Home Health Certification and Plan of Care

Order ID: 1195/1061

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
6EA7EW3XK56	08/22/2026	From: 08/22/2026 To: 10/20/2026	939	239350

6. Patient's Name and Address
Donald Moyer
900 Hayes Rd,
Gaylord, MI 497359549-
(989) 732-6200

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 07/29/1946 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	08/22/26

13. ICD	Other Pertinent Diagnoses	Date
F01.B0	Vascular dementia moderate without beh/psych/mood/anx	08/22/26
E11.65	Type 2 diabetes mellitus with hyperglycemia	08/22/26
R26.89	Other abnormalities of gait and mobility	08/22/26
R26.81	Unsteadiness on feet	08/22/26
E78.2	Mixed hyperlipidemia	08/22/26
Z86.79	Personal history of other diseases of the circulatory system	08/22/26

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

INSULIN 52 unit subcutaneously every morning
MIRTAZAPINE 15 MG tablet by mouth at bedtime
PIOGLITAZONE 15 MG tablet by mouth once a day
TRIAMCINOLONE a small amount topical three times a day
ATORVASTATIN 10 MG tablet by mouth once a day
MAGNESIUM 400 MG tablet by mouth once a day
TRULICITY 3 MG mg subcutaneously once a week
DUTASTERIDE AND TAMSULOSIN HYDROCHLORIDE 0.4 MG capsule by mouth once a day
ASPIRIN 81 MG tablet by mouth once a day
JARDIANCE 25 MG tablet by mouth once a day
FreeStyle Libre 3 Reader (blood-glucose,receiver,cont) 1 sensor topical every 14 days Apply to back of the upper arm

14. DME and Supplies:
diabetic supplies, bath bench, grab bars, 4 wheeled walker

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

16. Nutrition:
diabetic,

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation, Hearing

18.B. Activities Permitted
Up As Tolerated, Walker,

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: good

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
another facility/provider will be responsible for managing treatment

Homebound status: The home visit was medically necessary in lieu of the office visit because patient lives in assisted living facility due to chronic conditions

Clinical Condition Requiring Homecare: DX: R26.81 - Unsteadiness on feet R26.89 - Other abnormalities of gait and mobility E11.42 - Type 2 diabetes mellitus with diabetic polyneuropathy F01.B0 - Vascular dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturb Fall risk, diabetic neuropathy, unsteady gait, history of brain aneurysm x 3. Using a borrowed walker that is t

SN Careplans

SN WK2: 1 (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: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

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

SN Goals

PATIENT-STATED GOAL: Increased strength and mobility

GOALS
patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* 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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/22/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
ROSE MARY SPELLMAN
801 ROSE HILL DRIVE
JACKSON, MI 49202
PHONE: (517) 212-2008 FAX: 15172122007 NPI: 1154808418

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 : 08/17/2026

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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updating of advance directive documents as appropriate and within scope of practice.
Advance Directive:No Advance Directive

08/22/2026 Problems : M1720 - Anxiety
D0700 - Social Isolation
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
limited strength
limited endurance
abnormal BS < 70/140 > mg/dL
B0200 - Hearing Deficit
D0160 - Depression

PROCEDURES: glucose testing via monitor

TEACH PATIENT/CAREGIVER: * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule

PT Careplans

PT WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26)

08/27/2026 Problems : GG0170P1 - Picking Up Object
GG0130F1 - Upper Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170D1 - Sit to Stand
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
GG0170G1 - Car Transfer
GG0170F1 - Toilet Transfer

PROCEDURES: home exercise program

PT Goals

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/22/2026