Home Health Certification and Plan of Care

Order ID: 1195/897

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2VE6AD6TY61	06/23/2026	From: 08/22/2026 To: 10/20/2026	747	239350

6. Patient's Name and Address

RHONDA ELLERMAN
4790 HICKEY CREEK,
ROSCOMMON, MI 48653-
(734) 652-7427

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 07/21/1973 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
T81.31XD	Disruption of external operation (surgical) wound NEC subs	06/23/26

13. ICD	Other Pertinent Diagnoses	Date
L03.311	Cellulitis of abdominal wall	06/23/26
N64.1	Fat necrosis of breast	06/23/26
Z48.01	Encounter for change or removal of surgical wound dressing	06/23/26
D64.9	Anemia unspecified	06/23/26
Z86.718	Personal history of other venous thrombosis and embolism	06/23/26
E03.9	Hypothyroidism unspecified	06/23/26
E78.5	Hyperlipidemia unspecified	06/23/26
G47.30	Sleep apnea unspecified	06/23/26

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

Gabapentin - Gabapentin 300 mg 1 tablet by mouth three times a day
Duloxetine Hydrochloride - Duloxetine Hydrochloride eq 30 mg base 1 capsule by mouth once a day
Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 10 mg / 1 Tablet by mouth as necessary twice a day as needed for spasm
Atorvastatin Calcium - Atorvastatin Calcium 20 mg / 1 tablet by mouth once a day
Arogepant (Qulipta) 60 mg tablet 60 mg / 1 tablet by mouth once a day
Eliquis - Apixaban 5 mg / 1 Tablet by mouth twice a day
B12 - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 1000 mcg / 1 capsule by mouth once a day
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 FE) mg / 1 tablet by mouth in the morning take with food
Trazodone Hydrochloride - Trazodone Hydrochloride 50 mg 1 tablet by mouth at bedtime
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 mcg (1000 UT) / 1 capsule by mouth once a day
Rimegepant (Nurtec ODT) 75 mg disintegrating tablet 75 mg / 1 tablet by mouth as necessary at onset of migraine. Max of 1 dose per day
Propranolol Hydrochloride - Propranolol Hydrochloride 20 mg / 1 tablet by mouth twice a day
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 1 capsule by mouth as necessary every 6 hours as needed for pain
Omeprazole Magnesium - Omeprazole Magnesium 1 capsule by mouth once a day
Nystatin - Nystatin 5 mL Enteral Tube (NG/PEG) four times daily
Levothyroxine Sodium - Levothyroxine Sodium 50 mcg / 1 Tablet by mouth once a day once daily, 30 minutes prior to meal

14. DME and Supplies:

wound care supplies, wound vac dressings and canisters, Saline

15. Safety Measures:

remove environmental barriers, standard precautions, anticoagulant precautions, fall precautions, Universal/Infection precautions, Keep pathways clear

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

PLACEHOLDER!hydromorphone causes mental status change/hallucinations; me
nausea only; methylprednisolone acetate causes hives; codeine causes hives; c

18.A. Functional Limitations

Ambulation, Endurance, wound vac

18.B. Activities Permitted

Independent at Home, 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: good

22. A Rehabilitation Potential:

SELF-CARE: , MOBILITY:

22.B.Discharge Plans

patient will be responsible for managing treatment

Homebound status: Patient presented to Surgery Plastic Blue/ED for right breast and umbilical/abdominal drainage after bilateral DIEP reconstruction complicated by left DIEP intraoperative thrombosis and debridement on 05/21/2026. Notes describe right breast brown murky drainage, abdominal incision eschar/open wound with malodorous drainage, chills, WBC 15.1, abdominal wall cellulitis, and fat necrosis. Ultrasound was negative for organized drainable fluid collection. She was admitted for wound care and IV antibiotics, with possible operative debridement. On 06/11/2026 she underwent I and D of the midline abdominal wound with wound vac placement; findings included extensive necrotic fat and purulent fluid, JP drain removal, debridement, irrigation, and wound vac placement. Source: Plastic Surgery ED consult pages 6-9; brief op note page 10; progress note pages 12-13.

Clinical Condition Requiring Homecare: Disruption of external operation (surgical) wound, NEC, subsequent encounter

SN Careplans

SN WK2: 3 (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) ,WK10: 1 (10/18/26-10/20/26)

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: 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

SN Goals

PATIENT-STATED GOAL: remain at home

GOALS
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
* how to achieve wound healing including cleaning and dressing wound
* position changes

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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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:Living Will

08/24/2026 Problems : #1 - Observable Surgical Wound - Anterior Midline -
limited endurance

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Midline -, Wound care: Cleanse incision with saline or soap and water. Cover with ABDs and secure with tape if drainage is present., wound vacuum: Change wound vac dressing 3x per week and PRN.

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
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* strategies to control shortness of breath
* home remedies to keep lungs healthy
* 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