Home Health Certification and Plan of Care

Order ID: 1195/992

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H68757027	07/16/2026	From: 07/16/2026 To: 09/13/2026	820	239350

6. Patient's Name and Address

Gerald Johnston
2265 CEDAR VALLEY RD,
PETOSKEY, MI 49770-9528
(231) 330-0034

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 11/24/1942 | 9.Sex Male

11. ICD	Principal Diagnosis	Date
M16.12	Unilateral primary osteoarthritis left hip	07/16/26

13. ICD	Other Pertinent Diagnoses	Date
Z47.1	Aftercare following joint replacement surgery	07/16/26
M47.817	Spondyls w/o myelopathy or radiculopathy lumbosacr region	07/16/26
M25.552	Pain in left hip	07/16/26

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

Acetaminophen - Acetaminophen 500mg by mouth every 8 hours
ALDOCLOR-150 360 MG mg/2.4 mL Subcutaneous for 56
SIMVASTATIN 20 MG mg Oral for 90
Cefdinir - Cefdinir 300 mg 1 cap by mouth every 12 hours for 7 days
Dexamethasone - Dexamethasone 4 mg 1 tab by mouth twice a day
KETOROLAC TROMETHAMINE 0.4 % eye twice a day for 5 days in the right eye
LISINOPRIL 20 MG mg-12.5 mg Oral for 90
OMEPRAZOLE 40 MG mg Oral for 90
HYDROCODONE 5 MG TABLET BY MOUTH 3 TIMES A DAY AS NEEDED
METOPROLOL
Tramadol Hcl - Tramadol Hydrochloride 50mg by mouth every 6 hours
CELECOXIB 100 mg Oral for 90
ASPIRIN 81mg by mouth twice a day
Combigen 0.2 %-0.5 % eye drops 0.2 % Ophthalmic for 100
Journavx 50mg by mouth every 12 hours for 14 days

14. DME and Supplies:

bath bench, grab bars, cane

15. Safety Measures:

sharps precautions, fall precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

BEE VENOM PROTEIN (HONEY BEE), CYCLOBENZAPRINE

18.A. Functional Limitations

Ambulation, Endurance, Dyspnea With Minimal Exertion

18.B. Activities Permitted

Up As Tolerated, Cane

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: 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
patient will be responsible for managing treatment

Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

Clinical Condition Requiring Homecare: - Referral for home health nursing and physical therapy related to primary osteoarthritis of the left hip and planned left total hip arthroplasty on 08/11/2026. Orders also indicate assistance with activities of daily living.

SN Careplans

SN WK1: 1 (07/16/26-07/18/26) ,WK3: 1 (07/26/26-08/01/26) ,WK5: 1 (08/09/26-08/15/26) ,WK7: 1 (08/23/26-08/29/26) ,WK9: 1 (09/06/26-09/12/26)

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: 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.; 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:PLACEHOLDER

07/16/2026 Problems : M1400 - Dyspnea

SN Goals

PATIENT-STATED GOAL: Recover from surgery and walk without walker

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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by PROW, KATIE SN RN on 07/16/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

TIMOTHY ISMOND
560 W MITCHELL ST SUITE 300
PETOSKEY, MI 49770-2275
PHONE: (231) 487-2460 FAX: 12314876596 NPI: 1649277153

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: 1195/992

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H68757027	07/16/2026	From: 07/16/2026 To: 09/13/2026	820	239350

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Gerald Johnston 2265 CEDAR VALLEY RD, PETOSKEY, MI 49770-9528 (231) 330-0034	Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021

M2020 - Oral Med Management

PROCEDURES: Monitor incsion site, keep dressing CDI until directed to remove by surgeons office : if dressing becomes soiled or saturated, call office immediately, cough/deep breathing exercises, incentive spirometer

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, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PT Careplans

PT WK2: 1 (07/19/26-07/25/26) ,WK3: 1 (07/26/26-08/01/26) ,WK4: 1 (08/02/26-08/08/26) ,WK5: 1 (08/09/26-08/15/26) ,WK6: 2 (08/16/26-08/22/26) ,WK7: 2 (08/23/26-08/29/26)

08/25/2026 Problems : GG0170L1 - Walk 10 ft on Uneven Surface
GG0130F1 - Upper Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170G1 - Car Transfer
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
#1 - Non-Observable Surgical Wound - Anterior Left Hip -
Pain Effect on Sleep
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with Therapy activities

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Hip -: monitor for signs and symptoms of infection, physician-ordered wound care: monitor for signs and symptoms of infection, wound vacuum, home exercise program, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent, Independent with daily HEP in preparation for THA surgery on 8/11/26

PT Goals

PATIENT-STATED GOAL: Pre-operative training and learning

GOALS
Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Shower/Bathe Self - 05. Setup or clean-up assistance

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Independent with daily HEP in preparation for THA surgery on 8/11/26

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

Oral Hygiene - 06. Independent

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

Toileting Hygiene - 06. Independent

Lower Body Dressing - 05. Setup or clean-up assistance

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by PROW, KATIE SN RN	07/16/2026