Home Health Certification and Plan of Care

Order ID: 1195/847

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
127539228	12/10/2025	From: 08/14/2026 To: 10/12/2026	286-1	239350

6. Patient's Name and Address

Charlene Mcdermott
504 Random Ln Apt,
Gaylord, MI 49735-
(989) 448-8046

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 10/15/1958 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	12/10/25

13. ICD	Other Pertinent Diagnoses	Date
E83.42	Hypomagnesemia	12/10/25
N18.9	Chronic kidney disease u	12/10/25
R53.1	Weakness	12/10/25

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

ALBUTEROL 2 puff inhale orally every 4 hours as needed for SOB or wheezing
ATORVASTATIN 40 MG by mouth Give in the evening for hypercholesterolemia
BUPRENORPHINE HYDROCHLORIDE 20 MCG/HR transdermally Apply 1 film one time a day every Sun for pain and remove per schedule
ESCITALOPRAM 20 MG by mouth at bedtime for Depression
ESOMEPRAZOLE MAGNESIUM 40 MG by mouth two times a day for decrease stomach acid
FLUTICASONE 50 MCG/ACT nostrils every 24 hours as needed 2 sprays in both nostrils for allergies in the morning
INSULIN 100 UNT/ML subcutaneously two times a day Inject 42 unit for DM2
LEVOTHYROXINE 150 MCG by mouth in the morning Give 1 tablet every Fri, Sun. Give 2 tablets every Mon, Tue, Wed, Thu, Sat for low thyroid hormone
METFORMIN 500 MG by mouth two times a day for DM
PREGABALIN 100 MG by mouth three times a day for pain
MAGNESIUM 400 MG by mouth one time a day for hypomagnesemia
NYSTATIN 100000 UNIT/GM topically every 24 hours as needed Apply to rash for yeast infection
OXYCODONE 15 MG by mouth every 4 hours as needed for severe pain max of 5 doses per 24 hour period of time
RISPERIDONE 2 MG by mouth at bedtime for atypical antipsychotic
Spironolactone-HCTZ Oral Tablet 25-25 MG by mouth one time a day for HTN
SUCRALFATE 1 GM Oral three times a day for acid reflux
ANASTROZOLE 1 MG by mouth in the morning for hormone receptor
LACTULOSE 15 ml po once daily
MONTELUKAST SODIUM 10 MG MG po once daily
OXYGEN Nasal cannula 4 L continuous
Tirzepatide Subcutaneous Solution Auto-injector 12.5 MG/0.5ML 12.5 MG/0.5ML subcutaneous every tuesday
Hydrochlorothiazide - Hydrochlorothiazide 25 mg by mouth once a day

14. DME and Supplies:

walker

15. Safety Measures:

O2 precautions, fall precautions, Universal/infection precautions, Proper use of assistive devices

16. Nutrition:

diabetic

17. Allergies:

Penicillin, predniSONE, Keflex, Neurontin, Corticosteroids

18.A. Functional Limitations

Bowel/Bladder Incontinence, Ambulation, Endurance

18.B. Activities Permitted

Walker, Up As Tolerated

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: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment
patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: medical condition could get worse if patient leaves home, other

Clinical Condition Requiring Homecare: UTI

SN Careplans

SN WK2: 1 (08/16/26-08/22/26) ,WK4: 1 (08/30/26-09/05/26) ,WK6: 1 (09/13/26-09/19/26) ,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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 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

SN Goals

PATIENT-STATED GOAL: Regain strength and mobility

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
* 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

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

DONALD COUSINEAU
994 N CENTER STREET
GAYLORD, MI 49735
PHONE: (989) 732-7843 FAX: 19897314513 NPI: 1841485133

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 : 06/16/2026

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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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:Do not resuscitate (DNR) orders

08/13/2026 Problems : dependent edema
foul-smelling urine
painful urination
abnormal BS < 70/140 > mg/dL

PROCEDURES: Indwelling catheter care: Change indwelling catheter every 4 week and irrigate weekly with 30cc of sterile water, Medication set up: Complete med set for patient for 2 weeks, monitor intake & output

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, * 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

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 (10/11/26-10/12/26)

08/18/2026 Problems : GG0170F1 - Toilet Transfer
GG0170A1 - Roll left & Right
GG0170B1 - Sit to Lying
GG0170C1 - Lying to sitting/bed
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170S1 - Wheel 150 feet

PROCEDURES: wheelchair training, home exercise program: Instruct and progress HEP to include B LE strengthening, NMR, seated balance training exercises, AAROM activities with CG assist, transfers training

TEACH PATIENT/CAREGIVER: Roll left & Right - 06. Independent, Sit to Lying - 06. Independent, Lying to sitting/bed - 06. Independent, Toilet Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent

PT Goals

PATIENT-STATED GOAL: reduce pain and improve mobility

GOALS
Roll left & Right - 06. Independent

Sit to Lying - 06. Independent

Lying to sitting/bed - 06. Independent

Toilet Transfer - 03. Partial/moderate assistance

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

OT Careplans

OT WK2: 1 (08/16/26-08/22/26) ,WK4: 1 (08/30/26-09/05/26) ,WK6: 1 (09/13/26-09/19/26) ,WK8: 1 (09/27/26-10/03/26) ,WK9: 1 (10/04/26-10/10/26)

08/17/2026 Problems : GG0170B1 - Sit to Lying
M1400 - Dyspnea
Pain Interference with ADLs
Pain Interference with Therapy activities
Pain Effect on Sleep
GG0130A1 - Eating
GG0170S1 - Wheel 150 feet
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170C1 - Lying to sitting/bed
GG0130B1 - Oral Hygiene
GG0170A1 - Roll left & Right
GG0130C1 - Toileting Hygiene
GG0170F1 - Toilet Transfer
GG0130E1 - Shower/Bathe Self
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing

OT Goals

PATIENT-STATED GOAL: PT will tolerate use of hoyer for transfers to bedside commode in 8 weeks from unable to access commode;PT will tolerate sitting on commode for 5 min in 4 weeks from unable

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

Roll left & Right - 06. Independent

Signature of Physician:	Date

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

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PROCEDURES: cough/deep breathing exercises, wheelchair training, home exercise program, equipment training, transfers training

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, Roll left & Right - 06. Independent, Sit to Lying - 06. Independent, Lying to sitting/bed - 06. Independent, Toilet Transfer - 03. Partial/moderate assistance, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent, Oral Hygiene - 03. Partial/moderate assistance, Toileting Hygiene - 03. Partial/moderate assistance, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 01. Dependent

Sit to Lying - 06. Independent

Lying to sitting/bed - 06. Independent

Toilet Transfer - 03. Partial/moderate assistance

Oral Hygiene - 03. Partial/moderate assistance

Toileting Hygiene - 03. Partial/moderate assistance

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 01. Dependent

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

Signature of Physician:	Date

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