,WK9: 1 (10/04/26-10/10/26) 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), 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, 8. Currently reports exhaustion 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: Pt states assistance with completing med sets, decreased need for O2 and decreased SOB. 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 * 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		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/12/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address WAYNE MCEWEN 11899 M 32 ATLANTA, MI 49709-9374 PHONE: (989) 785-4855 FAX: 19893184606 NPI: 1437101680			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. Advance Directive:No Advance Directive 08/12/2026 Problems : D0700 - Social Isolation M1610 - Urinary Incontinence M1033 - Exhaustion Pain Effect on Sleep Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management Home Safety wheezing muscle weakness limited strength limited endurance frequent urination heartburn/indigestion D0160 - Depression PROCEDURES: Complete Med sets: Commission on aging used to complete med sets, our agency will now complete pts med sets., physician-ordered wound care: #1 - Abrasion - Anterior Right Foot - small circular abrasion on top of toe: leave OTA, cough/deep breathing exercises, incentive spirometer, bladder training, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange long-term socialization activities 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered			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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule patient's living environment is clean/uncluttered			
PT Careplans			PT Goals			
PT WK1: 1 (08/12/26-08/15/26) ,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 (09/06/26-09/12/26) ,WK6: 1 (09/13/26-09/19/26) ,WK7: 1 (09/20/26-09/26/26) ,WK8: 1 (09/27/26-10/03/26) ,WK9: 1 (10/04/26-10/10/26) 08/23/2026 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 #1 - Abrasion - Anterior Right Foot - small circular abrasion on top of toe PROCEDURES: physician-ordered wound care: #1 - Abrasion - Anterior Right Foot - small circular abrasion on top of toe: monitor area, report to physician and consult SN if needed, 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., 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., gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound			PATIENT-STATED GOAL: Patient Goal GOALS Toilet Transfer - 06. Independent patient/caregiver recalls * how to achieve wound healing including cleaning and dressing wound * position changes * skin care * diet modification * record wound measurements * recalls related medication(s) purpose, schedule 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 Car Transfer - 05. Setup or clean-up assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Walk 10 Feet - 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			08/12/2026			

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Lawrence Dunn			Evergreen Home Health		
11676 GERBER RD,			403 W Main Street Suite A1		
ATLANTA, MI 49709-9730			Gaylord, MI 49735-1887		
989-785-4069			989-214-1114		
			1184225021		
measurements, related medication(s) purpose, schedule, 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					
OT Careplans			OT Goals		
OT WK2: 1 (08/16/26-08/22/26)			PATIENT-STATED GOAL: TO IMPROVE WALKING		
08/19/2026 Problems : M1400 - Dyspnea			GOALS		
GG0130B1 - Oral Hygiene			patient/caregiver recalls		
GG0130F1 - Upper Body Dressing			* lifestyle modifications to manage respiratory condition including		
GG0130G1 - Lower Body Dressing			* diet changes and regular exercise		
GG0130H1 - Don/Doff Footwear			* strategies to control shortness of breath		
GG0130E1 - Shower/Bathe Self			* home remedies to keep lungs healthy		
GG0130C1 - Toileting Hygiene			* recalls related medication(s) purpose, schedule		
GG0130A1 - Eating			Oral Hygiene - 05. Setup or clean-up assistance		
PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program, equipment training, work simplification/energy conservation			Toileting Hygiene - 05. Setup or clean-up assistance		
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 - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 01. Dependent, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 03. Partial/moderate assistance, Don/Doff Footwear - 03. Partial/moderate assistance, Eating - 06. Independent			Shower/Bathe Self - 01. Dependent		
			Upper Body Dressing - 05. Setup or clean-up assistance		
			Lower Body Dressing - 03. Partial/moderate assistance		
			Don/Doff Footwear - 03. Partial/moderate assistance		
			Eating - 06. Independent		

Signature of Physician:	Date
	PAGE 3 of 3
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