Home Health Certification and Plan of Care

Order ID: 1195/877

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
126308464	08/19/2026	From: 08/19/2026 To: 10/17/2026	129-3	239350

6. Patient's Name and Address
Michael Fisher
120 GRANVIEW AVE APT B 109,
GAYLORD, MI 49735-
(989)619-0480

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 10/23/1951 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.81	Encounter for orthopedic aftercare following surgical amp	08/19/26

13. ICD	Other Pertinent Diagnoses	Date
Z89.612	Acquired absence of left leg above knee	08/19/26
Z89.511	Acquired absence of right leg below knee	08/19/26
I73.9	Peripheral vascular disease unspecified	08/19/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	08/19/26
R33.9	Retention of urine unspecified	08/19/26
N17.9	Acute kidney failure unspecified	08/19/26
N18.9	Chronic kidney disease u	08/19/26
D64.9	Anemia unspecified	08/19/26

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

FLUOXETINE 20 MG Capsules Oral every mornng Taking For: Depression
QUETIAPINE FUMARATE 25 MG tabs Oral every day at bedtime Taking For: Agitation
TYLENOL 325 MG tabs Oral every 4 hours as needed pain, mild (1-3 on pain scale) Taking For: Pain
AMIODARONE 200 MG tabs Oral every mornng Taking For: Cardiac
ELIQUIS 5 MG tabs Oral Twice a day
ASPIRIN 325 MG tabs Oral every day Taking For: CAD
VITAMIN 1 tabs Oral every day Taking For: Supplementation
SENOKOT 50 MG tabs Oral Twice a day Taking For: Constipation
GABAPENTIN 100 MG Capsules Oral Three times a day Taking For: Pain
INSULIN 0-12 unit SubCutaneous Four times a day with meals and bedtime Taking For: DM
LISINOPRIL 10 MG tabs Oral every day Taking For: htn
OXYCODONE 5 MG tabs Oral every 6 hours standard times as needed for pain
MIRALAX 17 Gram Oral every day, dissolve in water before taking

14. DME and Supplies:
wheelchair

15. Safety Measures:
wheelchair precautions,

16. Nutrition:
regular

17. Allergies:
Walnut; Pecan; Latex; Sunflower Seeds; statins

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: Yes

20. Prognosis: fair

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
add discharge plan

Homebound status: Limited Mobility, Other: amputations BLE

Clinical Condition Requiring Homecare: amputation, weakness

SN Careplans

SN WK1: 1 (08/19/26-08/22/26) ,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)

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: 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 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/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/19/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
LAUREN ATKINSON
829 N CENTER AVE STE 210
GAYLORD, MI 49735-1599
PHONE: (989) 731-7860 FAX: 19897317833 NPI: 1063925246

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 : 08/17/2026

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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updating of advance directive documents as appropriate and within scope of practice.
Advance Directive:No - AD info given, declines to ID surrogate or complete AD

08/20/2026 Problems : A1250 - Lack of Necessary Transportation
M1610 - Urinary Catheter
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
difficulty sleeping
abnormal BS < 70/140 > mg/dL
B1000 - Vision Deficit
D0160 - Depression

PROCEDURES: cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care: Keep incision clean and dry and leave open to air and Monitor for s/sx of infection, glucose testing via monitor, monitor intake & output, catheter change, care & irrigation: Change catheter once a month and irrigate with sterile water daily

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, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive 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, * 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, patient's transportation needs are met

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

patient's transportation needs are met

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/19/2026