Home Health Certification and Plan of Care

Order ID: 1195/854

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1009146617V810342	06/17/2026	From: 08/16/2026 To: 10/14/2026	9077	239350

6. Patient's Name and Address
Edgar Balcom
6593 ELLEN DR,
ROSCOMMON, MI 48653-
(989) 3905688

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 02/01/1938 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	06/17/26

13. ICD	Other Pertinent Diagnoses	Date
N18.32	Chronic kidney disease stage 3b	06/17/26
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	06/17/26
H35.3134	Nexdtve age-rel mclr degn bi adv atrpc with subfoveal invl	06/17/26
R29.6	Repeated falls	06/17/26
R26.81	Unsteadiness on feet	06/17/26

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

Acetaminophen - Acetaminophen 325 MG / 1 Tablet by mouth every 4 hours
Amlodipine - Amlodipine Besylate 2.5 MG / 1 Tablet by mouth once a day HTN
Carbamide Peroxide Otic Solution 6.5% / Instill 5 drops in left ear otic once a day AS NEEDED FOR EAR WAX REMOVAL ALLOW DROPS TO REMAIN IN EAR FOR 15 MINUTES
Cholecalciferol 50 mcg (2000 units) / 1 Tablet by mouth once a day
Empagliflozin 10 MG / 1 Tablet by mouth once a day
Fluticasone Propionate - Fluticasone Propionate 50 mcg/inh nasal spray / Instill 2 sprays in each nostril nasal once a day FOR ALLERGIES
Furosemide - Furosemide 20 MG / 1 Tablet by mouth in the morning TAKE SECOND TABLET IN THE AFTERNOON IF SWELLING.
Gabapentin - Gabapentin 300 MG / 1 Capsule by mouth once a day at bedtime **note dose**
Lidocaine Patch - Lidocaine 5% / Apply to back for constant back pain topical once a day APPLY 1 PATCH TO SKIN LEAVE IN PLACE FOR UP TO 12 HOURS IN ANY 24 HOUR PERIOD. THEN REMOVE FOR 12 HOURS.
Losartan Potassium - Losartan Potassium 25 MG / 1 Tablet by mouth once a day
Melatonin - Melatonin 5 mg/tablet / Take two tablet by mouth at bedtime FOR SLEEP
Mirabegron ER 25 MG / 1 Tablet by mouth once a day FOR OVERACTIVE BLADDER
Multivitamin with minerals (multivitamin ophth areds2 w/lutein/zeax capsule) Take 1 capsule by mouth twice a day
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 tablet by mouth once a day FOR SUPPLEMENTATION
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 Oral Powder for Reconstitution / Take 1 capful (17 GM) by mouth twice a day FOR CONSTIPATION DISSOLVE EACH CAPFUL IN 4 TO 8 OUNCES OF BEVERAGE UNTIL DISSOLVED. DRINK IMMEDIATELY.
Pramipexole Dihydrochloride - Pramipexole Dihydrochloride 0.25 MG / 1 Tablet by mouth twice a day TAKE AT 6PM MAY TAKE SECOND DOSE IN 2 HOURS IF SYMPTOMS CONTINUE
Rosuvastatin Calcium - Rosuvastatin Calcium 20 MG / 1 Tablet by mouth at bedtime LIPIDS
Sitagliptin (Eqv-Zituvio) 50 MG / 1 Tablet by mouth once a day TO LOWER BLOOD GLUCOSE LEVELS
Aspirin Ec - Aspirin 81 MG / 1 Tablet by mouth once a day PRN
SYSTANE ICAPS AREDS2 1 capsule by mouth twice a day

14. DME and Supplies:
wheelchair, bath bench, reacher, cane, 4 wheeled walker

15. Safety Measures:
hand rails, fall precautions, ambulates with device, ambulates with assistance, bathroom safety, activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
NKDA

18.A. Functional Limitations
Endurance, Legally Blind, Ambulation

18.B. Activities Permitted
Exercises Prescribed, Cane, Wheelchair, Walker

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: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: -, HISTORY OF DEPRESSION:

20. Prognosis: good

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

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

Homebound status: Decreased activity tolerance, endurance, Requires assist of another person to leave place of residence

Clinical Condition Requiring Homecare: Balance, Fall prevention, Gait training, Mobility, Strengthening, Transfer training due to Type 2 diabetes mellitus with diabetic polyneuropathy

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by STRICKLER, SYDNEY SN RN on 08/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
ROBYN YATES
1105 SIXTH ST
TRAVERSE CITY, MI 49684-2345
PHONE: (989) 497-2500 FAX: 19893214118 NPI: 1518174101

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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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)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 94 > 101, 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: -

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, 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 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:Durable Power of Attorney

08/12/2026 Problems : lightheadedness
abnormal blood pressure
difficulty sleeping
extremity burn/tingle/numb
balance deficit
pain radiating to arms/legs
bruising/discoloration
limited range of motion
muscle weakness
limited strength
limited endurance
discolored patches of skin

PROCEDURES: glucose testing via monitor, monitor intake & output, home exercise program: LAQ, hip flexion with tband, hip abd with tband, standing hip abd, standing hip ext, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training: steps into home and walking outside with walker, transfers training, coordinate/arrange resources for vision-impaired

TEACH PATIENT/CAREGIVER: * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: Pt will ambulate 600 ft with walker to safely ambulate community distance;Pt will improve BLE strength to 4/5 to improve ability to perform steps into home;Pt will improve unsupported dynamic balance to fair+ to decrease falls in home;Pt will improve Tinetti balance test to 22 to decrease fall risk

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

12 Steps - 05. Setup or clean-up assistance

Don/Doff Footwear - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by STRICKLER, SYDNEY SN RN

Date
08/12/2026