

Home Health Certification and Plan of Care				Order ID: 1195/960	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
6K59MX9DF57		07/29/2026		From: 07/29/2026 To: 09/26/2026	
				4. Medical Record No.	
				857	
				5. Provider No.	
				239350	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
James White				Evergreen Home Health	
521 Elizabeth St,				403 W Main Street Suite A1	
HILLMAN, MI 49746-				Gaylord, MI 49735-1887	
989-255-6836				989-214-1114	
				1184225021	
8. DOB				9. Sex	
08/08/1942				Male	
11. ICD		Principal Diagnosis		Date	
E11.628		Type 2 diabetes mellitus with other skin complications		07/29/26	
13. ICD		Other Pertinent Diagnoses		Date	
L03.115		Cellulitis of right lower limb		07/29/26	
L08.9		Local infection of the skin and subcutaneous tissue unsp		07/29/26	
E11.621		Type 2 diabetes mellitus with foot ulcer		07/29/26	
L97.419		Non-prs chr ulcer of right heel and midfoot w unsp severt		07/29/26	
I73.9		Peripheral vascular disease unspecified		07/29/26	
I25.10		Athscl heart disease of native coronary artery w/o ang pctrs		07/29/26	
I10.		Essential (primary) hypertension		07/29/26	
14. DME and Supplies:				15. Safety Measures:	
wheelchair, rolling walker, wound care supplies				diabetic precautions, fall precautions, ambulates with device, non-weight bearing RLE, standard precautions	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				Penicillins - Swelling, Propoxyphene Napsylate	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation				Walker, Independent at Home, Wheelchair, NON WEIGHT BEARING LEFT FOOT/LEG	
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: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes					
20. Prognosis: fair					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
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.				patient will be responsible for managing treatment add discharge plan	
Homebound status: Based on the above findings, I certify that this patient is confined to the home and needs intermittent skilled nursing care, physical therapy and/or speech therapy.					
Clinical Condition Requiring Homecare: Diabetic foot infection (CMS/HCC)					
SN Careplans				SN Goals	
SN WK1: 3 (07/29/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 2 (08/09/26-08/15/26) ,WK4: 2 (08/16/26-08/22/26) ,WK5: 2 (08/23/26-08/29/26) ,WK6: 2 (08/30/26-09/05/26) ,WK7: 2 (09/06/26-09/12/26) ,WK8: 2 (09/13/26-09/19/26) ,WK9: 2 (09/20/26-09/26/26)				PATIENT-STATED GOAL: Heal wound RLE	
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				GOALS	
CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area				patient/caregiver recalls	
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion				* how to achieve wound healing including cleaning and dressing wound	
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				* position changes	
08/24/2026 Problems : #1 - Diabetic Ulcer - Posterior Right Heel - wound vac present. unable to				* skin care	
				* diet modification	
				* record wound measurements	
				* recalls related medication(s) purpose, schedule	
				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	
				* 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	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by ABRAHAM, ALEXIS RN SN on 07/29/2026					
24. Physician's Name and Address				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.	
WAYNE MCEWEN				F2F date :	
11899 M 32					
ATLANTA, MI 49709-9374					
PHONE: (989) 785-4855 FAX: 19893184606 NPI: 1437101680					
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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visualize wound. no current wound care orders. sees doc friday #2 - Diabetic Ulcer - Anterior Right Foot - right great toe diabetic foot ulcer. covered with gauze and bandage. no drainage noted. no current wound care orders. D0700 - Social Isolation M1033 - Exhaustion Pain Effect on Sleep Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management limited endurance limited strength constipation loss of appetite open sores/lesions D0160 - Depression			* 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		
PROCEDURES: physician-ordered wound care: #2 - Diabetic Ulcer - Anterior Right Foot - right great toe diabetic foot ulcer. covered with gauze and bandage. no drainage noted. no current wound care orders., physician-ordered wound care: #1 - Diabetic Ulcer - Posterior Right Heel - wound vac present. unable to visualize wound. no current wound care orders. sees doc friday, physician-ordered wound care: #2 - Diabetic Ulcer - Anterior Right Foot: Right great toe diabetic foot ulcer. Cleanse wound with wound cleanser, apply Betadine, leave open to air., physician-ordered wound care: #2 - Diabetic Ulcer - Anterior Right Foot: right great toe diabetic foot ulcer. covered with gauze and bandage. no drainage noted. no current wound care orders., physician-ordered wound care: #2 - Diabetic Ulcer - Anterior Right Foot: right great toe diabetic foot ulcer. covered with gauze and bandage. no drainage noted. no current wound care orders., physician-ordered wound care: #1 - Diabetic Ulcer - Posterior Right Heel: Wound vac removed. Cleanse wound with wound cleanser apply xeroform, cover with silicone foam. Change Q3 days., cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care, wound vacuum, glucose testing via monitor, 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, * 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, * 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					

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS RN SN	07/29/2026