

Home Health Certification and Plan of Care				Order ID: 1195/859	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1HA2XR6FW16		08/17/2026		From: 08/17/2026 To: 10/15/2026	
				4. Medical Record No.	
				917	
				5. Provider No.	
				239350	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Patricia Branigan 4989 Seymore Rd, Gaylord, MI 49735- (989) 858-6433				Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021	
8. DOB 04/18/1954 9.Sex Female				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD		Principal Diagnosis		Date	
K74.60		Unspecified cirrhosis of liver		08/17/26	
13. ICD		Other Pertinent Diagnoses		Date	
R18.8		Other ascites		08/17/26	
K76.0		Fatty (change of) liver not elsewhere classified		08/17/26	
E03.9		Hypothyroidism unspecified		08/17/26	
N17.9		Acute kidney failure unspecified		08/17/26	
D64.89		Other specified anemias		08/17/26	
E66.01		Morbid (severe) obesity due to excess calories		08/17/26	
C50.212		Malignant neoplasm of upper-inner quadrant of left female breast		08/17/26	
R60.1		Generalized edema		08/17/26	
I10.		Essential (primary) hypertension		08/17/26	
M62.81		Muscle weakness (generalized)		08/17/26	
Z79.890		Hormone replacement therapy		08/17/26	
14. DME and Supplies:				15. Safety Measures:	
grab bars, walker, bath bench				ambulates with device, walker precautions, fall precautions	
16. Nutrition:				17. Allergies:	
2gm sodium, regular				Iodine, Neosone(07/16/2026), contrast media(07/16/2026), Ointment based topical Zithromax(07/16/2026)	
18.A. Functional Limitations				18.B. Activities Permitted	
Endurance, Ambulation				Independent at Home, Up As Tolerated, Walker	
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:				22.B.Discharge Plans	
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.				patient will be responsible for managing treatment	
Homebound status: unsteady gait, poor balance and will need Physical Therapy services and Occupational Therapy for ADL functioning, strengthening, endurance, balance and to promote home safety and education. Patricia will also need an RN for Vitals and Education. This patient will be homebound because: X Absences from the home require considerable and taxing effort and infrequent or short duration. X Absences from the home are for medical or religious reasons only.					
Clinical Condition Requiring Homecare: K74.60 UNSPECIFIED CIRRHOSIS OF LIVER and R53.1 WEAKNESS					
SN Careplans				SN Goals	
SN WK1: 1 (08/17/26-08/22/26)				PATIENT-STATED GOAL: Decreased edema/fluid retention and increased strength/energy	
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				GOALS	
CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area				patient/caregiver recalls	
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion				* strategies to minimize fatigue and exhaustion including work simplification	
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				* 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:				25. Date HHA Received Signed POT	
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/17/2026					
24. Physician's Name and Address				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.	
JESSICA MACHUE				F2F date : 08/11/2026	
1100 E MICHIGAN AVE					
GRAYLING, MI 49738					
PHONE: (989) 348-5461 FAX: 19897312497 NPI: 1255750550					
27. Attending Physician's Signature and Date Signed 08/26/2026 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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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					
08/18/2026 Problems : M1033 - Exhaustion M1400 - Dyspnea M2020 - Oral Med Management dependent edema muscle weakness limited strength limited endurance abnormal thyroid 0.40 - 4.50 mIU/mL					
PROCEDURES: monitor intake & output: Monitor weight/water retention at every visit. Pt retains fluids. Underwent recent paracentesis., monitor intake & output: Monitor weight/water retention. Pt retains fluids. Underwent recent paracentesis.					
TEACH PATIENT/CAREGIVER: * 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 Goals		
PT WK1: 1 (08/17/26-08/22/26) ,WK3: 1 (08/30/26-09/05/26)			Sit to Stand - 06. Independent		
08/19/2026 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, gait training/stair training, transfers training					
OT Careplans			OT Goals		
OT WK1: 1 (08/17/26-08/22/26)					
08/19/2026 Problems : Pain Interference with Therapy activities Pain Interference with ADLs M1400 - Dyspnea GG0130B1 - Oral Hygiene GG0130F1 - Upper Body Dressing GG0130G1 - Lower Body Dressing GG0130H1 - Don/Doff Footwear GG0130E1 - Shower/Bathe Self GG0130C1 - Toileting Hygiene GG0130A1 - Eating					

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/17/2026