Home Health Certification and Plan of Care

Order ID: 1195/947

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H69848584	08/06/2026	From: 08/06/2026 To: 10/04/2026	880	239350

6. Patient's Name and Address
Karen Cameron
120 MAPLE ST APT 10,
MIO, MI 486479443-
(989) 217-1023

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 01/07/1959 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
K57.20	Dvtrcli of lg int w perforation and abscess w/o bleeding	08/06/26

13. ICD	Other Pertinent Diagnoses	Date
Z48.03	Encounter for change or removal of drains	08/06/26
D62.	Acute posthemorrhagic anemia	08/06/26
D50.9	Iron deficiency anemia unspecified	08/06/26
R78.81	Bacteremia	08/06/26
E11.8	Type 2 diabetes mellitus with unspecified complications	08/06/26
I10.	Essential (primary) hypertension	08/06/26
E78.5	Hyperlipidemia unspecified	08/06/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	08/06/26

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

PRAZOSIN HYDROCHLORIDE mg by mouth as necessary Insomnia Nightmares 1 mg x7 days then increase to 2 mg for 1 week. May increase to 4 mg nightly if needed.
VENTOLIN 2 puff(s) inhaled inhalant Every 4 hours as needed for for wheezing
tirzepatide (Mounjaro 2.5 mg/ 0.5 mL subcutaneous solution) Milligram subcutaneous subcutaneous Every Tuesday rotate injection sites
SERTRALINE tab(s) by mouth by mouth Every day
PANTOPRAZOLE 20 mg tab(s) by mouth by mouth Every morning
OXYCODONE tab(s) by mouth by mouth Every 4 hours as needed for Moderate-Severe Pain Pickup at HomeTown #63-Ambulatory
METRONIDAZOLE 500 mg tab(s) by mouth by mouth 2 times a day with meals Duration: 30 Days Refills: 1 do not drink alcohol. take with food to minimize abdominal discomfort Pickup at HomeTown #63-Ambulatory
LOSARTAN POTASSIUM 50 mg tab(s) by mouth by mouth Every morning
LEVOFLOXACIN 500 mg tab(s) by mouth by mouth Every 24 hours Duration: 30 Days Refills: 1 Begin 8/5/26 Pickup at HomeTown #63-Ambulatory
JARDIANCE tab(s) by mouth by mouth Every morning
IBUPROFEN 200 mg cap by mouth by mouth Every 4 hours as needed for for pain
HYDROCHLOROTHIAZIDE 12.5 mg tab(s) by mouth by mouth Every day Pickup at HomeTown #63-Ambulatory
ELIQUIS tab(s) by mouth by mouth 2 times a day
BUSPIRONE HCL 5 mg tab(s) by mouth by mouth 2 times a day

14. DME and Supplies:
wheelchair

15. Safety Measures:
walker precautions, standard precautions

16. Nutrition:
soft, low fiber

17. Allergies:
penicillin, pollens, metFORMIN

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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: difficulty to leave home for medical services required

Clinical Condition Requiring Homecare: abscess due to diverticulitis

SN Careplans

SN WK1: 1 (08/06/26-08/08/26) ,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: 1. Non-agency caregiver(s) currently provide assistance

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

SN Goals

PATIENT-STATED GOAL: Get stronger and get back to work

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
* 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 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 LUBELAN, SAMANTHA RN SN on 08/06/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
NATIKA COWIE
1370 MAPES RD
mio, MI 48647
PHONE: (989) 344-5820 FAX: 12313927338 NPI: 1861202574

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 : 08/04/2026

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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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:Full code

08/06/2026 Problems : M1400 - Dyspnea
M2020 - Oral Med Management
abnormal BS < 70/140 > mg/dL
B1000 - Vision Deficit
D0160 - Depression

PROCEDURES: JP drain management : Monitor and drain JP drain and inform Dr. with drainage measured get to 12 mL's or less, cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, monitor intake & output, coordinate/arrange resources for vision-impaired

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, * 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 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

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

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/06/2026