Home Health Certification and Plan of Care

Order ID: 1195/1003

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9A14D40TJ87	06/08/2026	From: 08/07/2026 To: 10/05/2026	687	239350

6. Patient's Name and Address
DONALD THEISEN
1150 LAKE CLUB DRIVE,
GAYLORD, MI 49735-
(734) 645-9708

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 10/16/1941 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I10.	Essential (primary) hypertension	06/08/26

13. ICD	Other Pertinent Diagnoses	Date
M62.81	Muscle weakness (generalized)	06/08/26
R26.2	Difficulty in walking not elsewhere classified	06/08/26
R53.1	Weakness	06/08/26
R41.841	Cognitive communication deficit	06/08/26
R41.844	Frontal lobe and executive function deficit	06/08/26
K51.90	Ulcerative colitis unspecified without complications	06/08/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	06/08/26
R32.	Unspecified urinary incontinence	06/08/26

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

Pyridoxine Hydrochloride - Pyridoxine Hydrochloride 50 mg / 1 tablet by mouth once a day
Citalopram Hydrobromide - Citalopram Hydrobromide 20 mg / 1 tablet by mouth once a day
Finasteride - Finasteride 5 mg / 1 tablet by mouth once a day
Gabapentin - Gabapentin 300 mg / 1 capsule by mouth three times a day
Methocarbamol - Methocarbamol 500 mg / 1 tablet by mouth every 6 hours
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg / 1 capsule by mouth every other day 1 capsule every 48 hours
Prednisone - Prednisone 20 mg / 1 tablet by mouth once a day
Torsemide - Torsemide 10 mg / 1 tablet by mouth once a day
Valsartan - Valsartan 80 mg / 1 tablet by mouth in the morning
Tramadol Hcl - Tramadol Hydrochloride 50 mg / 1 tablet by mouth as necessary 1 tablet every 6 hours as needed for pain
True Folic Acid Oral Tablet 1 MG 1 mg / 1 tablet by mouth once a day
Potassium Chloride CR Oral Tablet Extended Release 20 MEQ 20 meq / 1 tablet by mouth twice a day
Donepezil HCl Oral Tablet 5 MG 5 mg / 1 tablet by mouth once a day
CVS Bisacodyl rectal Suppository 10 MG 10 mg / 1 suppository(ies) rectal as necessary 1 suppository(ies) daily as needed for constipation
CVS Acetaminophen Ex St Oral Tablet 500 MG 500 mg / 1 tablet by mouth as necessary 1 tablet every 8 hours as needed for pain

14. DME and Supplies:
hospital bed, wheelchair, hoyer lift, bath bench

15. Safety Measures:
wheelchair precautions, transfer with assist, fall precautions, Proper use of assistive devices, Keep pathways clear

16. Nutrition:
regular,

17. Allergies:
NKDA

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

18.B. Activities Permitted
Wheelchair, Needs substantial assistance w/all transfers.

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: poor

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

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

Homebound status: Assistance w/all ADL's, chair bound, wheelchair

Clinical Condition Requiring Homecare: SN: Assess and evaluate vital signs, pressure ulcer, lower extremity edema, transfer education, and fall risk education. PT: Evaluate and treat. OT: Evaluate and treat due to Essential (primary) hypertension.

SN Careplans

SN

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

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.;

SN Goals

PATIENT-STATED GOAL: (In patient's Own Words): Pt states his goal would be to walk again. Wife states she needs some help in home w/her husband.

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
* 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

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

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by ABRAHAM, ALEXIS RN SN on 08/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Jason Triana
9401 FOUNTAIN MEDICAL CT STE 101
BONITA SPRINGS, FL 34135-4612, 0
PHONE: (239) 319-2195 FAX: 2393192194 NPI: 1871711911

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.

Home Health Certification and Plan of Care

Order ID: 1195/1003

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
9A14D40TJ87	06/08/2026	From: 08/07/2026 To: 10/05/2026	687	239350

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
DONALD THEISEN 1150 LAKE CLUB DRIVE, GAYLORD, MI 49735- (734) 645-9708	Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021

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:Patient have Advance Directives, Patient has a Living Will, Patient Advance Directives: living will, Patient has a DPOA, Copy Provided to the agency, Patient has Advanced Directives Material provided, Patient has been educated on Adv. Directives

08/04/2026 Problems : dependent edema

PROCEDURES: EDUCATION ON PREVENTION OF PRESSURE ULCERS: EDUCATE PT AND WIFE ON PREVENTION OF PRESSURE ULCERS TO DUE PT BEING CHAIRBOUND, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, bladder training

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, * 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule

* diet
* recalls related medication(s) purpose, schedule

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

PT Careplans

PT WK2: 2 (08/09/26-08/15/26) ,WK3: 2 (08/16/26-08/22/26) ,WK4: 2 (08/23/26-08/29/26) ,WK5: 1 (08/30/26-09/05/26) ,WK6: 1 (09/06/26-09/12/26) ,WK7: 1 (09/13/26-09/19/26) ,WK8: 1 (09/20/26-09/26/26)

08/07/2026 Problems : M1850 - Transferring
M1850 - Transferring
M1860 - Ambulation/Locomotion
M1860 - Ambulation/Locomotion
cramping calves/thighs/hips
muscle weakness

PROCEDURES: home exercise program: Instruction and progression of UE, LE and core strengthening HEP, assist with transferring, assist with mobility, assist with seizure precautions prn, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with O2 safety

PT Goals

PATIENT-STATED GOAL: Improve mobility and function

GOALS

OT Careplans

OT WK2: 1 (08/09/26-08/15/26)

08/07/2026 Problems : M1810 - Upper Body Dressing
M1810 - Upper Body Dressing
M1820 - Lower Body Dressing
M1820 - Lower Body Dressing
M1830 - Bathing
M1830 - Bathing
M1840 - Toilet Transferring
M1840 - Toilet Transferring

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by ABRAHAM, ALEXIS RN SN

Date

08/03/2026