Home Health Certification and Plan of Care

Order ID: 1195/950

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1045985533V506714	08/03/2026	From: 08/03/2026 To: 10/01/2026	1035-2	239350

6. Patient's Name and Address
SHAWN JONES
693 MODESTO ST,
GAYLORD, MI 49735-
(989) 217-0389

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 01/02/1972 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z43.2	Encounter for attention to ileostomy	08/03/26

13. ICD	Other Pertinent Diagnoses	Date
K92.2	Gastrointestinal hemorrhage unspecified	08/03/26
I50.31	Acute diastolic (congestive) heart failure	08/03/26
J96.01	Acute respiratory failure with hypoxia	08/03/26
I48.0	Paroxysmal atrial fibrillation	08/03/26
E43.	Unspecified severe protein-calorie malnutrition	08/03/26
I10.	Essential (primary) hypertension	08/03/26
K85.20	Alcohol induced acute pancreatitis without necrosis or infct	08/03/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/03/26

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

Bumetanide - Bumetanide 1 mg 2 tablets by mouth twice a day
Extra Strength Tylenol - Acetaminophen 500 mg / 1 tablet - 2 tablets by mouth as necessary every 6 hours as needed for pain/fever
Senna - Senna 8.6 mg / 1 capsule by mouth as necessary twice a day as needed for constipation
Metoprolol Succinate - Metoprolol Succinate 25 mg / 1 tablet - 0.5 tablet by mouth once a day
Mirtazapine - Mirtazapine 15 mg 1 tablet by mouth at bedtime
Pregabalin - Pregabalin 75 mg / 1 capsule by mouth twice a day
Spironolactone - Spironolactone 25 mg 0.5 tablet by mouth once a day
ARIPIPRAZOLE 15 mg oral tablet Oral BID 15 mg= 1 Tab
FOLIC ACID 1 mg oral tablet Oral Daily 1 mg= 1 Tab
meteuroid succinate 25 mg oral tablet, extended release Oral Daily 12.5 mg= 0.5 Tab
PANTOPRAZOLE 40 mg oral delayed release tablet Oral BID 40 mg= 1 Tab
PAROXETINE 20 mg oral tablet Oral QAM 20 mg= 1 Tab
THIAMINE 100 mg oral tablet Oral Daily 100 mg= 1 Tab

14. DME and Supplies:
wound care supplies, ostomy supplies, walker

15. Safety Measures:
fall precautions, walker precautions

16. Nutrition:
regular

17. Allergies:
ACE inhibitors, lisinopril - Hives, traZODone - day time sedation, Nightmares, ga

18.A. Functional Limitations
Bowel/Bladder Incontinence, Endurance, Ambulation

18.B. Activities Permitted
Walker, Up As Tolerated, 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: 4. Always, BEHAVIORAL ISSUES: 2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions, 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
add discharge plan

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: Z432

SN Careplans

SN WK1: 1 (08/03/26-08/08/26) ,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 (09/27/26-10/01/26)

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, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 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

SN Goals

PATIENT-STATED GOAL: Heal wound on L foot, stopped drinking.;Heal wound on L foot, stop drinking.

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
* 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
* 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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure

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
ROBYN YATES
1105 SIXTH ST
TRAVERSE CITY, MI 49684-2345
PHONE: (989) 497-2500 FAX: 19893214118 NPI: 1518174101

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.

Home Health Certification and Plan of Care

Order ID: 1195/950

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1045985533V506714	08/03/2026	From: 08/03/2026 To: 10/01/2026	1035-2	239350

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
SHAWN JONES 693 MODESTO ST, GAYLORD, MI 49735- (989) 217-0389	Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021

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:PLACEHOLDER

08/12/2026 Problems : #1 - Open Wound - Other - Bottom of L foot -
M1720 - Anxiety
D0700 - Social Isolation
M1745 - Behavioral Issues
M1610 - Urinary Incontinence
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
Home Safety
dependent edema
muscle weakness
limited endurance
rough/scaly/cracked skin
D0160 - Depression

PROCEDURES: physician-ordered wound care: #1 - Open Wound - Other - Bottom of L foot -: Pt is independent in wound care on foot, assess every visit and monitor to be sure pt is adequately caring for wound and educate on s/s of infection., ostomy care & irrigation: Monitor ostomy changes/stoma appearance. Pt is independent in caring for ostomy. Check every visit to be sure pt has adequate supplies., bladder training, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange long-term socialization activities

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, * 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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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
* 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

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

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