Home Health Certification and Plan of Care

Order ID: 1195/820

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H73620792	08/12/2026	From: 08/12/2026 To: 10/10/2026	894	239350

6. Patient's Name and Address

Cheryl Boling
367 PENN RD,
MIO, MI 48647-
(810) 813-5846

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 04/18/1958 **9.Sex** Female

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

otcefdroxil 500 mg oral capsule 500 MG mg=1 Oral q12hr
CITRACAL 250 MG Tab Chew qAM
LOSARTAN POTASSIUM 25 MG mg= 1 Tab Oral Daily 1 refill
OMEPRAZOLE 20 MG mg= 1 Cap Oral Daily 3 refills
OXYCODONE 5 MG Tabs Oral q4hr PRN
PEPCID 20 MG mg= 1 Tab Oral BID
SENNA 50 MG Tab Oral Daily
SUPER B COMPLEX 1 Tab Oral QHS
TYLENOL 500 MG mg= 2 Tab Oral q8hr
WARFARIN 5 MG Tab Oral Daily 3 refills

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	08/12/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	08/12/26
M17.12	Unilateral primary osteoarthritis left knee	08/12/26
M25.562	Pain in left knee	08/12/26
I10.	Essential (primary) hypertension	08/12/26
Z86.718	Personal history of other venous thrombosis and embolism	08/12/26
Z86.711	Personal history of pulmonary embolism	08/12/26
D68.69	Other thrombophilia	08/12/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/12/26

14. DME and Supplies:

rolling walker, bath bench

15. Safety Measures:

walker precautions, infectious material management, fall precautions, bleeding precautions, ambulates with device, knee precautions, bathroom safety, anticoagulant precautions

16. Nutrition:

regular

17. Allergies:

CeleBREX - Palpitations, diphtheria-tetanus toxoids (obsolete) - Anaphylactic rea

18.A. Functional Limitations

Endurance, 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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

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

patient will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Symptoms identified support difficulty to leave home for medical services required.

Clinical Condition Requiring Homecare: - Home care referral ordered for RN and Physical Therapy after left total knee arthroplasty (L TKA). The order documents symptoms supporting difficulty leaving home for required medical services,

SN Careplans

SN WK1: 1 (08/12/26-08/15/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 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.; 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

SN Goals

PATIENT-STATED GOAL: pts states incision will heal, increased mobility/strength from knee replacement

GOALS
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
* 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

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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by ABRAHAM, ALEXIS RN SN on 08/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

STEPHANIE RUTTERBUSH
3040 BOURN ST
LEWISTON, MI 49756
PHONE: (989) 786-4877 FAX: 19897316723 NPI: 1649652298

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 : 08/07/2026

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.

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updating of advance directive documents as appropriate and within scope of practice.
Advance Directive:Living Will

08/25/2026 Problems : #1 - Non-Observable Surgical Wound - Anterior Left Knee - Not observable, non removable dressing.
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
limited strength
limited endurance
bruising/discoloration

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Knee - Not observable, non removable dressing.: non-removable dressing on until f/u with surgeon

TEACH PATIENT/CAREGIVER: * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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

PT Careplans

PT 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)

08/14/2026 Problems : GG0170G1 - Car Transfer
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
GG0170D1 - Sit to Stand
GG0130C1 - Toileting Hygiene
GG0170F1 - Toilet Transfer
GG0130E1 - Shower/Bathe Self
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing

PROCEDURES: home exercise program: Instruct and progress HEP as tolerated for post operative TKA. Including seated, supine and standing activities, NMR, ther ex, ther activity, equipment training, work simplification/energy conservation, gait training/stair training, neuromuscular re-education: Dynamic balance training exercise, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car 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, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: Complete in home rehab

GOALS
Toilet Transfer - 06. Independent

Car Transfer - 06. Independent

Picking Up Object - 04. Supervision or touching assistance

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

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Sit to Stand - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS RN SN	08/12/2026