Home Health Certification and Plan of Care

Order ID: 1195/872

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4F13EG3MY09	08/17/2026	From: 08/17/2026 To: 10/15/2026	923	239350

6. Patient's Name and Address
Ronald Provo
5908 E US 23 HWY,
CHEBOYGAN, MI 49721-
(231) 818-2855

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 04/04/1940 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M62.84	Sarcopenia	08/17/26

13. ICD	Other Pertinent Diagnoses	Date
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/17/26
E46.	Unspecified protein-calorie malnutrition	08/17/26
J44.9	Chronic obstructive pulmonary disease unspecified	08/17/26
I63.9	Cerebral infarction unspecified	08/17/26
R13.12	Dysphagia oropharyngeal phase	08/17/26
L89.322	Pressure ulcer of left buttock stage 2	08/17/26
I10.	Essential (primary) hypertension	08/17/26
E78.5	Hyperlipidemia unspecified	08/17/26

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

VITAMIN 1 tablet ORAL DAILY
CYANOCOBALAMIN 1000 mcg ORAL DAILY
HYOSCYAMINE 0.125 MG tablet SUBLINGUAL EVERY 4 HOURS
LIDOCAINE 2 adhesive patch TOPICAL DAILY REMOVE 12 HOURS
LORAZEPAM 0.5 MG tablet ORAL EVERY 4 HOURS
METHOCARBAMOL 750 MG mg ORAL 3 TIMES DAILY
METOPROLOL 50 MG mg ORAL 2 TIMES DAILY
OMEPRAZOLE 20 MG mg ORAL EVERY AM TAKE EVERY MORNING ON EMPTY STOMACH
ONDANSETRON 4 MG tablet ORAL EVERY 4 HOURS
Primlev 10 MG tablet ORAL EVERY 6 HOURS
OXYGEN 2-4 Liter INHALATION Q2 - PRN
PLAVIX 75 MG mg ORAL DAILY
PREGABALIN 150 MG mg ORAL DAILY
PROSCAR 5 MG mg ORAL 2 TIMES DAILY
SENNA 8.6 MG tablet ORAL DAILY
SIMVASTATIN 10 MG mg ORAL EVERY PM
DUTASTERIDE AND TAMSULOSIN HYDROCHLORIDE 0.4 MG mg ORAL DAILY TAKE WITH BREAKFAST

14. DME and Supplies:
wheelchair, , hospital bed

15. Safety Measures:
activity supervision, fall precautions, O2 precautions, transfer with assist

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
NKA

18.A. Functional Limitations
Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted
Up As Tolerated, Exercises Prescribed, Transfer bed/Chair

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: fair

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment
add discharge plan

Homebound status: BEDBOUND

Clinical Condition Requiring Homecare: management of sarcopenia with associated atherosclerotic heart disease, prior stroke, dysphagia, pain, and recent functional decline. The SOC narrative documents increased weakness/fatigue and inability to ambulate, with the patient primarily bed- or recliner-bound. - Recent medical history: The SOC narrative documents hospitalization from 07/28/2026 through 08/07/2026 after presentation with abdominal pain and jaundice; the patient was diagnosed with cholecystitis and underwent cholecystectomy. During/after the acute illness he had dysphagia, restricted diet advancement, abdominal pain worsened by food intake, and marked decline in mobility and function. The hospital name is not documented.

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (08/17/26-08/22/26) ,WK3: 1 (08/30/26-09/05/26)

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), 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months, 3. Multiple hospitalizations (2 or more) in the past 6 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 clinically indicated.; Home Health Clinician to assess fall risk and

PT Goals

PATIENT-STATED GOAL: Be able to get out of bed, sit up in chair, possibly perform BSC or toilet transfer

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet

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
WILLIAM MCCADIE
4000 WELLNESS DR
BAY CITY, MI 48708
PHONE: (989) 685-2333 FAX: 19896852760 NPI: 1528097672

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 **08/26/2026**: 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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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

08/24/2026 Problems : GG0170R1 - Wheel 50 ft w 2 Turns
GG0170G1 - Car Transfer
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
GG0130B1 - Oral Hygiene
GG0130A1 - Eating
GG0170S1 - Wheel 150 feet
M1033 - Unintentional Weight Loss
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
swelling in the arms/legs
balance deficit
weak hand grips
muscle weakness
poor muscle tone
limited strength
limited endurance

PROCEDURES: cough/deep breathing exercises, incentive spirometer, wheelchair training, home exercise program: instruct and progress HEP to include supine and seated exercises for improve LE strength and seated balance to improve safety during transfers, equipment training: slide board and trapeze use, work simplification/energy conservation, transfers training: slide board transfers to and from w/c or BSC

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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, Chair to Bed to Chair - 02. Substantial/maximal assistance, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 01. Dependent, Wheel 150 feet - 01. Dependent

* recalls related medication(s) purpose, schedule

Chair to Bed to Chair - 02. Substantial/maximal assistance

Toilet Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 01. Dependent

Wheel 150 feet - 01. Dependent

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