Home Health Certification and Plan of Care

Order ID: 1195/910

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H86263015	08/22/2026	From: 08/22/2026 To: 10/20/2026	931	239350

6. Patient's Name and Address
Christine Newsom
1341 N. ST. HELEN RD.,
SAINT HELEN, MI 48656-
(313) 718-4923

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 03/29/1969 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I67.1	Cerebral aneurysm nonruptured	08/22/26

13. ICD	Other Pertinent Diagnoses	Date

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

Atorvastatin - Atorvastatin Calcium 40mg by mouth once a day
Bupropion Hydrochloride - Bupropion Hydrochloride 450mg by mouth in the morning
Combivent - Albuterol Sulfate: Ipratropium Bromide 20-100mcg/act inhalant four times a day 1 puff 4 times a day as needed for emphysema of the lung
Desvenlafaxine - Desvenlafaxine 50mg 3 tab by mouth once a day
Fluticasone - Fluticasone Furoate 100-62.5-25mcg/act inhalant once a day 1 puff daily
Magnesium Oxide - Simethicone 400mg 1 tab by mouth twice a day
Methimazole - Methimazole 5 mg 1 tab by mouth twice a day
Metoprolol - Hydrochlorothiazide: Metoprolol Succinate 50mg by mouth once a day
Omeprazole - Omeprazole 20 mg 1 tab by mouth in the morning
Potassium Chloride - Potassium Chloride 20meq 1 tab by mouth twice a day
Pregabalin - Pregabalin 50mg 1 cap by mouth three times a day
Senna - Senna 8.6mg 1 tab by mouth twice a day
Gemtesa 75mg by mouth as necessary for bladder
Hydrocodone Bitartrate And Acetaminophen - Acetaminophen: Hydrocodone Bitartrate 325 mg;5 mg 1 tab by mouth every 6 hours PRN pain
Methocarbamol - Methocarbamol 1000mg 1 tab by mouth every 6 hours PRN muscle spasms
Ondansetron - Ondansetron 4 mg 1 tab by mouth every 8 hours PRN naseau
Quetiapine Fumarate - Quetiapine Fumarate 400 mg 1 tab by mouth as necessary PRN for sleep
Clonazepam - Clonazepam 2 mg 1 tab by mouth three times a day PRN anxiety
Lamotrigine - Lamotrigine 200 mg 1 tab by mouth twice a day
Lamotrigine - Lamotrigine 200 mg 1 tab by mouth twice a day

14. DME and Supplies:
walker

15. Safety Measures:
infectious material management, fall precautions

16. Nutrition:
regular

17. Allergies:
Norvasc, chantix

18.A. Functional Limitations
Endurance

18.B. Activities Permitted
Walker, Up As Tolerated, Independent at Home

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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

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

Homebound status: medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: - Referral requests Skilled Nursing (SN) home health services for discharge to home in St. Helen, Michigan. - Hospital documentation lists cerebral/brain aneurysm as the admitting diagnosis. Neurosurgery H&P dated 08/14/2026 documents a planned right craniotomy for middle cerebral artery aneurysm clipping for an unruptured aneurysm with significant risk factors. Home care documentation dated 08/19/2026 states the patient and daughter were educated regarding home care, the patient was agreeable to Skilled Nursing services, and discharge planning was pending the discharge order and other home care requirements.

SN Careplans

SN WK1: 1 (08/22/26-08/22/26) ,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) ,WK10: 1 (10/18/26-10/19/26)

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: 4. Multiple emergency department visits (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 provide ongoing patient and

SN Goals

PATIENT-STATED GOAL: Increased strength and heal incision

GOALS
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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/22/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
MASSUD ALMASSUDI
1213 MASON ST
dearborn, MI 48124
PHONE: (313) 278-2800 FAX: (313) 278-0030 NPI: 1700140431

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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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:Not on File

08/24/2026 Problems : #1 - Observable Surgical Wound - Anterior Right Face - incision from brain aneurysm
M1720 - Anxiety
D0700 - Social Isolation
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
headache
muscle weakness
limited strength
limited endurance
bruising/discoloration
abnormal thyroid 0.40 - 4.50 mIU/mL
D0160 - Depression

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Right Face - incision from brain aneurysm: clean with wound cleanser daily, open to air., coordinate/arrange long-term socialization activities

TEACH PATIENT/CAREGIVER: * 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, 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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/22/2026