Home Health Certification and Plan of Care

Order ID: 1195/967

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
X3LM64963832	05/27/2026	From: 07/26/2026 To: 09/23/2026	690	239350

6. Patient's Name and Address
THERESA HUFF
14291 TERRY RD,
JOHANNESBURG, MI 49751-
(248) 939-1272

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 12/04/1930 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	05/27/26

13. ICD	Other Pertinent Diagnoses	Date
J18.9	Pneumonia unspecified organism	05/27/26
J96.01	Acute respiratory failure with hypoxia	05/27/26
N18.31	Chronic kidney disease stage 3a	05/27/26
E11.9	Type 2 diabetes mellitus without complications	05/27/26
I10.	Essential (primary) hypertension	05/27/26
J84.9	Interstitial pulmonary disease unspecified	05/27/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	05/27/26
E78.5	Hyperlipidemia unspecified	05/27/26

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

Acetaminophen - Acetaminophen 500 mg / tablet by mouth as necessary Take 2 tablets every 8 hours as needed (PRN) for pain
Isosorbide Mononitrate - Isosorbide Mononitrate 60 mg / 1 tablet by mouth once a day
Omeprazole - Omeprazole 10 mg / 1 capsule by mouth once a day
Ciprofloxacin Hydrochloride - Ciprofloxacin Hydrochloride 250 MG / 1 tablet by mouth twice a day TAKE FOR 7 DAYS
Claritin - Loratadine 10 mg / 1 tablet by mouth once a day
Losartan Potassium - Losartan Potassium 100 mg / 1 tablet by mouth once a day
Aspirin - Aspirin 81 mg / 1 capsule by mouth once a day
Ocuvite Adult Formula Oral Capsule 1 tablet by mouth once a day
Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT 1 puff inhalant once a day
Vitamin K 2-Vitamin D 3 Oral Capsule 45-2000 MCG-UNIT 1 capsule by mouth once a day
Bariatric Multivitamins Oral Tablet 1 tablet by mouth once a day
Cranberry-Probiotic Oral Capsule 1 capsule by mouth once a day
DuoNeb Inhalation Solution 0.5-2.5 (3) MG/3ML 3 mg / 3 ml (1 vial) inhalant three times a day
Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 100 MG 100 mg / 1 tablet by mouth once a day
turmeric 100-1000 mg / 1 capsule by mouth once a day

14. DME and Supplies:
walker

15. Safety Measures:
ambulates with device, walker precautions, fall precautions,

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
SYMBICORT, TOLTERODINE EXTENDED RELEASE

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Walker

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

Homebound status: 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 a walker and assistance of another person in order to leave their place of residence.

Clinical Condition Requiring Homecare: Chronic obstructive pulmonary disease w (acute) exacerbation

SN Careplans

SN WK1: 1 (07/26/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 2 (08/23/26-08/29/26)

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)

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

SN Goals

PATIENT-STATED GOAL: Get stronger and decrease edema

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

meal preparation is available to patient for all meals

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 07/23/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
MATTHEW MAZUR
850 N OTSEGO AVE SUITE 1
GAYLORD, MI 49735-1568
PHONE: (989) 731-7870 FAX: 19897317837 NPI: 1376719781

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.

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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.; Decrease edema Patient to be educated and wear compression stockings daily to help decrease BLE edema
Advance Directive:No Advance Directive

08/04/2026 Problems : increased urine output (GU)
painful urination (GU)
abnormal BS < 70/140 > mg/dL (EM)
swelling in the arms/legs
dependent edema
bruising/discoloration
muscle weakness

PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, monitor intake & output, coordinate/arrange preparation of missing meals, monitor dialysis schedule

TEACH PATIENT/CAREGIVER: patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (07/26/26-08/01/26) ,WK2: 1 (08/02/26-08/08/26) ,WK3: 1 (08/09/26-08/15/26) ,WK4: 1 (08/16/26-08/22/26) ,WK5: 1 (08/23/26-08/29/26) ,WK6: 1 (08/30/26-09/05/26) ,WK7: 1 (09/06/26-09/12/26) ,WK8: 1 (09/13/26-09/19/26) ,WK9: 1 (09/20/26-09/23/26)

08/01/2026 Problems : GG0170O1 - 12 Steps
GG0130A1 - Eating
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer
GG0170P1 - Picking Up Object
Pain Effect on Sleep
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
M1400 - Dyspnea
Pain Interference with ADLs
Pain Interference with Therapy activities

PROCEDURES: Manual Therapy: Manual therapy may include manually resisted or assisted range of motion to the joints of the right or left lower extremity; manual muscle stretching to decrease muscular tension and improve range of motion for improved transfers in and out of vehicle., cough/deep breathing exercises, incentive spirometer, home exercise program: Therapist to instruct seated, standing and/or reclined home exercises including but not limited to any or all of the following as tolerated: active or band resisted/assisted ankle pumps, circumduction, hip flexion, adduction, and/or abduction, range of motion for Lower extremity joints of knees, hips, and/or ankle/foot. Core strengthening; neuromuscular education. Written home exercises provided and program may be modified and/or progressed as tolerated., equipment training, work simplification/energy conservation, gait training/stair training, transfers training

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, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, 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, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: Goal

GOALS
Toilet Transfer - 06. Independent

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

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

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

Walk 150 Feet - 04. Supervision or touching assistance

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

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

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

Shower/Bathe Self - 04. Supervision or touching assistance

Upper Body Dressing - 05. Setup or clean-up assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	07/23/2026