Home Health Certification and Plan of Care

Order ID: 1195/956

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
80029627600	10/03/2025	From: 07/30/2026 To: 09/27/2026	170	239350

6. Patient's Name and Address
MAXINE SMALL
6726 SMALL RD,
CURRAN, MI 48728-
(989) 848-2958

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 10/14/1931 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z48.812	Encntr for surgical aftcr following surgery on the circ sys	10/03/25

13. ICD	Other Pertinent Diagnoses	Date
Z95.2	Presence of prosthetic heart valve	10/03/25
I50.33	Acute on chronic diastolic (congestive) heart failure	10/03/25
I35.0	Nonrheumatic aortic (valve) stenosis	10/03/25
E03.9	Hypothyroidism unspecified	10/03/25

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

Aspirin 81Mg - Aspirin 1 capsule by mouth once a day
Levothyroxine Sodium - Levothyroxine Sodium 88 MCG / 1 tablet by mouth once a day
Losartan Potassium - Losartan Potassium 25 mg 0.5 tablet by mouth in the morning frequency: daily
One Vite Daily Multivitamin Oral Tablet 1 tablet by mouth once a day frequency: daily
oxyBUTYnin Chloride Oral Tablet Extended Release 5 MG 1 tablet by mouth once a day
Meclizine Hydrochloride - Meclizine Hydrochloride 25 mg 1 tablet by mouth as necessary twice a day as needed for DIZZINESS

14. DME and Supplies:
grab bars, bath bench, cane

15. Safety Measures:
hand rails, fall precautions, ambulates with device, , standard precautions, medication safety, , bathroom safety, , , n/a

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET,

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, n/a, Bowel/Bladder Incontinence, Hearing

18.B. Activities Permitted
Up As Tolerated, Cane, ,

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort. Because of illness or injury, the person needs a cane, use of special transportation and assistance of another person in order to leave their place of residence.

Clinical Condition Requiring Homecare: Encntr for surgical aftcr following surgery on the circ sys

SN Careplans

SN WK3: 1 (08/09/26-08/15/26) ,WK5: 1 (08/23/26-08/29/26) ,WK7: 1 (09/06/26-09/12/26) ,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, 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: 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

07/27/2026 Problems : dizziness/syncope
extremity burn/tingle/numb
limited strength
limited endurance

PROCEDURES: cough/deep breathing exercises, incentive spirometer, bladder training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet

SN Goals

PATIENT-STATED GOAL: (In patient's own words) : Get better

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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 07/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
RAJ RAO
177 N BARLOW RD
HARRISVILLE, MI 48740-9607
PHONE: (989) 736-8157 FAX: 19893583762 NPI: 1144526252

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.

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changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * 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	07/27/2026