Home Health Certification and Plan of Care

Order ID: 1195/866

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
XYK891144611	08/17/2026	From: 08/17/2026 To: 10/15/2026	909	239350

6. Patient's Name and Address

Shirley Castillo
8515 OLD STATE RD,
ATLANTA, MI 49709-9116
734-546-4092

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 12/01/1948 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I63.9	Cerebral infarction unspecified	08/17/26

13. ICD	Other Pertinent Diagnoses	Date
I62.00	Nontraumatic subdural hemorrhage unspecified	08/17/26
R53.1	Weakness	08/17/26
I10.	Essential (primary) hypertension	08/17/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/17/26
E78.00	Pure hypercholesterolemia unspecified	08/17/26
I47.29	Other ventricular tachycardia	08/17/26
R73.03	Prediabetes	08/17/26
M54.6	Pain in thoracic spine	08/17/26
G89.29	Other chronic pain	08/17/26
M54.50	Low back pain unspecified	08/17/26

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

TYLENOL 500 mg oral every 6 (six) hours as needed for mild pain.
NORVASC 5 mg oral (total) daily.
ASPIRIN 81 mg oral Chew and swallow (total) daily.
LIPITOR 80 mg oral (total) nightly.
BIOTIN 10 mcg (400 unit) oral daily.
PEPCID 20 mg oral (total) 2 (two) times a day.
FLONASE 50 mcg/actuation nasal spray Administer into each nostril daily.
CLARITIN 10 mg oral daily.
REMERON 7.5 mg oral (total) nightly.
NICOTINE 14 mg/24 hr transdermal Place on the skin daily.
ULTRAM 50 mg oral (total) every 8 (eight) hours as needed for severe pain for up to 14 da

14. DME and Supplies:

cane

15. Safety Measures:

ambulates with device, , fall precautions

16. Nutrition:

regular

17. Allergies:

LABETALOL - Other (see comments), PENICILLIN V POTASSIUM - Diarrhea,Hives

18.A. Functional Limitations

Ambulation, left sided weakness

18.B. Activities Permitted

Up As Tolerated, Cane

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: will need assistance to leave the house

Clinical Condition Requiring Homecare: Based on the above findings, I certify that this patient is confined to the home and needs intermittent skilled nursing care, physical therapy and/or speech therapy.

SN Careplans

SN WK1: 1 (08/17/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/11/26)

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: 1. History of falls (2 or more falls – or any fall with an injury – in the past 12 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 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

SN Goals

PATIENT-STATED GOAL: Get stronger and decrease falls

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
* bowel incontinence management including dietary changes
* bowel training
* skin care
* 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 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 08/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

MEGAN LAYTON
1501 W CHISHOLM ST
ALPENA, MI 49707-1401
PHONE: (989) 356-4049 FAX: 19893548600 NPI: 1487295028

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 : 07/27/2026

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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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:Durable power of attorney for health care/Medical power of attorney

08/17/2026 Problems : M1620 - Bowel Incontinence
M1400 - Dyspnea
M2020 - Oral Med Management
weak hand grips
frequent urination
constipation
tooth pain/decay/sensitivity
B1000 - Vision Deficit

PROCEDURES: Monitor for s/sx of Stroke: Monitor for slurred speech, increased weakness to one side, uneven smile, etc.), cough/deep breathing exercises, coordinate/arrange resources for vision-impaired

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, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PT Careplans

PT WK1: 1 (08/17/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/11/26)

08/19/2026 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: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: Patient Goal

GOALS
Toilet Transfer - 06. Independent

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/17/2026