Home Health Certification and Plan of Care

Order ID: 1195/1009

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5A14UT7AE73	08/20/2026	From: 08/20/2026 To: 10/18/2026	930	239350

6. Patient's Name and Address
Herbert Ashley
17677 S Straits Hwy,
Vanderbilt, MI 49795-
(231) 525-8665

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 01/14/1944 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	08/20/26

13. ICD	Other Pertinent Diagnoses	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	08/20/26
E11.9	Type 2 diabetes mellitus without complications	08/20/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	08/20/26
I70.90	Unspecified atherosclerosis	08/20/26
N18.2	Chronic kidney disease stage 2 (mild)	08/20/26
I48.91	Unspecified atrial fibrillation	08/20/26
I10.	Essential (primary) hypertension	08/20/26

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

CARVEDILOL 3.125 MG tablet mouth two times a day for blood pressure
FUROSEMIDE 40 MG tablet mouth one time a day for fluid retention
HYDROCORTISONE 1 % topically every 6 hours as needed Apply to Bilat ears, base of hair for rash
LEVETIRACETAM 500 MG tablet mouth two times a day for seizures
MIRALAX 1 scoop mouth every 24 hours as needed for constipation
PIOGLITAZONE 45 MG tablet mouth one time a day for diabetes
ATORVASTATIN 80 MG tablet mouth at bedtime for cholesterol
METFORMIN 1000 MG tablet mouth two times a day for diabetes
MULTIVITAMIN 1 tablet mouth one time a day for supplement
POTASSIUM 1 tablet mouth one time a day for supplement
SENNOSIDES 17.2 mg mouth at bedtime for constipation
OXYBUTYNIN 5 MG tablet mouth every 8 hours as needed for bladder discomfort
TRULICITY 0.75 MG milliliter subcutaneously one time a day every Wed for diabetes
ELIQUIS 5 MG tablet mouth two times a day for blood thinner
ASPIRIN 1 tablet mouth one time a day for blood thinner for 21 Days

14. DME and Supplies:
diabetic supplies, grab bars, bath bench, walker

15. Safety Measures:
bathroom safety, walker precautions, ambulates with device, diabetic precautions, fall precautions

16. Nutrition:
regular

17. Allergies:
Gemfibrozil, Niacin

18.A. Functional Limitations
Endurance, Ambulation, Hearing

18.B. Activities Permitted
Walker, Up As Tolerated

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: fair

22. A Rehabilitation Potential:
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

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

Homebound status: Absences from the home require considerable and taxing effort and infrequent or short duration.

Clinical Condition Requiring Homecare: Herbert is a 82 year old male who is homebound with a DX (N39.0) URINARY TRACT INFECTION, SITE NOT SPECIFIED and (I69.351) HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE.

SN Careplans

SN WK1: 1 (08/20/26-08/22/26) ,WK2: 2 (08/23/26-08/29/26) ,WK3: 2 (08/30/26-09/05/26) ,WK4: 2 (09/06/26-09/12/26) ,WK5: 2 (09/13/26-09/19/26) ,WK6: 2 (09/20/26-09/26/26) ,WK7: 2 (09/27/26-10/03/26) ,WK8: 1 (10/04/26-10/10/26) ,WK9: 1 (10/11/26-10/17/26) ,WK10: 1 (10/18/26-10/18/26)

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: 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, 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

SN Goals

PATIENT-STATED GOAL: Remove kidney stone/infection, increased strength and mobility

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 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 08/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
JESSICA MACHUE
1100 E MICHIGAN AVE
GRAYLING, MI 49738
PHONE: (989) 348-5461 FAX: 19897312497 NPI: 1255750550

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 : 08/18/2026

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.

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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:Living Will

08/20/2026 Problems : M1600 - UTI
M1610 - Urinary Incontinence
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
muscle weakness
limited strength
limited endurance
painful urination
blood in urine
frequent urination
abnormal BS < 70/140 > mg/dL

PROCEDURES: Bathing: Assist with bathing and dressing at every visit., Monitor urine output, change in color, or increased pain: Significant kidney stone surgically removed next week Thursday by Dr. Ayres, continue to monitor for UTI symptoms/change in urinary symptoms upon removal., glucose testing via monitor

TEACH PATIENT/CAREGIVER: * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule

PT Careplans

PT WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK7: 1 (09/27/26-10/03/26)

08/26/2026 Problems : GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
GG0170G1 - Car Transfer
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170S1 - Wheel 150 feet
GG0170E1 - Chair to Bed to Chair
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130F1 - Upper Body Dressing
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear

PROCEDURES: home exercise program: B LE strengthening, NMR, sit to stand transfers, static and dynamic balance training, therapeutic exercises: B LE and core, work simplification/energy conservation, neuromuscular re-education: seated and standing, transfers training

TEACH PATIENT/CAREGIVER: exercises & training are successfully recalled/demonstrated , Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Standing balance/tolerance

PT Goals

PATIENT-STATED GOAL: Improve strength and ability to transfer.

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

exercises & training are successfully recalled/demonstrated

Standing balance/tolerance

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/20/2026