Home Health Certification and Plan of Care

Order ID: 1195/945

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
132623493	08/05/2026	From: 08/05/2026 To: 10/03/2026	874	239350

6. Patient's Name and Address

Kimberly Johnson
1441 MAPLE DR APT 4 FAIRVIEW MI 48621,
FAIRVIEW, MI 48621-
989-745-5901

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 03/20/1960 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.3	Aftercare following surgery for neoplasm	08/05/26

13. ICD	Other Pertinent Diagnoses	Date
R59.0	Localized enlarged lymph nodes	08/05/26
M25.312	Other instability left shoulder	08/05/26
M17.12	Unilateral primary osteoarthritis left knee	08/05/26
Q18.2	Other branchial cleft malformations	08/05/26
S92.352A	Disp fx of fifth metatarsal bone left foot init	08/05/26
C73.	Malignant neoplasm of thyroid gland	08/05/26

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

LIPITOR 40 mg oral q24h
COLACE 100 mg oral BID
HYDRODIURIL 25 mg oral Daily (0900)
KEPPRA 500 mg oral BID
SYNTHROID 175 mcg oral Daily (0600)
MAGNESIUM 400 mg oral Daily (0900)
LOPRESSOR 50 mg oral BID
PAXIL 40 mg oral Nightly
MIRALAX 17 g oral Daily (0900)
DIOVAN 80 mg oral Daily (0900)
TYLENOL 650 mg oral q6h PRN
ALBUTEROL 2 puff inhl q8h PRN
FLONASE 2 spray each Nostril Daily PRN
MOTRIN 600 mg oral q8h PRN
PERCOCET 325 MG tablet oral q4h PRN
Novalog - Insulin Aspart Protamine Recombinant: Insulin Aspart Recombinant scale subQ Nightly
Lantus - Insulin Glargine Recombinant 30units/ml subcutaneous once a day

14. DME and Supplies:

grab bars, bath bench, diabetic supplies, wound care supplies, 4 wheeled walker

15. Safety Measures:

walker precautions, fall precautions, diabetic precautions, ambulates with device

16. Nutrition:

diabetic

17. Allergies:

Iodinated Contrast Media, Shellfish Containing Products, Insulin Detemir, Triproli [Pseudoephedrine Hcl], and Sulfa (Sulfonamide Antibiotics)

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Ambulation

18.B. Activities Permitted

Up As Tolerated, Walker

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: 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

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: - New home health referral for intermittent skilled nursing following left modified radical neck dissection for metastatic papillary thyroid carcinoma, with specialty services required for postoperative left neck wound and drain care. - The patient was admitted for elective surgery after a left level 4 neck node FNA on 05/06/2026 confirmed metastatic papillary thyroid carcinoma. She underwent left modified radical neck dissection on 07/28/2026. Postoperative documentation notes pain, nausea, bowel movement, and continued drain output. Home care orders direct daily/as-needed left neck dressing changes and drain emptying every 12 hours while inpatient and every 24 hours after discharge.

SN Careplans

SN WK1: 1 (08/05/26-08/08/26) ,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)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months), 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

SN Goals

PATIENT-STATED GOAL: Pt states heal incision and increased strength/endurance.

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

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/05/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

DAVID DARGIS
109 S 13 HARRINGTON ST
ALPENA, MI 49707-1609
PHONE: (989) 356-2400 FAX: 19893542606 NPI: 1457490609

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 : 07/28/2026

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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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:Living Will

08/21/2026 Problems : #1 - Observable Surgical Wound - Posterior Left Neck - surgical incision, monitor redness/healing
M1610 - Urinary Incontinence
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
muscle weakness
limited range of motion
limited strength
limited endurance
abnormal thyroid 0.40 - 4.50 mIU/mL
D0160 - Depression

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Posterior Left Neck - surgical incision, monitor redness/healing: Orders to apply abd for drainage as needed. Clean daily with wound cleanser and apply new abd pad if incision still draining., Monitor s/s of infection: Report any changes to physician- increased redness, swelling, warm to touch, fever., bladder training

TEACH PATIENT/CAREGIVER: * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * 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

* record wound measurements
* 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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/05/2026