

Home Health Certification and Plan of Care				Order ID: 1195/1004
1. Patient's HI claim No. 1Y44CR8WU78	2. Start Of Care Date 06/06/2026	3. Certification Period From: 08/05/2026 To: 10/03/2026	4. Medical Record No. 723	5. Provider No. 239350
6. Patient's Name and Address Amy Ross 441 PEARL ST, HILLMAN, MI 49746- (989) 657-2177		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 10/20/1974	9. Sex Female	10. Medications: Dose/Frequency/Route (N)ew (C)hanged Buspirone Hcl - Buspirone Hydrochloride 15 mg / tablet by mouth 3 times daily Please verify if 15 mg, written to take 20mg Diazepam - Diazepam 10 mg / 1 tablet by mouth every 6 hours Gabapentin - Gabapentin 300 mg / 1 capsule by mouth four times a day take 3 capsules Hydromorphone Hydrochloride - Hydromorphone Hydrochloride 2 mg / tablet mouth as necessary Every 4 hours as needed for pain Methadone Hydrochloride - Methadone Hydrochloride 10 mg / 1 tablet by mouth every 6 hours take 3.5 tablets Midodrine Hydrochloride - Midodrine Hydrochloride 5 mg / 1 tablet by mouth once a day Ondansetron - Ondansetron 4 mg / 1 tablet by mouth as necessary Every 6 hours as needed for nausea and vomiting Oxybutynin Chloride - Oxybutynin Chloride 15 mg / 1 tablet by mouth once a day Pramipexole Dihydrochloride - Pramipexole Dihydrochloride 1.5 mg 0.25 mg / 1 tablet by mouth at bedtime Take 2 tablets Prochlorperazine - Prochlorperazine 10 mg / 1 tablet by mouth every 6 hours Tamoxifen Citrate - Tamoxifen Citrate 20 mg / 1 tablet by mouth once a day Omeprazole Magnesium - Omeprazole Magnesium 20 mg / 1 capsule by mouth once a day Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg / 1 tablet by mouth once a day take 2 tablets Levothyroxine - Levothyroxine Sodium 100 mcg / 1 tablet by mouth once a day Xarelto - Rivaroxaban 20 mg / 1 tablet by mouth once a day take daily with lunch Atorvastatin Calcium - Atorvastatin Calcium 20 mg / 1 tablet by mouth in the evening Myrbetriq - Mirabegron 25 mg / 1 tablet by mouth once a day		
11. ICD N30.00 Principal Diagnosis Acute cystitis without hematuria Date 06/06/26				
13. ICD N39.0 Other Pertinent Diagnoses Urinary tract infection site not specified Date 06/06/26				
B96.89 Oth bacterial agents as the cause of diseases classd elshwr Date 06/06/26				
Z97.8 Presence of other specified devices Date 06/06/26				
N31.9 Neuromuscular dysfunction of bladder unspecified Date 06/06/26				
G82.20 Paraplegia unspecified Date 06/06/26				
L89.154 Pressure ulcer of sacral region stage 4 Date 06/06/26				
L89.314 Pressure ulcer of right buttock stage 4 Date 06/06/26				
L89.324 Pressure ulcer of left buttock stage 4 Date 06/06/26				
14. DME and Supplies: wheelchair,		15. Safety Measures: wheelchair precautions, fall precautions, Universal/infection precautions, Proper use of assistive devices, Keep pathways clear		
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET		17. Allergies: NKDA		
18.A. Functional Limitations Paralysis, Amputation		18.B. Activities Permitted Wheelchair		
19. Mental & Psychosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:				
20. Prognosis: good				
22. A Rehabilitation Potential: SELF-CARE: , MOBILITY:		22.B.Discharge Plans family/caregiver will be responsible for managing treatment		
Homebound status: Patient is documented paraplegia, non-weight-bearing status, fall risk due to paraplegia, wheelchair bound, chronic Foley catheter, ileostomy, and left above-knee amputation.				
Clinical Condition Patient was referred for new home health services after hospitalization for complicated recurrent catheter-associated urinary tract infection suspected/diagnosed as Requiring Homecare: ESBL Klebsiella, requiring IV ertapenem home infusion and saline flushes.				
SN Careplans SN 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) 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 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		SN Goals PATIENT-STATED GOAL: (In patient's Own Words): clear the infection GOALS 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/caregiver recalls * prevention exacerbation of anxiety condition including coping patterns * improved concentration * strategies to reduce anxiety * identification of anxiety precipitants, conflicts, and threats * recalls related medication(s) purpose, schedule patient/caregiver recalls * urinary catheter management including how to flush catheter		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 08/04/2026			25. Date HHA Received Signed POT	
24. Physician's Name and Address MARK ANTONISHEN 223 N PARK STREET BOYNE, MI 582-5314 PHONE: (231) 392-7329 FAX: (231) 392-7329 NPI: 1518971654		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 : 06/05/2026		
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. PAGE 1 of 2		

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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.; Wound care Complete wound care by cleansing with wound cleanser applying alginate to ulcer on right and left buttock, and coccyx and cover with ABD pads Advance Directive:No Advance Directive 08/04/2026 Problems : M1810 - Upper Body Dressing M1820 - Lower Body Dressing M1830 - Bathing M1840 - Toilet Transferring M1850 - Transferring M1860 - Ambulation/Locomotion urine retention limited strength poor muscle tone muscle weakness abnormal BS < 70/140 > mg/dL PROCEDURES: All pressure ulcers : Complete wound care by cleansing with wound cleanser and applying alginate and covering with ABD pads, monitor intake & output, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with O2 safety 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, 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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids		* change and wash drainage bags * prevent infection including proper handwashing * positioning of catheter * recalls related medication(s) purpose, schedule 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 * 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 GRANDCHAMP, SAVANNAH SN RN	08/04/2026