Home Health Certification and Plan of Care

Order ID: 1195/1048

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
8A03G56DH15	08/17/2026	From: 08/17/2026 To: 10/15/2026	924	239350

6. Patient's Name and Address
Barbara Smith
14141 ALFALFA RD,
LACHINE, MI 49753-
989-657-6286

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 11/08/1950 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
D50.0	Iron deficiency anemia secondary to blood loss (chronic)	08/17/26

13. ICD	Other Pertinent Diagnoses	Date
D62.	Acute posthemorrhagic anemia	08/17/26
M97.01XD	Periprosth fracture around internal prosth r hip jt subs	08/17/26
J44.9	Chronic obstructive pulmonary disease unspecified	08/17/26
I73.9	Peripheral vascular disease unspecified	08/17/26
E87.1	Hypo-osmolality and hyponatremia	08/17/26
I10.	Essential (primary) hypertension	08/17/26
D35.2	Benign neoplasm of pituitary gland	08/17/26
Z86.718	Personal history of other venous thrombosis and embolism	08/17/26

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

ALBUTEROL 1 puff Inhale every (four) hours as needed.
ALDACTONE 50 MG mg by mouth daily Wait to take this until your doctor or other care provider tells you to start again.
CELEBREX 100 MG mg by mouth 2 (two) times a day.
CRESTOR 10 MG mg by mouth nightly.
DOSTINEX 0.5 MG tablet by mouth 2 (two) times a week. on Sun and Wed.
FLEXERIL 10 MG mg by mouth 2 (two) times a day as needed for muscle spasms.
FOSAMAX 70 MG mg by mouth once a week. On Tuesdays Wait to take this until your doctor or other care provider tells you to start again.
LASIX 20 MG mg by mouth daily.
PROTONIX 40 MG tablet (40 mg total) by mouth one time a day before breakfast.
ROBAXIN 500 MG tablet (500 mg total) by mouth 3 (three) times a day as needed for muscle spasms for up to 7 days.
ULTRAM 50 MG mg by mouth every 8 (eight) hours as needed for moderate pain.
TYLENOL 1,300 mg by mouth Take
ZESTRIL 10 MG mg by mouth daily Wait to take this until your doctor or other care provider tells you to start again.
CALCIUM 2 tablets by mouth 2 (two) times a day.
FEROSUL 325 MG tablet (325 mg total) by mouth daily with breakfast.
TYLENOL ARTHRITIS 650 MG mg mouth every 8 (eight) hours as needed for headaches.
VITAMIN 250 MG mg by mouth daily.
SENOKOT-S 50 MG tablet by mouth 2 (two) times a day as needed for constipation.
MAGNESIUM 200 MG mg by mouth daily.
MELATONIN 5 MG mg by mouth nightly.
WOMEN'S ROGAINE 1 tablet by mouth daily.
ELIQUIS 5 MG mg by mouth 2 (two) times a day.
ASPIRIN 81 MG mg by mouth daily.
ANORO ELLIPTA 1 puff Inhale daily. Patient not taking: Reported on 8/6/2026
fluticasone-umeclidin-vilante (Trelegy Ellipta) 100-62.5-25 mcg blister with device inhaler 1 puff Inhale daily.

14. DME and Supplies:
walker

15. Safety Measures:
fall precautions, walker precautions

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Walker, Up As Tolerated

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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

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
patient will be responsible for managing treatment

Homebound status: High fall risk due to gait instability and muscle weakness

Clinical Condition Requiring Homecare: Iron deficiency anemia due to chronic blood loss (D50.0); Acute blood loss anemia (D62)

SN Careplans

SN WK1: 1 (08/17/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK7: 1 (09/27/26-10/03/26) ,WK8: 1 (10/04/26-10/10/26) ,WK9: 1 (10/11/26-10/15/26)

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: 7. Currently taking 5 or more medications

SN Goals

PATIENT-STATED GOAL: Get stronger and get back to baseline

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
ASHLEY COOK
100 MICHIGAN ST NE
GRAND RAPIDS, MI 49503
PHONE: (616) 391-8242 FAX: (616) 391-8317 NPI: 1861877169

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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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

08/18/2026 Problems : M1400 - Dyspnea
M2020 - Oral Med Management
muscle weakness
B0200 - Hearing Deficit
B1000 - Vision Deficit

PROCEDURES: Incision : Monitor for s/sx of infection, cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care: Cleans with soap and water and leave open to air., coordinate/arrange resources for vision-impaired

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 keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule

* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

PT Careplans

PT WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK7: 1 (09/27/26-10/03/26) ,WK9: 1 (10/11/26-10/15/26)

08/28/2026 Problems : GG0170G1 - Car Transfer
GG0130F1 - Upper Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower 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
GG0170D1 - Sit to Stand
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
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

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., 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: 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

PT Goals

PATIENT-STATED GOAL: Patient Goal

GOALS
Toilet Transfer - 06. Independent

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

Chair to Bed to Chair - 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

Car Transfer - 05. Setup or clean-up assistance

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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/17/2026

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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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/17/2026