Home Health Certification and Plan of Care

Order ID: 1195/884

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
X3LM67740613	04/22/2026	From: 08/20/2026 To: 10/18/2026	577	239350

6. Patient's Name and Address

PEGGY DAY
1787 ROGERS RD,
FAIRVIEW, MI 48621-
(989) 808-3725

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 08/15/1936 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I21.19	STEMI involving oth coronary artery of inferior wall	04/22/26

13. ICD	Other Pertinent Diagnoses	Date
I48.0	Paroxysmal atrial fibrillation	04/22/26
I10.	Essential (primary) hypertension	04/22/26
E78.5	Hyperlipidemia unspecified	04/22/26
M81.0	Age-related osteoporosis w/o current pathological fracture	04/22/26
G47.30	Sleep apnea unspecified	04/22/26
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	04/22/26
M19.041	Primary osteoarthritis right hand	04/22/26
S40.022D	Contusion of left upper arm subsequent encounter	04/22/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	04/22/26
G62.9	Polyneuropathy unspecified	04/22/26
Z68.21	Body mass index [BMI] 21.0-21.9 adult	04/22/26
R63.4	Abnormal weight loss	04/22/26
Z95.5	Presence of coronary angioplasty implant and graft	04/22/26
Z79.02	Long term (current) use of antithrombotics/antiplatelets	04/22/26
Z79.01	Long term (current) use of anticoagulants	04/22/26
Z85.3	Personal history of malignant neoplasm of breast	04/22/26
Z90.710	Acquired absence of both cervix and uterus	04/22/26
Z95.818	Presence of other cardiac implants and grafts	04/22/26
Z86.718	Personal history of other venous thrombosis and embolism	04/22/26
Z90.49	Acquired absence of other specified parts of digestive tract	04/22/26
Z90.89	Acquired absence of other organs	04/22/26
Z85.820	Personal history of malignant melanoma of skin	04/22/26
Z96.653	Presence of artificial knee joint bilateral	04/22/26

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

Amoxicillin Oral Tablet 500 MG 1 tablet by mouth as necessary PRN dental work
Amitriptyline Hydrochloride - Amitriptyline Hydrochloride 25 mg 1 tablet by mouth at bedtime
Colestipol Hydrochloride - Colestipol Hydrochloride 1gm 1 tablet by mouth at bedtime
Xarelto - Rivaroxaban 20 mg / 1 tablet by mouth once a day
QC Psyllium Fiber Oral Powder 43 % 3.4 g by mouth once a day
Potassium Chloride Oral Tablet Extended Release 10 MEQ 10 MEQ / 1 tablet by mouth once a day
Nitroglycerin Sublingual Tablet Sublingual 0.4 MG 0.4 MG / 1 tablet sublingual once a day dis tnt
FT Selenium Oral Capsule 200 MCG 200 MCG / 1 capsule by mouth once a day
CVS Magnesium Oral Tablet 500 MG 500 MG / 1 tablet by mouth once a day
Clopidogrel - Clopidogrel 75 mg 75 MG / 1 tablet by mouth once a day
Cholecalciferol Oral Capsule 50 MCG (2000 UT) 50 MCG (2000 UT) / 1 capsule by mouth once a day
B Complex-Vitamin C Oral Capsule 1 capsule by mouth once a day

14. DME and Supplies:

bath bench, walker, grab bars

15. Safety Measures:

fall precautions, standard precautions, anticoagulant precautions, remove environmental barriers, ambulates with device

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

ELIQUIS

18.A. Functional Limitations

Bowel/Bladder Incontinence, Hearing, Endurance, Ambulation

18.B. Activities Permitted

Cane, Up As Tolerated, Independent at Home, Walker

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: good

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort. Because of illness or injury, the person needs a walker and assistance of another person in order to leave their place of residence.

Clinical Condition Requiring Homecare: STEMI involving oth coronary artery of inferior wall

SN Careplans

SN WK3: 1 (08/30/26-09/05/26) ,WK5: 1 (09/13/26-09/17/26)

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: 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 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

SN Goals

PATIENT-STATED GOAL: (In patient's Own Words): increased strength and mobility and no longer use walker

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
* urinary incontinence management including bladder training

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by STRICKLER, SYDNEY SN RN on 08/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

SHELBY MILLER
640 COURT ST.
WEST BRANCH, MI 48661
PHONE: (989) 345-8120 FAX: 19896335241 NPI: 1083220388

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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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

08/17/2026 Problems : limited endurance

PROCEDURES: cough/deep breathing exercises, incentive spirometer

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * 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, * 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, patient's transportation needs are met

* 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's transportation needs are met

patient/caregiver recalls
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

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