

Home Health Certification and Plan of Care										Order ID: 1195/851			
1. Patient s HI claim No.			2. Start Of Care Date			3. Certification Period			4. Medical Record No.			5. Provider No.	
80038017300			08/15/2026			From: 08/15/2026 To: 10/13/2026			903			239350	
6. Patient's Name and Address Jody Rutledge 3434 McMichaels Rd, ALANSON, MI 49706- (231)420-5166							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 10/21/1959 9.Sex Female							10. Medications: Dose/Frequency/Route (N)ew (C)hanged ACETAMINOPHEN 650 mg, 20.3 mL Oral Q4H, PRN METHOCARBAMOL 500 mg, 1 tabs Oral Q8H OLANZAPINE 5 mg, 1 tabs Oral BID, PRN SEROQUEL 50 mg, 2 tabs Oral QHS TRAMADOL 50 mg, 1 tabs Oral Q4H, PRN Lithium - Lithium Carbonate 450mg by mouth once a day MIRALAX 17 g, 1 EA by mouth as necessary for constipation						
11. ICD Z48.89			Principal Diagnosis Encounter for other specified surgical aftercare				Date 08/15/26						
13. ICD S37.29XD S32.10XD S32.9XXD G93.41 F31.9			Other Pertinent Diagnoses Other injury of bladder subsequent encounter Unsp fracture of sacrum subs for fx w routn heal Fx unsp parts of lumbosacr spin & pelv 7thD Metabolic encephalopathy Bipolar disorder unspecified				Date 08/15/26 08/15/26 08/15/26 08/15/26 08/15/26						
14. DME and Supplies: urinary/catheter supplies, bath bench, walker							15. Safety Measures: walker precautions, medication safety, fall precautions, ambulates with device, ambulates with assistance, supervision at all times, transfer with assist, standard precautions, bathroom safety						
16. Nutrition: regular							17. Allergies: aspirin						
18.A. Functional Limitations Ambulation, Endurance							18.B. Activities Permitted Walker, Up As Tolerated						
19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes													
20. Prognosis: good													
22. A Rehabilitation Potential: SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., 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 family/caregiver will be responsible for managing treatment patient will be responsible for managing treatment patient will be responsible for managing treatment						
Homebound status: medical condition could get worse if patient leaves home													
Clinical Condition - Home health skilled nursing, PT, and OT were ordered at discharge on 08/10/2026 after a prolonged hospitalization. The home health order comment specifies Requiring Homecare: PT/OT/RN. - The patient was admitted after EMS transport from home for increased weakness, tremors, and altered mental status, with recent pelvic fracture. During the hospitalization, documented acute issues included bladder rupture requiring exploratory laparotomy/operative repair on 07/27/2026, Foley catheter management with planned postoperative cystogram, altered mental status/multifactorial metabolic encephalopathy with lithium toxicity, acute renal failure, electrolyte abnormalities, acute respiratory failure, pain, and impaired mobility. Therapy documented continued need for assistance with transfers, ambulation, and ADLs.													
SN Careplans SN WK1: 1 (08/15/26-08/15/26) ,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) ,WK10: 1 (10/11/26-10/12/26) 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 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.;							SN Goals PATIENT-STATED GOAL: Regain mobility;Have less confusion 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 * 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						
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/15/2026										25. Date HHA Received Signed POT			
24. Physician's Name and Address JOSEPHINE KIDDER 560 W. MITCHELL STREET, SUITE 300 petoskey, MI 49770 PHONE: (231) 487-2460 FAX: (231) 487-6596 NPI: 1003426149							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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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 08/15/2026 Problems : M1700 - Cognition M1720 - Anxiety D0700 - Social Isolation M1610 - Urinary Catheter M1033 - Exhaustion Pain Effect on Sleep Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management daytime fatigue difficulty sleeping limited strength limited endurance D0160 - Depression PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, 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, * 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, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, 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/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/caregiver recalls * urinary catheter management including how to flush catheter * change and wash drainage bags * prevent infection including proper handwashing * positioning of catheter * recalls related medication(s) purpose, schedule
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PT Careplans PT 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 PROCEDURES: home exercise program: Instruct and progress HEP to include B LE strengthening, NMR, balance training activities, and ambulation, gait training on uneven surfaces, gait training/stair training: 1 flight of stairs to get to lower level bedroom and shower, transfers training, assist with fall prevention: Review fall precautions and use of walker for fall prevention TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent	PT Goals PATIENT-STATED GOAL: Improve ambulation and strength GOALS Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 - Step (curb) - 06. Independent 4 Steps - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent
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OT Careplans	OT Goals
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/15/2026

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