Home Health Certification and Plan of Care

Order ID: 1195/869

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
133829123	06/18/2026	From: 08/17/2026 To: 10/15/2026	755	239350

6. Patient's Name and Address

Shelly Gyles
200 TOEPHER DR APT 1,
HOUGHTON LAKE, MI 486298296-
(231) 433-9203

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 01/16/1975 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S91.301D	Unspecified open wound right foot subsequent encounter	06/18/26

13. ICD	Other Pertinent Diagnoses	Date
I89.0	Lymphedema not elsewhere classified	06/18/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	06/18/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	06/18/26
I87.2	Venous insufficiency (chronic) (peripheral)	06/18/26
E66.01	Morbid (severe) obesity due to excess calories	06/18/26
I26.99	Other pulmonary embolism without acute cor pulmonale	06/18/26
E03.9	Hypothyroidism unspecified	06/18/26
D64.9	Anemia unspecified	06/18/26

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

Zofran - Ondansetron Hydrochloride 4 MG / 1 TABLET by mouth every 8 hours
Tylenol with Codeine #3 Oral Tablet 300-30 MG 1 tablet by mouth once a day
Sumatriptan Succinate - Sumatriptan Succinate 100 mg 0.5 - 1 TABLET by mouth as necessary once a day as needed for migraine
Simvastatin - Simvastatin 40 mg 1 tablet by mouth at bedtime
Risperidone - Risperidone 1 mg 4 tablets by mouth at bedtime
QUEtiapine Fumarate Oral Tablet 300 MG 1 tablet by mouth at bedtime
QC Acetaminophen 8Hr Arth Pain Oral Tablet Extended Release 650 MG 2 tablets by mouth as necessary every 8 hours as needed for pain
Propranolol HCl Oral Capsule Extended Release 120 MG 1 capsule by mouth once a day
Mirtazapine - Mirtazapine 30 mg 1 tablet by mouth at bedtime
Metformin Hcl - Metformin Hydrochloride 1000 MG / 1 tablet by mouth twice a day
Meclizine Hydrochloride - Meclizine Hydrochloride 25 mg / 1 tablet by mouth once a day frequency unavailable, used once a day as default, taken about 1 hour before travel; effect lasts up to 24 hours
Lyrica - Pregabalin 100 mg 1 capsule by mouth three times a day
Losartan Potassium - Losartan Potassium 25 mg 0.5 tablet by mouth once a day
Lasix Oral Tablet 20 MG 1 tablet by mouth twice a day
Lantus SoloStar Subcutaneous Solution Pen-injector 100 UNIT/ML 34 UNITS subcutaneous at bedtime
Lamictal - Lamotrigine 100 mg 1 tablet by mouth once a day
Ibuprofen Oral Tablet 600 MG 1 tablet by mouth every 8 hours
hydrOXYzine Pamoate Oral Capsule 50 MG 1 capsule by mouth three times a day
HumaLOG KwikPen Subcutaneous Solution Pen-injector 100 UNIT/M 100 UNIT/M subcutaneous three times a day frequency unavailable, used three times a day as default, low sliding scale, please verify
GNP Diclofenac Sodium External Gel 1 % 4 GRAMS transdermal four times a day
Glipizide - Glipizide 5 mg 1 tablet by mouth once a day
Flonase Allergy Relief Nasal Suspension 50 MCG/ACT 1 spray EACH NOSTRIL inhalant twice a day
Eliquis Oral Tablet 5 MG 1 tablet by mouth twice a day
ECK Ferrous Sulfate Oral Tablet 325 (65 Fe) MG 1 tablet by mouth every other day
CVS Omeprazole Magnesium Oral Capsule Delayed Release 20 MG 20 mg / 1 capsule by mouth once a day before breakfast (frequency unavailable, used once a day before breakfast as default
Clotrimazole-Betamethasone External Cream 0.05-1 % 1 application topical twice a day
Benztropine Mesylate - Benztropine Mesylate 1 mg 1 tablet by mouth twice a day
Allergy (Cetirizine) Oral Tablet 10 MG 1 tablet by mouth as necessary once a day as needed for allergy
Albuterol Inhalation Aerosol Solution 90 MCG/ACT 2 puffs inhalant every 4 hours

14. DME and Supplies:

walker, bath bench, grab bars, wound care supplies, diabetic supplies

15. Safety Measures:

ambulates with device, walker precautions, medication safety, bleeding precautions, anticoagulant precautions, diabetic precautions, bathroom safety, , fall precautions, Universal/infection precautions, Proper use of assistive devices, Keep pathways clear

16. Nutrition:

diabetic,

17. Allergies:

penicillin (has tolerated unasyn), aspirin (SWELLING OF THROAT; FACIA; SWELLI

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance

18.B. Activities Permitted

Walker, Up As Tolerated

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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by STRICKLER, SYDNEY SN RN on 08/14/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

DARCIE DOHNAL
14734 PARK AVENUE BLDG A CHARLEVOIX PRIMARY CARE
CHARLEVOIX, MI 49720-1927
PHONE: (231) 547-6554 FAX: 12313927332 NPI: 1487800959

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 : 05/14/2026

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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Homebound status: Need for assistance at home and no other household member able to render care

Clinical Condition Requiring Homecare: PATIENT IN NEED OF HOME HEALTH TO COME IN AND ASSIST WITH WOUND CARE AND DAILY ADLS. EVERGREEN HOME HEALTH. THIS IS AN URGENT REFERRAL. PATIENT HAS WEEPING WOUNDS ON LEGS AND LYMPHEDEMA, OPEN WOUND ON RIGHT HEEL.

SN Careplans

SN WK1: 2 (08/17/26-08/22/26) ,WK2: 2 (08/23/26-08/29/26) ,WK3: 2 (08/30/26-09/05/26) ,WK4: 2 (09/06/26-09/12/26) ,WK5: 2 (09/13/26-09/19/26) ,WK6: 2 (09/20/26-09/26/26) ,WK7: 2 (09/27/26-10/03/26) ,WK8: 2 (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: 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

08/25/2026 Problems : #1 - Observable Stasis Ulcer - Anterior Right Below Knee -
#2 - - Posterior Right Thigh -
M1720 - Anxiety
M1610 - Urinary Incontinence
swelling in the arms/legs
balance deficit
open sores/lesions
limited endurance
abnormal BS < 70/140 > mg/dL

PROCEDURES: physician-ordered wound care: #1 - Observable Stasis Ulcer - Anterior Right Below Knee -: Twice weekly: remove old bandage. Cleanse area with wound cleanser or saline. Apply two layer unna boot compression system to RLE., apply compression bandage, physician-ordered wound care: Posterior right thigh pressure ulcer: Remove old dressing. Cleanse wound with saline or wound cleanser. Apply skin prep to edges. Apply silicone foam. Secure with hypafix/retention tape. Twice weekly., glucose testing via monitor, bladder 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, * 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, * bowel incontinence management including dietary changes bowel training skin care, 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, * strategies to increase socialization, related medication(s) purpose, schedule

SN Goals

PATIENT-STATED GOAL: (In patient's Own Words): heal wounds and decrease leg swelling

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
* skin care
* 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
* strategies to increase socialization
* 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by STRICKLER, SYDNEY SN RN

Date
08/14/2026