Home Health Certification and Plan of Care

Order ID: 1195/1055

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1N37P71TA42	02/19/2026	From: 08/18/2026 To: 10/16/2026	440	239350

6. Patient's Name and Address
ROSE BUTKA
1261 VILLAGE PARKWAY,
GAYLORD, MI 49735-
(989) 705-2500

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 02/29/1940 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I87.2	Venous insufficiency (chronic) (peripheral)	02/19/26

13. ICD	Other Pertinent Diagnoses	Date
L97.811	Non-prs chr ulcer oth prt r low leg limited to brkdwn skin	02/19/26
L97.821	Non-prs chr ulcer oth prt l low leg limited to brkdwn skin	02/19/26
G30.1	Alzheimer's disease with late onset	02/19/26
F02.811	Dem in other dis classd elswhr unsp severt with agitation	02/19/26
F02.818	Dem in oth dis classd elswhr unsp sev with oth beh distrb	02/19/26
F02.84	Dem in other dis classd elswhr unsp severity with anxiety	02/19/26
I10.	Essential (primary) hypertension	02/19/26
E87.1	Hypo-osmolality and hyponatremia	02/19/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/19/26
Z79.899	Other long term (current) drug therapy	02/19/26

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

Demeclocycline Hydrochloride - Demeclocycline Hydrochloride 300 mg 1 tablet by mouth twice a day
Levothyroxine Sodium - Levothyroxine Sodium 100 MCG / 1 tablet by mouth once a day
Lorazepam - Lorazepam 0.5 mg 2 tablets by mouth as necessary every 12 hours as needed for anxiety
Metoprolol Tartrate - Metoprolol Tartrate 50 mg 1 tablet by mouth once a day
Telmisartan - Telmisartan 40 mg 1 tablet by mouth once a day
Sodium Bicarbonate (Antacid) Oral Tablet 650 MG 650 mg / tablet - 2 tablets by mouth once a day
CVS Omeprazole Magnesium Oral Capsule Delayed Release 20 MG 1 capsule by mouth once a day in the morning before meal
CVS Acetaminophen Oral Capsule 325 MG 325 mg / capsule - 2 capsules by mouth as necessary every 4 hours as needed for pain

14. DME and Supplies:
grab bars, wound care supplies, sock aid, walker, bath bench

15. Safety Measures:
walker precautions, ambulates with device, fall precautions, Proper use of assistive devices, Keep pathways clear

16. Nutrition:
regular

17. Allergies:
no known allergies

18.A. Functional Limitations
Hearing, Ambulation, Endurance, , Bowel/Bladder Incontinence

18.B. Activities Permitted
Up As Tolerated, Walker

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
another facility/provider 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: Venous insufficiency (chronic) (peripheral)

SN Careplans

SN WK1: 1 (08/18/26-08/22/26) ,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 (10/11/26-10/16/26)

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.
Advance Directive:No Advance Directive

08/13/2026 Problems : dependent edema
itchy skin

SN Goals

PATIENT-STATED GOAL: increased strength and decrease swelling in lges

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
* how to keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 08/13/2026

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 :

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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muscle weakness
limited strength
limited endurance
M1700 - Cognition
M2102d - Caregiver Performs Treatment

PROCEDURES: apply anti-embolitic stockings: medi grips BLE, wash legs, spray with wound cleanser, apply medigrips, train caregiver(s) to perform medical/rehabilitation treatments, bladder training, coordinate/arrange long-term socialization activities

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, * how to keep home safe for patient with dementia coping strategies for the caregiver*, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin 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, patient is adequately supervised, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

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

patient is adequately supervised

meal preparation is available to patient for all meals

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	08/13/2026