

Home Health Certification and Plan of Care							Order ID: 1195/985		
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
H73296235		07/31/2026		From: 07/31/2026 To: 09/28/2026		858		239350	
6. Patient's Name and Address Sandra Ferguson 8899 HELENA RD, ALDEN, MI 49612- (231) 331-4133					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 01/12/1944 9.Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD	Principal Diagnosis			Date	FLUDEOXYGLUCOSE F 18 16 g Chew every 15 minutes as needed for Low blood sugar. IMODIUM 2 MG mg by mouth 4 times daily as needed for Diarrhea. LIPITOR 40 MG tablet by mouth nightly ONDANSETRON 4 MG tablet by mouth every 6 hours as needed for Nausea/Vomiting. PROTONIX 40 MG mg by mouth nightly PROVENTIL 2 puff by inhalation every 6 hours as needed for Wheezing. TOPROL-XL 25 MG mg by mouth 2 times daily. ULTRAM 50 MG mg by mouth every 6 hours as needed for Pain. WELLBUTRIN 150 MG tablet by mouth daily OXYBUTYNIN 5 MG mg by mouth daily. LINZESS 145 mcg Oral daily as needed (constipation). ASPIRIN 81 MG tablet by mouth nightly				
I99.8	Other disorder of circulatory system			07/31/26					
13. ICD	Other Pertinent Diagnoses			Date					
E43.	Unspecified severe protein-calorie malnutrition			07/31/26					
I71.43	Infrarenal abdominal aortic aneurysm without rupture			07/31/26					
F43.21	Adjustment disorder with depressed mood			07/31/26					
D63.8	Anemia in other chronic diseases classified elsewhere			07/31/26					
J44.9	Chronic obstructive pulmonary disease unspecified			07/31/26					
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs			07/31/26					
K21.9	Gastro-esophageal reflux disease without esophagitis			07/31/26					
R31.9	Hematuria unspecified			07/31/26					
R60.0	Localized edema			07/31/26					
I89.0	Lymphedema not elsewhere classified			07/31/26					
R53.81	Other malaise			07/31/26					
C50.919	Malignant neoplasm of unsp site of unspecified female breast			07/31/26					
F51.01	Primary insomnia			07/31/26					
I10.	Essential (primary) hypertension			07/31/26					
I73.9	Peripheral vascular disease unspecified			07/31/26					
H25.9	Unspecified age-related cataract			07/31/26					
K59.01	Slow transit constipation			07/31/26					
N18.31	Chronic kidney disease stage 3a			07/31/26					
I70.412	Athscl autol vein bypass of extrm w intrmt claud left leg			07/31/26					
I70.222	Athscl native arteries of extremities w rest pain left leg			07/31/26					
F17.210	Nicotine dependence cigarettes uncomplicated			07/31/26					
D50.0	Iron deficiency anemia secondary to blood loss (chronic)			07/31/26					
Z71.89	Other specified counseling			07/31/26					
R11.0	Nausea			07/31/26					
K59.00	Constipation unspecified			07/31/26					
14. DME and Supplies: walker					15. Safety Measures: walker precautions				
16. Nutrition: regular					17. Allergies: Fentanyl - Agitation, Confusion. Per pt "after last surgery I was given fentanyl ar upset. I don't want that again". Sertraline - Rash, Agitation. Oxycodone - Confus				
18.A. Functional Limitations Ambulation					18.B. Activities Permitted Walker				
19. Mental & Psychosocial 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: Yes									
20. Prognosis: fair									
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 add discharge plan				
Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home									
Clinical Condition Requiring Homecare: LEG PAIN									
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) ,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) 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					SN Goals PATIENT-STATED GOAL: Strengthen GOALS 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 NATALIE OKERSON-SPARKS 419 S CORAL ST KALKASKA, MI 49646-2503 PHONE: (231) 258-7777 FAX: 12312587786 NPI: 1972503324					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. PAGE 1 of 2				

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Respiratory rate < 22 > 20, blood pressure systolic < 90 > 100, blood pressure diastolic < 60 > 100, O2 saturation < 90 > 100, pain < 0 > 7 CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance 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:None on file 08/05/2026 Problems : M1400 - Dyspnea M2020 - Oral Med Management B1000 - Vision Deficit D0160 - Depression PROCEDURES: physician-ordered wound care: monitor graft sight for s/sx of infection. cleanse daily with soap and water and leave open to air., cough/deep breathing exercises, incentive spirometer, coordinate/arrange resources for vision-impaired TEACH PATIENT/CAREGIVER: 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) 08/18/2026 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: home exercise program, 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: add patient-stated goal 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 WK1: 1 (07/31/26-08/01/26) 08/18/2026 Problems : M1400 GG0130B1 - Oral Hygiene GG0130C1 - Toileting Hygiene GG0130E1 - Shower/Bathe Self GG0130G1 - Lower Body Dressing GG0130H1 - Don/Doff Footwear GG0130A1 - Eating GG0130F1 - Upper Body Dressing	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