

Home Health Certification and Plan of Care				Order ID: 1195/890	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
0017996010		08/20/2026		From: 08/20/2026 To: 10/18/2026	
				4. Medical Record No. 929	
				5. Provider No. 239350	
6. Patient's Name and Address Curtis Ravitz 535 W Miller St, Alpena, MI 49707- 989-884-1238			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 10/04/1974			9. Sex Male		
11. ICD Z47.81			Principal Diagnosis Encounter for orthopedic aftercare following surgical amp		Date 08/20/26
13. ICD Z89.612 N18.4 I73.9 E11.9 I82.512 D63.8 I10. E78.5			Other Pertinent Diagnoses Acquired absence of left leg above knee Chronic kidney disease stage 4 (severe) Peripheral vascular disease unspecified Type 2 diabetes mellitus without complications Chronic embolism and thrombosis of left femoral vein Anemia in other chronic diseases classified elsewhere Essential (primary) hypertension Hyperlipidemia unspecified		Date 08/20/26 08/20/26 08/20/26 08/20/26 08/20/26 08/20/26 08/20/26 08/20/26
14. DME and Supplies: wheelchair, wound care supplies			15. Safety Measures: wheelchair precautions		
16. Nutrition: regular			17. Allergies: no known allergies		
18.A. Functional Limitations Amputation			18.B. Activities Permitted Wheelchair		
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: Requires the use of an assistive device such as walker, cane, crutches, or wheel chair. Unsteady gait and requires assistive device.					
Clinical Condition Requiring Homecare: Acquired absence of left lower extremity above knee					
SN Careplans SN WK1: 1 (08/20/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK7: 1 (09/27/26-10/03/26) ,WK8: 1 (10/04/26-10/10/26) ,WK9: 1 (10/11/26-10/17/26) ,WK10: 1 (10/18/26-10/18/26) 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 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			SN Goals PATIENT-STATED GOAL: heal incision without infection 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 self-administers medications as prescribed * recalls related medication(s) purpose, schedule		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/20/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address BRANDON WHITSCCELL 1185 U.S. 23 N ALPENA, MI 49707-0857 PHONE: (989) 356-4049 FAX: 19893583712 NPI: 1932304862			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. PAGE 1 of 2		

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Curtis Ravitz 535 W Miller St, Alpena, MI 49707- 989-884-1238			Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021		
updating of advance directive documents as appropriate and within scope of practice. Advance Directive:No Advance Directive 08/20/2026 Problems : M1400 - Dyspnea M2020 - Oral Med Management abnormal blood pressure PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care: Keep incision clean and dry and cover with abd pads. Monitor for s/sx of infection, glucose testing via monitor, 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule					
PT Careplans			PT Goals		
PT WK1: 1 (08/20/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK7: 1 (09/27/26-10/03/26) ,WK8: 1 (10/04/26-10/10/26) ,WK9: 1 (10/11/26-10/17/26) ,WK10: 1 (10/18/26-10/18/26) 08/22/2026 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: 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., equipment training, work simplification/energy conservation, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet 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, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance			PATIENT-STATED GOAL: Patient Goal GOALS Toilet Transfer - 06. Independent Sit to Stand - 05. Setup or clean-up 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 12 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 Chair to Bed to Chair - 05. Setup or clean-up assistance Car Transfer - 05. Setup or clean-up assistance		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/20/2026