

Home Health Certification and Plan of Care				Order ID: 1195/973					
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
1047004627V681295		05/18/2026		From: 07/17/2026 To: 09/14/2026		0301		239350	
6. Patient's Name and Address DONALD DEADMAN 147 BARE POINT ROAD, ALPENa, MI 49707 (231) 313-7301					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 01/23/1938 9. Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD S22.41XD	Principal Diagnosis Multiple fx of ribs right side subs for fx w routn heal			Date 05/18/26	ACARBOSE 25 mg / 1 tablet by mouth with meals please verify: daily with meals or with *each* meal? Administered By: Patient.				
13. ICD N30.00 N18.31 E11.29	Other Pertinent Diagnoses Acute cystitis without hematuria Chronic kidney disease stage 3a Type 2 diabetes mellitus w oth diabetic kidney complication			Date 05/18/26 05/18/26 05/18/26	DONEPEZIL HYDROCHLORIDE 5 mg / 1 tablet by mouth once a day Administered By: Patient ESCITALOPRAM 20 mg 20 mg / 1 tablet by mouth once a day Administered By: Patient HYDROXYZINE 50 mg / 1 tablet by mouth once a day Administered By: Patient				
F03.90	Unsp dementia unsp severity without beh/psych/mood/anx			05/18/26	INSULIN 100 UNIT/ML subcutaneous before meal as per sliding scale before meals				
F32.A	Depression unspecified			05/18/26	201-250 = 2u // 251-300 = 4u // 301-350 = 6u // 351-400 = 8u // 401+ = 10u and notify physician				
E03.9	Hypothyroidism unspecified			05/18/26	LANTUS 100 UNIT/ML sublingual once a day 20 units per day				
I71.40	Abdominal aortic aneurysm without rupture unspecified			05/18/26	Administered By: Patient				
C67.2	Malignant neoplasm of lateral wall of bladder			05/18/26	MEMANTINE HYDROCHLORIDE 5 mg / 1 tablet by mouth once a day Administered By: Patient PIOGLITAZONE 45 mg 45 mg / 1 tablet by mouth once a day Administered By: Patient LEVOTHYROXINE 88 mcg / 1 tablet by mouth once a day Administered By: Patient TYLENOL 500 mg / 1 tablet by mouth as necessary 1 tablet, once a day as needed for pain Administered By: Patient OXYCODONE 5 mg / 1 tablet by mouth as necessary 1 tablet every 6 hours as needed for severe pain Administered By: Patient CVS Lysine Oral Tablet 500 MG 500 mg / 1 tablet by mouth once a day Administered By: Patient Diphenoxylate-Atropine Oral Tablet 0.025-2.5 MG 0.025-2.5 mg / 1 tablet by mouth as necessary 1 tablet every 6 hours as needed for diarrhea Administered By: Patient EQ Milk of Magnesia Oral Suspension 1200 MG/15ML 30 ml by mouth in the morning Administered By: Patient MIRABEGRON ER Oral Tablet Extended Release 24 Hour 50 MG 50 mg / 1 tablet by mouth at bedtime Administered By: Patient Polyethyl Glycol-Propyl Glycol Ophthalmic Therapy Pack 0.4-0.3% 1 drop both eyes every 4 hours 1 drop in both eyes every 4 hours Administered By: Patient RIVAROXIBAN Oral Tablet 10 MG 10 mg / 1 tablet by mouth once a day Administered By: Patient CHOLECALCIFEROL 25 mcg (1000 UT) / 1 capsule - 4 capsules by mouth once a day Administered By: Patient				
14. DME and Supplies: None of the above					15. Safety Measures: None of the above				
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET,					17. Allergies: DRUG ALLERGIES: NKDA				
18.A. Functional Limitations Hearing					18.B. Activities Permitted No Restrictions				
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: fair									
22. A Rehabilitation Potential: SELF-CARE: , MOBILITY:					22.B.Discharge Plans patient will be responsible for managing treatment				
Homebound status: Requires assistance for most to all ADL, 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 the following in order to leave their place of residence, Dementia									
Clinical Condition SN: Freq Order SN visits every other week since ROC; PT; PT to assess/eval and treat eff.: 05/18/2026; OT: Move visit from week of June 7th to the week of June 14th Requiring Homecare: due to Multiple fx of ribs, right side, subs for fx w routn heal									
SN Careplans SN WK3: 1 (07/26/26-08/01/26) ,WK5: 1 (08/09/26-08/15/26) ,WK7: 1 (08/23/26-08/29/26) ,WK9: 1 (09/06/26-09/12/26) ,WK10: 1 (09/13/26-09/14/26) PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 94 > 101.0 heart rate < 50 > 100					SN Goals PATIENT-STATED GOAL: Strengthen GOALS				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by ORR, DANIEL PT on 07/16/2026							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. PAGE 1 of 2				

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7. HOME HEALTH EPISODE: Home Health Clinician to monitor temperature < 98.6 > 100.0, 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, blood sugar < 70 > 130 CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months 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:Patient have Advance Directives, Patient Advance Directives: POA, wife. Patient has a DPOA, Patient has Advanced Directives Material provided, Patient has been educated on Adv. Directives 07/16/2026 Problems : muscle weakness abnormal BS < 70/140 > mg/dL PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, glucose testing via monitor, monitor intake & output, monitor dialysis schedule	
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PT Careplans PT 07/22/2026 Problems : GG0170E1 - Chair to Bed to Chair GG0170P1 - Picking Up Object GG0170O1 - 12 Steps GG0170N1 - 4 Steps GG0170M1 - 1 - Step (curb) GG0170L1 - Walk 10 ft on Uneven Surface GG0170K1 - Walk 150 Feet GG0170J1 - Walk 50 ft with 2 Turns GG0170I1 - Walk 10 Feet GG0170G1 - Car Transfer GG0130A1 - Eating GG0170D1 - Sit to Stand GG0130C1 - Toileting Hygiene GG0170F1 - Toilet Transfer GG0130E1 - Shower/Bathe Self GG0130H1 - Don/Doff Footwear GG0130G1 - Lower Body Dressing GG0130F1 - Upper Body Dressing GG0130B1 - Oral Hygiene	PT Goals
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Signature of Physician:	Date PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist: Electronically Signed by ORR, DANIEL PT	Date 07/16/2026