Home Health Certification and Plan of Care

Order ID: 1195/970

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
121890946	07/23/2026	From: 07/23/2026 To: 09/20/2026	850	239350

6. Patient's Name and Address

Sue Braley
3150 GALLOWAY RD PO BOX 139,
LUZERNE, MI 486360139-
(989) 889-4205

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 10/23/1962 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
Z48.811	Encntr for surgical aftcr fol surgery on the nervous sys	07/23/26

13. ICD	Other Pertinent Diagnoses	Date
G82.20	Paraplegia unspecified	07/23/26
I26.93	Single subsegmental pulmon emblsm w/o acute cor pulmonale	07/23/26
I48.92	Unspecified atrial flutter	07/23/26
G40.909	Epilepsy unsp not intractable without status epilepticus	07/23/26
N31.9	Neuromuscular dysfunction of bladder unspecified	07/23/26
J44.89	Other specified chronic obstructive pulmonary disease	07/23/26
I10.	Essential (primary) hypertension	07/23/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/23/26

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

ACETAMINOPHEN 500 MG mg= 2 Tab Oral TID
ALBUTEROL 2.5 MG mg= 3 mL Inh q6hr, PRN
CLONAZEPAM 1 MG mg= 0.5 Tab Oral TID, PRN
CYANOCOBALAMIN 1000 mcg= 1 mL IM q2Week
DIGOXIN 0.125 MG mcg= 1 Tab Oral Daily
DUONEB 0.5 MG mL RT Inh (Med) RTq4hr, PRN
EPINEPHRINE 0.3 MG mg injectable kit, 0.3 mg IM ONCE, PRN
GABAPENTIN 100 MG mg= 2 Cap Oral TID
KEPPRA 500 MG mg= 1 Tab Oral BID
MIRALAX 17 gm= 1 Packet Oral Daily, PRN
CYCLOBENZAPRINE 10 MG mg= 1 Tab Oral TID, PRN
FLUTICASONE 1 Spray Both APPs (Nostrils) BID, PRN
METOPROLOL 25 MG mg Oral Daily
DULCOLAX 10 MG mg= 1 supp Rectal Daily, PRN
MAALOX 30 mL Oral q3hr, PRN
MAGNESIUM 1.745 g/30 mL Oral Daily, PRN
MELATONIN 3 MG mg= 1 Tab Oral QHS, PRN
ONFI 20 MG mg= 0.5 Tab Oral BID With refills
ELIQUIS 5 MG mg= 1 Tab Oral BID
ASPIRIN 81 MG mg= 1 Tab Oral qAM
Breztri Aerosphere 160 mcg-9 mcg-4.8 mcg/nh inhalation aerosol 1 Inh Inh BID
Nayzilam 5 mg/0.1 mL nasal spray 5 MG spray Intranasal ONCE

14. DME and Supplies:

hoyer lift, wheelchair, hand held shower, bath bench, hospital bed, nebulizer

15. Safety Measures:

no bending, medication safety, O2 precautions, seizure precautions, standard precautions, fall precautions, bleeding precautions, transfer with assist, wheelchair precautions, bathroom safety, anticoagulant precautions, lifting restriction of 8lbs

16. Nutrition:

Regular

17. Allergies:

brivaracetam, Pentasa, Trileptal, valproic acid, azithromycin, Bee Stings, beta Ac phenylacetate, TEGretol, Topamax, Trintellix, Vimpat, Yellow Dye, Zonegran, be

18.A. Functional Limitations

Bowel/Bladder Incontinence, Paralysis, Ambulation

18.B. Activities Permitted

Exercises Prescribed, Wheelchair, Transfer bed/Chair

19. Mental & Psychosocial 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: No

20. Prognosis: Fair

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Symptoms identified support difficulty to leave home for medical services required

Clinical Condition Requiring Homecare: Symptoms identified support difficulty to leave home for medical services required.. post-op care

SN Careplans

SN WK1: 1 (07/23/26-07/25/26) ,WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26) ,WK7: 1 (08/30/26-09/05/26) ,WK8: 1 (09/06/26-09/12/26) ,WK9: 1 (09/13/26-09/19/26)

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: 1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months), 2. Unintentional weight loss of a total of 10 pounds or more 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, 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

SN Goals

PATIENT-STATED GOAL: regain mobility and strength

GOALS
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

caregiver performs medical/rehabilitation treatments with adequate competence

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

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by STRICKLER, SYDNEY SN RN on 07/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

DAVID HUNTER
1910 EAST MILLER ROAD
FAIRVIEW, MI 48621
PHONE: (989) 848-5644 FAX: 19893184606 NPI: 1447276167

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 : 07/21/2026

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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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

07/23/2026 Problems : A1250 - Lack of Necessary Transportation
M1610 - Urinary Incontinence
M1620 - Bowel Incontinence
M1033 - Unintentional Weight Loss
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
seizures
involuntary movement of extremity
extremity burn/tingle/numb
muscle weakness
limited range of motion
poor muscle tone
limited strength
muscle spasms
limited endurance
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, bladder training, coordinate/arrange transportation services

TEACH PATIENT/CAREGIVER: * 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, * strategies to increase caloric intake, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training skin care, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence

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

patient's transportation needs are met

patient is adequately supervised

PT Careplans

PT WK2: 1 (07/26/26-08/01/26) ,WK3: 1 (08/02/26-08/08/26) ,WK4: 1 (08/09/26-08/15/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26) ,WK7: 1 (08/30/26-09/05/26) ,WK8: 1 (09/06/26-09/12/26) ,WK9: 1 (09/13/26-09/19/26) ,WK10: 1 (09/20/26-09/20/26)

08/17/2026 Problems : GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
GG0170G1 - Car Transfer
GG0170I1 - Walk 10 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170M1 - 1 - Step (curb)
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170P1 - Picking Up Object
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170S1 - Wheel 150 feet
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170E1 - Chair to Bed to Chair

PROCEDURES: wheelchair training, home exercise program: quad isometric, hamstring isometric, hip flexion isometric, ankle pumps, hip abd isometric, hip adduction isometric, equipment training, work simplification/energy conservation, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 05. Setup or clean-up assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04.

PT Goals

PATIENT-STATED GOAL: Pt to be independent with HEP and perform daily;Improve DF strength to 3/5 to decreased risk of falling when able to weight bear;Ability to perform slide board transfers independently;Improve BLE strength to 3+/5 to improve standing tolerance;Pt to ambulate 600 ft for community ambulating to safely get into and out of doctors appointments;Able to stand 30 seconds with CGA in 8 weeks to improve ability to perform transfers

GOALS
Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Toilet Transfer - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Wheel 50 ft w 2 Turns - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN RN	07/23/2026

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Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Wheel 150 feet - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (07/23/26-07/25/26) ,WK5: 1 (08/16/26-08/22/26) ,WK6: 1 (08/23/26-08/29/26) ,WK7: 1 (08/30/26-09/05/26) ,WK8: 1 (09/06/26-09/12/26) ,WK9: 1 (09/13/26-09/19/26)

08/17/2026 Problems : Pain Effect on Sleep
M1400 - Dyspnea
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating
GG0130F1 - Upper Body Dressing

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program, equipment training, work simplification/energy conservation

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by STRICKLER, SYDNEY SN RN

Date
07/23/2026