

Home Health Certification and Plan of Care				Order ID: 1195/895	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
4F13EG3MY09		08/17/2026		From: 08/17/2026 To: 10/15/2026	
4. Medical Record No.		5. Provider No.		923	
239350					
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Ronald Provo 5908 E US 23 HWY, CHEBOYGAN, MI 49721- (231) 818-2855			Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021		
8. DOB			9. Sex		
04/04/1940			Male		
11. ICD		Principal Diagnosis		Date	
M62.84		Sarcopenia		08/17/26	
13. ICD		Other Pertinent Diagnoses		Date	
I25.10		Athscr 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	
14. DME and Supplies:			15. Safety Measures:		
wheelchair, , hospital bed			activity supervision, fall precautions, O2 precautions, transfer with assist		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			NKA		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Bowel/Bladder Incontinence, Ambulation			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:			22.B.Discharge Plans		
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.			family/caregiver will be responsible for managing treatment add discharge plan		
Homebound status: BEDBOUND					
Clinical Condition management of sarcopenia with associated atherosclerotic heart disease, prior stroke, dysphagia, pain, and recent functional decline. The SOC narrative Requiring Homecare: 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 Goals		
PT WK1: 1 (08/17/26-08/22/26) ,WK3: 1 (08/30/26-09/05/26)			PATIENT-STATED GOAL: Be able to get out of bed, sit up in chair, possibly perform BSC or toilet transfer		
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			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		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet		
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					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/17/2026					
24. Physician's Name and Address			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.		
WILLIAM KERR 850 N CENTER AVE GAYLORD, MI 49735 PHONE: (989) 731-0658 FAX: (989) 731-0681 NPI: 1184695868			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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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
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/17/2026