Home Health Certification and Plan of Care

Order ID: 1195/1002

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3JD5Y28GJ58	06/17/2026	From: 08/16/2026 To: 10/14/2026	749	239350

6. Patient's Name and Address
Madeline Oeder
7816 COTTAGE DR,
BELLAIRE, MI 49615-
(231) 633-0194

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 02/14/1945 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
L03.115	Cellulitis of right lower limb	06/17/26

13. ICD	Other Pertinent Diagnoses	Date
R78.81	Bacteremia	06/17/26
B95.62	Methicillin resis staph infct causing diseases classd elswhr	06/17/26
D59.10	Autoimmune hemolytic anemia unspecified	06/17/26
D46.9	Myelodysplastic syndrome unspecified	06/17/26
M10.9	Gout unspecified	06/17/26
M31.6	Other giant cell arteritis	06/17/26
I50.32	Chronic diastolic (congestive) heart failure	06/17/26
H54.8	Legal blindness as defined in USA	06/17/26

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

Acetaminophen - Acetaminophen 500 mg / 1 tablet by mouth as necessary Every 6 hours as needed for mild pain
Amlodipine Besylate - Amlodipine Besylate 5 mg / 1 tablet by mouth as necessary Once a day as needed in the morning with systolic blood pressure greater than 140
Brimonidine Tartrate - Brimonidine Tartrate 0.15 perc 1 drop left eye twice a day
Prednisone - Prednisone 1 mg 1 tablets by mouth twice a day
Linezolid - Linezolid 600 mg 1 tablet by mouth every 12 hours New at discharge; discharge plan states to complete a 14-day course through 06/23/2026.
Cefdinir - Cefdinir 125 mg/5ml 5ml by mouth every 12 hours
Folic Acid - Folic Acid 1 mg 2 sprays nasal in the morning
Cholecalciferol/Vitamin D3 50 mcg/2000 units oral tablet 1 tablet by mouth once a day

14. DME and Supplies:
walker

15. Safety Measures:
bathroom safety, medication safety, walker precautions, ambulates with device, Universal/infection precautions, Fall precautions /transfer safety, Proper use of assistive devices, Keep pathways clear

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
pt states allergic to an antibx unsure which one

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

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

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, 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: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

Clinical Condition Requiring Homecare: Skilled Nursing to Assess and Eval infection/edema R foot, VS, pain, fall risk, blind R eye/highly impaired L eye- adaptive strategies

SN Careplans

SN WK2: 1 (08/23/26-08/29/26) ,WK4: 1 (09/06/26-09/12/26) ,WK6: 1 (09/20/26-09/26/26) ,WK8: 1 (10/04/26-10/10/26)

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 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:No Advance Directive

08/13/2026 Problems : dependent edema
balance deficit
rough/scaly/cracked skin

SN Goals

PATIENT-STATED GOAL: pt will have decreased edema/pain BLE

GOALS
patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* 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/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by ABRAHAM, ALEXIS RN SN on 08/13/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
MICHAEL EROSSY
9500 EUCLID AVE # NA23
CLEVELAND, OH 44195-0001
PHONE: (216) 444-2200 FAX: 4402047815 NPI: 1255821625

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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rough/scaly/cracked skin
limited strength
limited endurance
tooth pain/decay/sensitivity

PROCEDURES: Compression stockings BLE: Monitor pts ability to wear and put on compression stockings independently for BLE edema., bladder training, coordinate/arrange resources for vision-impaired

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 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS RN SN	08/13/2026