

Home Health Certification and Plan of Care				Order ID: 1195/1007	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
3RU6TA5FR67		08/07/2026		From: 08/07/2026 To: 10/05/2026	
				4. Medical Record No. 876	
				5. Provider No. 239350	
6. Patient's Name and Address Joseph Palmer 3675 TWIN LAKES DR, LEWISTON, MI 49756- (734)693-0435			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 05/24/1956			9. Sex Male		
11. ICD M86.172			Principal Diagnosis Other acute osteomyelitis left ankle and foot		Date 08/07/26
13. ICD L02.612 S91.112A I73.9 G62.89 I10. I25.10 N40.0 Z86.718			Other Pertinent Diagnoses Cutaneous abscess of left foot Laceration w/o fb of left great toe w/o damage to nail init Peripheral vascular disease unspecified Other specified polyneuropathies Essential (primary) hypertension Athscsl heart disease of native coronary artery w/o ang pctrs Benign prostatic hyperplasia without lower urinry tract symp Personal history of other venous thrombosis and embolism		Date 08/07/26 08/07/26 08/07/26 08/07/26 08/07/26 08/07/26 08/07/26 08/07/26
14. DME and Supplies: wheelchair			15. Safety Measures: anticoagulant precautions, , infectious material management, wheelchair precautions		
16. Nutrition: cardiac diet			17. Allergies: Flagyl (Colitis)		
18.A. Functional Limitations Ambulation			18.B. Activities Permitted Wheelchair,		
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		
Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home					
Clinical Condition Requiring Homecare: Pt had injury to left great toe on 7/10 and has been treated with abx. Pt directed to ED today by podiatry for worsening infection and spreading.					
SN Careplans SN WK1: 1 (08/07/26-08/08/26) ,WK2: 1 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26) ,WK4: 1 (08/23/26-08/29/26) ,WK5: 1 (08/30/26-09/05/26) ,WK6: 1 (09/06/26-09/12/26) ,WK7: 1 (09/13/26-09/19/26) ,WK8: 1 (09/20/26-09/26/26) ,WK9: 1 (09/27/26-10/03/26) ,WK10: 1 (10/04/26-10/05/26) 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: 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			SN Goals PATIENT-STATED GOAL: Infection and wound GOALS 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 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 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		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/07/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address ERIK BATTILANA 416 CONNABLE AVE PETOSKEY, MI 49770 PHONE: (231) 487-7969 FAX: 12314873063 NPI: 1871022202			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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3RU6TA5FR67	08/07/2026	From: 08/07/2026 To: 10/05/2026	876	239350
6. Patient's Name and Address Joseph Palmer 3675 TWIN LAKES DR, LEWISTON, MI 49756- (734)693-0435			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	
episodes, febrile pharyngitis,adenoiditis,prolonged or 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:Do not resuscitate (DNR) orders 08/25/2026 Problems : #1 - Observable Surgical Wound - Other - Left great toe - well approximated; closed with staples M1400 - Dyspnea M2020 - Oral Med Management poor muscle tone muscle weakness B1000 - Vision Deficit PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Left great toe - well approximated; closed with staples, physician-ordered wound care: Keep dressing and wrap alone until follow up appointment with surgeon., PICC line management: Complete sterile PICC line dressing change Q7 days and flush daily with NS., Weekly Labs: Nurse to complete weekly labs during nursing visit., cough/deep breathing exercises, incentive spirometer, coordinate/arrange resources for vision-impaired 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * 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				

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/07/2026