Home Health Certification and Plan of Care

Order ID: 1195/863

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1260355004	02/18/2026	From: 08/17/2026 To: 10/15/2026	423	239350

6. Patient's Name and Address
MAYA BUNTON
336 S 1ST ST,
ROGERS CITY, MI 49779-
(616) 802-4042

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 12/04/2005 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
F44.4	Conversion disorder with motor symptom or deficit	02/18/26

13. ICD	Other Pertinent Diagnoses	Date
K50.90	Crohn's disease unspecified without complications	02/18/26
R13.10	Dysphagia unspecified	02/18/26
F50.82	Avoidant/restrictive food intake disorder	02/18/26
F41.1	Generalized anxiety disorder	02/18/26
F39.	Unspecified mood [affective] disorder	02/18/26
F43.10	Post-traumatic stress disorder unspecified	02/18/26
G90.9	Disorder of the autonomic nervous system unspecified	02/18/26
R33.9	Retention of urine unspecified	02/18/26

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

Zenpep Oral Capsule Delayed Release Particles 5000-24000 UNIT
5000-24000 UNIT - 2 capsules PEG TUBE as necessary as needed
Venlafaxine Hydrochloride - Venlafaxine Hydrochloride 37.5 mg 1 tablet by mouth twice a day TAKEN WITH MEALS
Tums Oral Tablet Chewable 500 MG 1 tablet by mouth as necessary twice a day as needed for GERD
Sodium Bicarbonate Oral Tablet 650 MG 650 MG / 1 TABLET PEG TUBE as necessary twice a day as needed for GERD
Simethicone - Simethicone 80 MG / 1 tablet by mouth as necessary four time as day as needed for bloating, pressure, and fullness
Quetiapine Fumarate - Quetiapine Fumarate 300 mg 1 tablet by mouth at bedtime
Narcan Injection Solution 0.4 MG/ML 1 ML intramuscular as necessary FREQUENCY EVERY 30 MINS AS NEEDED (PRN OVERDOSE)
Lidocaine Topical Pain External Patch 4 % 1 patch transdermal as necessary EVERY 24 HRS AS NEEDED FOR PAIN
Lorazepam - Lorazepam 0.5 mg 1 tablet by mouth as necessary as needed for ANXIETY
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 50 mg 1 tablet by mouth as necessary three times a day as needed for anxiety, tension, itching, allergies, and nausea, and to provide sedation
GNP Melatonin Oral Tablet Chewable 5 MG 6 MG by mouth as necessary every night at bedtime as needed for sleep
Famotidine - Famotidine 40 mg 1 tablet by mouth at bedtime
Desvenlafaxine Succinate ER Oral Tablet Extended Release 24 Hour 50 MG 1 tablet by mouth at bedtime
Acetaminophen Oral Tablet Chewable 325 MG 325 mg / tgablet - 2 tablets by mouth as necessary every 4 hours as needed for pain

14. DME and Supplies:
feeding tube supplies, wheelchair, bath bench, feeding pump, urinary/catheter supplies, suprapubic catheter, Enteral Feeding Pump

15. Safety Measures:
remove environmental barriers, wheelchair precautions, fall precautions, Fall precautions/Transfer Safety, Proper use of assistive devices, Keep pathways clear

16. Nutrition:
PEG feeding tube

17. Allergies:
BENADRYL DILAUDID

18.A. Functional Limitations
Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted
Wheelchair, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., 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

Homebound status: Leaving home requires a considerable and taxing effort. Because of illness or injury, the person needs a wheelchair, use of special transportation, and assistance of another person in order to leave their place of residence.

Clinical Condition Requiring Homecare: Conversion disorder with motor symptom or deficit

SN Careplans

SN WK2: 1 (08/23/26-08/29/26) ,WK4: 1 (09/06/26-09/12/26) ,WK6: 1 (09/20/26-09/26/26) ,WK8: 1 (10/04/26-10/10/26) ,WK9: 1 (10/11/26-10/15/26)

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: 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

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: staying stable and staying out of the hospital

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
* bowel incontinence management including dietary changes
* bowel training

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by PROW, KATIE SN RN on 08/12/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
WILLIAM HOLSCHER
573 NORTH BRADLEY HIGHWAY
ROGERS CITY, MI 49779
PHONE: (989) 734-2171 FAX: 19897342312 NPI: 1730105453

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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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

08/13/2026 Problems : M1830 - Bathing
M1830 - Bathing
M1850 - Transferring
M1850 - Transferring
M1860 - Ambulation/Locomotion
M1860 - Ambulation/Locomotion
limited range of motion
limited strength
sore throat or mouth sores

PROCEDURES: swallowing exercises, monitor intake & output, assist with bathing, assist with transferring, assist with mobility, assist with seizure precautions prn, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with O2 safety

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, * bowel incontinence management including dietary changes bowel training skin 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, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals

* skin care
* 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's living environment is clean/uncluttered

meal preparation is available to patient for all meals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by PROW, KATIE SN RN	08/12/2026