Home Health Certification and Plan of Care

Order ID: 1195/994

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
0015787423	07/28/2026	From: 07/28/2026 To: 09/25/2026	385-1	239350

6. Patient's Name and Address

Thomas Trotter
4906 SHOOK RD,
WOLVERINE, MI 49799-
(231)833-0521

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 11/24/1961 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M47.26	Other spondylosis with radiculopathy lumbar region	07/28/26

13. ICD	Other Pertinent Diagnoses	Date
Z98.1	Arthrodesis status	07/28/26
M47.26	Other spondylosis with radiculopathy lumbar region	07/28/26
M99.03	Segmental and somatic dysfunction of lumbar region	07/28/26

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

Albuterol Sulfate - Albuterol Sulfate eq 0.083 perc base 2 puff inhalant every 6 hours
Bumetanide - Bumetanide 1 mg 1 tab by mouth once a day
Isosorbide Mononitrate - Isosorbide Mononitrate 30 mg 1 tab by mouth in the morning
Lisinopril - Lisinopril 40 mg 1 tab by mouth once a day
Metoprolol Succinate - Metoprolol Succinate eq 50 mg tartrate 1 tab by mouth twice a day
Omeprazole - Omeprazole 20 mg 1 cap by mouth twice a day before meals
Symbicort - Budesonide: Formoterol Fumarate Dihydrate 0.16 mg/inh;0.0045 mg/inh 2 puff inhalant twice a day
Wellbutrin Sr - Bupropion Hydrochloride 150 mg 1 tab by mouth twice a day
Amilodipine - Amlodipine Besylate 10mg by mouth once a day
Asa 81 Mg - Aspirin 1 tab by mouth once a day
Atorvastatin - Atorvastatin Calcium 40mg by mouth at bedtime
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325mg by mouth once a day
Metformin Hcl - Metformin Hydrochloride 500mg by mouth twice a day
Potassium Cl - Potassium Chloride 20 meq by mouth once a day
Trazadone - Trazodone Hydrochloride 100mg by mouth once a day
Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 by mouth once a day
Aripiprazole - Aripiprazole 2mg by mouth in the morning
Pregabalin - Pregabalin 100mg by mouth twice a day
Eliquis - Apixaban 5mg by mouth twice a day
Farxiga - Dapagliflozin Propanediol 10mg by mouth once a day
Zinc Oral Supplement 1 tab by mouth once a day
Zinc Oral Supplement 1 tab by mouth once a day

14. DME and Supplies:

diabetic supplies, cane

15. Safety Measures:

ambulates with device, diabetic precautions, fall precautions, cardiac precautions

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Up As Tolerated, Cane,

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: 1. Rarely, 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: Physical therapy for lumbar radiculopathy and balance retraining

SN Careplans

SN Goals

PT Careplans

PT WK1: 1 (07/28/26-08/01/26) ,WK3: 1 (08/09/26-08/15/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-09/05/26) ,WK7: 1 (09/06/26-09/12/26) ,WK9: 1 (09/20/26-09/25/26)

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, blood sugar < 70 > 130

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

PT Goals

PATIENT-STATED GOAL: Reduce LBP and improve mobility

GOALS
1 - Step (curb) - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by LUBELAN, SAMANTHA RN SN on 07/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Sharnee Mead

, 0
PHONE: 2314873003 FAX: 2314873007 NPI: 1811457963

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 : 07/22/2026

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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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.; 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

07/28/2026 Problems : GG0170P1 - Picking Up Object
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
GG0170F1 - Toilet Transfer
GG0170E1 - Chair to Bed to Chair
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating
GG0130F1 - Upper Body Dressing
GG0170D1 - Sit to Stand
A1250 - Lack of Necessary Transportation
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
cramping calves/thighs/hips
abnormal blood pressure
dizziness/syncope
lightheadedness
involuntary movement of extremity
difficulty sleeping
balance deficit
limited strength
swelling of affected area
muscle weakness
muscle spasms
limited endurance

PROCEDURES: Stretching and mobility.: B LE Hip mobility stretches, thoracic spine mobility., home exercise program, home exercise program: Instruct and progress HEP to include- B LE mobility, hip mobility and stability, core strengthening, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

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 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, 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, 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, Picking Up Object - 05.

works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

Car Transfer - 06. Independent

4 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Don/Doff Footwear - 06. Independent

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

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Sit to Stand - 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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	07/28/2026

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Setup or clean-up assistance, Don/Doff Footwear - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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