Home Health Certification and Plan of Care

Order ID: 1195/848

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
135356921	04/17/2026	From: 08/15/2026 To: 10/13/2026	572	239350

6. Patient's Name and Address

DEANNE GRUNDY
14513 E 638 HWY,
PRESQUE ISLE, MI 49777
(989) 529-1236

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 12/21/1965 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L89.154	Pressure ulcer of sacral region stage 4	04/17/26

13. ICD	Other Pertinent Diagnoses	Date
M86.20	Subacute osteomyelitis unspecified site	04/17/26
Q05.9	Spina bifida unspecified	04/17/26
Z93.3	Colostomy status	04/17/26
Z93.6	Other artificial openings of urinary tract status	04/17/26
D50.9	Iron deficiency anemia unspecified	04/17/26
E87.6	Hypokalemia	04/17/26

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

ALBUTEROL 108 (90 Base) MCG/ACT inhalant as necessary Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT2 puffs q 6 h PRN sob
Eliquis - Apixaban 5 MG- 1 Tab by mouth twice a day Apixaban Oral Tablet 5 MG1 Tab (s) bid
Butalbital, Acetaminophen And Caffeine - Acetaminophen: Butalbital: Caffeine 50-325-40 MG by mouth as necessary BAC (Butalbital-Acetamin-Caff) Oral Tablet 50-325-40 MG1 Tab (s) q 8 h PRN migrain
CVS Acetaminophen Ex St Oral Tablet 500 MG 500 MG by mouth as necessary CVS Acetaminophen Ex St Oral Tablet 500 MG1 Tab (s) q 6 h PRN pain
DIPHENHYDRAMINE 25 MG - 1 Tab by mouth as necessary diphenhydrAMINE HCl Oral Tablet Chewable 25 MG1 Tab (s) d PRN itching/allergy/sleep
MELATONIN 12 MG - 1 Tab by mouth at bedtime Melatonin Oral Tablet 12 MG1 Tab (s) qhs
MEROPENEM 500 MG - 2000 mg IV every 8 hours Meropenem Intravenous Solution Reconstituted 500 MG2000 mg q 8 h
MICONAZOLE 3 2 % transdermal twice a day Miconazole Antifungal External Cream 2 %1 appl under folds bid
ONDANSETRON 4 mg 4 MG - 1 Tab by mouth as necessary Ondansetron ODT Oral Tablet Disintegrating 4 MG1 Tab (s) q 8 h PRN naus/vo
PANTOPRAZOLE 40 mg 40 MG - 1 Tab by mouth in the morning Pantoprazole Sodium Oral Tablet Delayed Release 40 MG1 Tab (s) qam prior to breakfast
POLYETHYLENE GLYCOL 3350 Oral Packet by mouth twice a day Polyethylene Glycol 3350 Oral Packet1 Packet(s) bid
SUCRALFATE 1 GM by mouth four times a day Sucralfate Oral Tablet 1 GM1 Tab (s) qi
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 MG - 1 Cap by mouth once a day
QC Fluticasone Propionate Nasal Suspension 50 MCG/ACT 50 MCG/ACT Nasal once a day spray each nostril
NYSTATIN 100000 UNIT/ML by mouth four times a day
FUROSEMIDE 20 mg 20 MG - 1 Tab by mouth three times per week every mon/wed/fri
DAPTOMYCIN 350 MG IV once a day
TRIAMCINOLONE 55 MCG/ACT Nasal once a day Triamcinolone Acetonide Nasal Inhaler 55 MCG/ACT2 sprays ea nostril d
MONTELUKAST SODIUM 10 mg 10 MG - 1 Tab by mouth at bedtime Montelukast Sodium Oral Tablet 10 MG1 Tab (s) qh
PERCOCET 325 mg;5 mg 5-325 MG - 1 Tab by mouth as necessary every 8 hours as needed for pain

14. DME and Supplies:

wound care supplies, hospital bed, reacher, ostomy supplies, grab bars, , , None of the above

15. Safety Measures:

fall precautions, Proper use of assistive devices, Keep pathways clear

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

Prochlorperazine- Hallucinations Prochlorperazine Edisylate- Seizures Compazin Adhesive tape- itching Azithromycin- nausea and vomiting Cephalosporins- Rash

18.A. Functional Limitations

Paralysis, Contracture, Contracture of BLE

18.B. Activities Permitted

Bedrest BRP

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

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

Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: Referral placed for home health due to subacute osteomyelitis and stage 4 pressure injury of the coccygeal region, with need for specialty services, skilled nursing, and wound/IV management. Referral documents state the patient is confined to the home, uses a wheelchair, is on bed rest, has a wound vac, and has IV orders per Infectious Disease.

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 08/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

MEGAN LAYTON
1501 W CHISHOLM ST
ALPENA, MI 49707-1401
PHONE: (989) 356-4049 FAX: 19893548600 NPI: 1487295028

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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SN WK2: 2 (08/16/26-08/22/26) ,WK3: 2 (08/23/26-08/29/26) ,WK5: 1 (09/06/26-09/12/26) ,WK7: 1 (09/20/26-09/26/26) ,WK9: 1 (10/04/26-10/10/26) ,WK10: 1 (10/11/26-10/13/26)

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: 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.
Advance Directive:No Advance Directive

08/23/2026 Problems : #1 - 4 - Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present. - Posterior Right Buttock -
heavy bleeding between periods
cloudy urine
muscle weakness
limited range of motion
limited strength

PROCEDURES: physician-ordered wound care: #1 - 4 - Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present. - Posterior Right Buttock -, cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: n/a, physician-ordered wound care: n/a, wound vacuum, monitor intake & output, catheter change, care & irrigation: n/a, catheter change, care & irrigation: n/a, coordinate/arrange resources for vision-impaired

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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, * 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

PATIENT-STATED GOAL: Patient's Stated Goals (In patient's Own Words): healing my wounds

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
* 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

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

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

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) ,WK10: 1 (10/11/26-10/13/26)

08/22/2026 Problems : GG0170R1 - Wheel 50 ft w 2 Turns
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer
GG0170S1 - Wheel 150 feet
GG0170B1 - Sit to Lying
GG0170C1 - Lying to sitting/bed

PROCEDURES: wheelchair training, home exercise program: Therapist to instruct seated

PT Goals

PATIENT-STATED GOAL: Patient Goal

GOALS
Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Car Transfer - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	08/12/2026

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PROCEDURES: wheelchair training, 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., transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 04. Supervision or touching assistance

OT Careplans

OT WK2: 1 (08/16/26-08/22/26)

08/19/2026 Problems : GG0130B1 - Oral Hygiene
GG0130F1 - Upper Body Dressing
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130E1 - Shower/Bathe Self
GG0170F1 - Toilet Transfer
GG0130C1 - Toileting Hygiene
GG0170A1 - Roll left & Right
GG0170B1 - Sit to Lying
GG0170C1 - Lying to sitting/bed
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170S1 - Wheel 150 feet
GG0130A1 - Eating
M1400

OT Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	08/12/2026