Home Health Certification and Plan of Care

Order ID: 1195/953

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
X3LM64960637	08/03/2026	From: 08/03/2026 To: 10/01/2026	871	239350

6. Patient's Name and Address
Stacey Vaughn
848 Knollwood,
Gaylord, MI 49735-
(734) 845-1627

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 10/11/1972 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M54.16	Radiculopathy lumbar region	08/03/26

13. ICD	Other Pertinent Diagnoses	Date
M48.061	Spinal stenosis lumbar region without neurogenic claud	08/03/26
E03.9	Hypothyroidism unspecified	08/03/26
F32.1	Major depressive disorder single episode moderate	08/03/26
G40.909	Epilepsy unsp not intractable without status epilepticus	08/03/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/03/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/03/26
I49.01	Ventricular fibrillation	08/03/26
G93.1	Anoxic brain damage not elsewhere classified	08/03/26
Z95.810	Presence of automatic (implantable) cardiac defibrillator	08/03/26

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

ACETAMINOPHEN 500 MG tablets oral Three Times A Day PRN Give 2 tabs q10 prn for pain.
ADDERALL 15 MG tab oral Twice A Day Jul 29, 2026 to Aug 27, 2026
ARIPIPRAZOLE 1 MG tablet oral Once A Day Jul 29, 2026
DULOXETINE HYDROCHLORIDE 20 MG capsule oral Once A Day Take with 20mg capsule for total of 80mg / undefined / Jul 29, 2026 to Aug 27, 2026
GABAPENTIN 100 MG capsule oral Every 12 Hours - PRN Migraine / undefined / Jul 29, 2026 to Aug 27, 2026
IBUPROFEN 400 MG tablet oral Every 4 Hours - PRN Jul 29, 2026
LAMOTRIGINE 150 MG tablet oral Twice a Day Jul 29, 2026 to Aug 27, 2026
OMEPRAZOLE 20 MG tablet oral Once A Day Jul 29, 2026 to Aug 27, 2026
amphetamine-dextroamphetamine 15 mg tablet tablet oral once a day Jul 29, 2026 to Aug 27, 2026
Armour Thyroid - Levothyroxine Sodium tablet 90mg oral once a day Jul 29, 2026 to Aug 27, 2026
Percocet - Acetaminophen: Oxycodone Hydrochloride 325 mg;5 mg 1 tab Q4-6hrs by mouth every 6 hours

14. DME and Supplies:
bath bench, 4 wheeled walker

15. Safety Measures:
bathroom safety, walker precautions, medication safety, fall precautions, ambulates with device

16. Nutrition:
regular

17. Allergies:
Depakote, Phenergan (Headache)

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Up As Tolerated, Walker, Independent at Home

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
patient will be responsible for managing treatment

Homebound status: Fall Prevention: Documentation across the deficits is at a high risk of falling without an assistive walking device due to generalized weakness, poor balance, & Safe ambulation.

Clinical Condition Requiring Homecare: Patient has had recent laminectomy and has a lumbar herniated disc with associated numbness and weakness to lower extremities. Impaired Daily Activities: The patient has a severe mobility limitation that significantly hinders completing activities of daily living.

SN Careplans

SN WK1: 1 (08/03/26-08/08/26)

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: 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 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

SN Goals

PATIENT-STATED GOAL: Increased strength and mobility, decreased pain.

GOALS
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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* 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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/03/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
ROBERTO M. VIGUILLA
135 Lake Street ROSCOMMON, MI 48653
, 0
PHONE: 9892758931 FAX: 989-275-4074 NPI: 1013992536

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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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

08/05/2026 Problems : M1720 - Anxiety
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
muscle weakness
limited strength
limited endurance
constipation
abnormal thyroid 0.40 - 4.50 mIU/mL
B1000 - Vision Deficit

PROCEDURES: coordinate/arrange resources for vision-impaired

TEACH PATIENT/CAREGIVER: * 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, 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

PT Careplans

PT 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)

08/19/2026 Problems : GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
GG0170E1 - Chair to Bed to Chair
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
GG0170P1 - Picking Up Object

PROCEDURES: home exercise program: seated: hip add isometric, marches with YTB, hip abd with YTB, LAQ w/ YTB, hip IR, hip ER isometric,, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent

PT Goals

PATIENT-STATED GOAL: improve LE strength to walk further and get up and down steps;Improve walking to ambulate without walker

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

OT Careplans

OT WK2: 1 (08/09/26-08/15/26)

08/11/2026 Problems : GG0130A1 - Eating
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400
GG0130B1 - Oral Hygiene
GG0130F1 - Upper Body Dressing
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene

OT Goals

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/03/2026