Home Health Certification and Plan of Care

Order ID: 1195/907

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9CT2A32DT27	12/26/2025	From: 08/23/2026 To: 10/21/2026	324	239350

6. Patient's Name and Address
MILDRED BALINSKI
4295 TAMARAC CT,
LEWISTON, MI 49756-
(586) 943-5224

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 07/16/1926 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S81.811D	Laceration w/o foreign body right lower leg subs encntr	12/26/25

13. ICD	Other Pertinent Diagnoses	Date
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	12/26/25
I50.9	Heart failure unspecified	12/26/25
N18.32	Chronic kidney disease stage 3b	12/26/25
I48.0	Paroxysmal atrial fibrillation	12/26/25
J45.909	Unspecified asthma uncomplicated	12/26/25
F33.0	Major depressive disorder recurrent mild	12/26/25
E55.9	Vitamin D deficiency unspecified	12/26/25
W19.XXXD	Unspecified fall subsequent encounter	12/26/25
W54.8XXD	Other contact with dog subsequent encounter	12/26/25
Z79.51	Long term (current) use of inhaled steroids	12/26/25
Z79.01	Long term (current) use of anticoagulants	12/26/25
Z87.440	Personal history of urinary (tract) infections	12/26/25
Z91.81	History of falling	12/26/25

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

Bariatric Multivitamins Oral Tablet 1 tablet by mouth once a day
Breo Ellipta Inhalation Aerosol Powder Breath Activated 100-25 MCG/ACT 1 puff inhalant once a day
Bumetanide - Bumetanide 1 mg 1 tablet by mouth once a day
Donepezil HCl Oral Tablet Disintegrating 10 MG 1 tablet by mouth at bedtime
Eliquis Oral Tablet 2.5 MG 1 tablet by mouth twice a day
EQ Famotidine Max St Oral Tablet 20 MG 1 tablet by mouth twice a day
Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour 150 MG 1 capsule by mouth once a day
Zinc Oral Tablet 25 MG 1 tablet by mouth once a day

14. DME and Supplies:
bath bench, walker

15. Safety Measures:
standard precautions, bathroom safety, medication safety, walker precautions, ambulates with device, fall precautions, anticoagulant precautions, remove environmental barriers, Proper use of assistive devices, Keep pathways clear

16. Nutrition:
regular, normal

17. Allergies:
DRUG ALLERGIES: LOTS OF ALLERGIES, UNKNOWN WHAT ALLERGIES ARE, PT LI' ALLERGIES STATES SHES NOT ALLERGIC TO ANYTHING

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Up As Tolerated, Walker

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort. Because of illness or injury, the person needs a walker and assistance of another person in order to leave their place of residence.

Clinical Condition Requiring Homecare: Urinary tract infection, site not specified

SN Careplans

SN WK1: 1 (08/23/26-08/29/26) ,WK3: 1 (09/06/26-09/12/26) ,WK5: 1 (09/20/26-09/26/26)

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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 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

SN Goals

PATIENT-STATED GOAL: Strengthen legs and decrease risk for falls

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 keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by STRICKLER, SYDNEY SN RN on 08/18/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
JENNIFER MCBRIDE
3040 BOURN ST
LEWISTON, MI 49756-8134
PHONE: (989) 786-4877 FAX: 19897316723 NPI: 1043767395

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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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

08/18/2026 Problems : coughing
limited strength
limited endurance
M1700 - Cognition
M2102d - Caregiver Performs Treatment

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, physician-ordered wound care, wound vacuum, monitor intake & output, monitor dialysis schedule

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 keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN RN	08/18/2026