

Home Health Certification and Plan of Care							Order ID: 1195/996		
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
1XT2F50QG90		07/31/2026		From: 07/31/2026 To: 09/28/2026		861		239350	
6. Patient's Name and Address Marie Leavesley 1118 BIRCH RD, ALPENA, MI 49707- 989-356-2787					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 05/11/1954 9.Sex Female					10. Medications: Dose/Frequency/Route (N)ew (C)hanged ALBUTEROL 2 puffs every 4 (four) hours as needed for wheezing or shortness of breath. NICOTINE 7 MG patch on the skin daily Patient not taking; Reported on 5/14/2026 NORVASC 5 MG TABLET BY MOUTH EVERY DAY ZESTRIL 40 MG tablet (40 mg total) by mouth daily VITAMIN 1 capsule by mouth daily ASPIRIN 81 MG mg by mouth daily Trelegy Ellipta 100-62.5-25 mcg blister with device inhaler 1 Puff(s) By Mouth Daily UNABLE TO FIND Probiotic Patient not taking; Reported on 5/14/2026				
11. ICD S72.002S		Principal Diagnosis Fracture of unspecified part of neck of left femur sequela			Date 07/31/26				
13. ICD J96.01 S72.8X2A J44.1		Other Pertinent Diagnoses Acute respiratory failure with hypoxia Oth fracture of left femur init encntr for closed fracture Chronic obstructive pulmonary disease w (acute) exacerbation			Date 07/31/26 07/31/26 07/31/26				
J90. D64.9 E87.1 I10. M81.0		Pleural effusion not elsewhere classified Anemia unspecified Hypo-osmolality and hyponatremia Essential (primary) hypertension Age-related osteoporosis w/o current pathological fracture			07/31/26 07/31/26 07/31/26 07/31/26 07/31/26				
C34.92 E78.49 K21.9		Malignant neoplasm of unsp part of left bronchus or lung Other hyperlipidemia Gastro-esophageal reflux disease without esophagitis			07/31/26 07/31/26 07/31/26				
14. DME and Supplies: walker					15. Safety Measures: O2 precautions, fall precautions, , walker precautions				
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET					17. Allergies: Dilaudid [Hydromorphone]				
18.A. Functional Limitations Ambulation					18.B. Activities Permitted Up As Tolerated, Walker,				
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: High fall risk due to gait instability and muscle weakness									
Clinical Condition Closed left hip fracture, sequela (S72.002S); Acute respiratory failure with hypoxia (CMS/HCC) (J96.01); Other fracture of left femur, initial encounter for closed Requiring Homecare: fracture (S72.8X2A); Hypoxia (R09.02)									
SN Careplans SN WK1: 1 (07/31/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK6: 1 (08/30/26-09/05/26) ,WK8: 1 (09/13/26-09/19/26) ,WK9: 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: 1. Non-agency caregiver(s) currently 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 preparedness plan throughout the home health episode, recertifications and resumptions of care.;					SN Goals PATIENT-STATED GOAL: Get stronger and not have to wear O2 all day GOALS patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by LUBELAN, SAMANTHA RN SN on 07/31/2026							25. Date HHA Received Signed POT		
24. Physician's Name and Address KATHLEEN PAWLANTA 829 N CENTER AVE SUITE 210 GAYLORD, MI 49735-1595 PHONE: (989) 731-7860 FAX: 19897317833 NPI: 1225055833					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 : 07/26/2026				
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. PAGE 1 of 2				

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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:full code 08/02/2026 Problems : Pain Effect on Sleep Pain Interference with Therapy activities Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management muscle weakness B1000 - Vision Deficit PROCEDURES: Showering : Assist Patient with shower during nursing visit until patient feels safe, cough/deep breathing exercises, incentive spirometer, coordinate/arrange resources for vision-impaired TEACH PATIENT/CAREGIVER: * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule	
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PT Careplans PT WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-09/05/26) ,WK7: 1 (09/06/26-09/12/26) ,WK8: 1 (09/13/26-09/19/26) ,WK9: 1 (09/20/26-09/26/26) ,WK10: 1 (09/27/26-09/28/26) 08/13/2026 Problems : GG0170D1 - Sit to Stand GG0170F1 - Toilet Transfer GG0170G1 - Car Transfer GG0170I1 - Walk 10 Feet GG0170J1 - Walk 50 ft with 2 Turns GG0170K1 - Walk 150 Feet GG0170L1 - Walk 10 ft on Uneven Surface GG0170M1 - 1 - Step (curb) GG0170N1 - 4 Steps GG0170O1 - 12 Steps GG0170P1 - Picking Up Object GG0170E1 - Chair to Bed to Chair PROCEDURES: Manual Therapy: Manual therapy may include manually resisted or assisted range of motion to the joints of the right or left lower extremity; manual muscle stretching to decrease muscular tension and improve range of motion for improved transfers in and out of vehicle., home exercise program: Therapist to instruct seated, standing and/or reclined home exercises including but not limited to any or all of the following as tolerated: active or band resisted/assisted ankle pumps, circumduction, hip flexion, adduction, and/or abduction, range of motion for Lower extremity joints of knees, hips, and/or ankle/foot. Core strengthening; neuromuscular education. Written home exercises provided and program may be modified and/or progressed as tolerated., equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, 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	PT Goals PATIENT-STATED GOAL: Walk without walker GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance Sit to Stand - 06. Independent Car Transfer - 06. Independent 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 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance
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OT Careplans OT WK3: 1 (08/09/26-08/15/26) 08/11/2026 Problems : M1400 - Dyspnea GG0130B1 - Oral Hygiene GG0130C1 - Toileting Hygiene GG0130E1 - Shower/Bathe Self GG0130F1 - Upper Body Dressing GG0130G1 - Lower Body Dressing GG0130H1 - Don/Doff Footwear GG0130A1 - Eating	OT Goals
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	07/31/2026