

Home Health Certification and Plan of Care							Order ID: 1195/1107		
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
94939026300		07/23/2026		From: 07/23/2026 To: 09/20/2026		836		239350	
6. Patient's Name and Address Lesley Young 7311 ARROWROOT TRL, GAYLORD, MI 497359685- (586) 752-5165					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 11/12/1954 9.Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged				
11. ICD		Principal Diagnosis			Date		HUMALOG 100 units/mL subcutaneous ONCE DAILY		
L97.929		Non-prs chronic ulc unsp prt of l low leg w unsp severity			07/23/26		KEFLEX 500 mg oral capsule Oral BID		
13. ICD		Other Pertinent Diagnoses			Date		MULTAQ 400 mg oral tablet Oral BID, with morning and evening meals		
G20.A1		Parkinson's dis w/o dyskinesia w/o mention of fluctuations			07/23/26		LEVOTHYROXINE 200 mcg (0.2 mg) oral tablet Oral Daily		
Z91.81		History of falling			07/23/26		PRAMIPEXOLE DIHYDROCHLORIDE 1.5 mg oral tablet Oral BID		
E11.65		Type 2 diabetes mellitus with hyperglycemia			07/23/26		ATORVASTATIN 20 mg oral tablet Oral Daily		
Z79.4		Long term (current) use of insulin			07/23/26		METOPROLOL 25 mg oral tablet, extended release Oral daily		
I87.2		Venous insufficiency (chronic) (peripheral)			07/23/26		MULTIVITAMIN 1 Tab Oral Daily		
I48.0		Paroxysmal atrial fibrillation			07/23/26		ELIQUIS 5 mg oral tablet Oral BID		
Z79.01		Long term (current) use of anticoagulants			07/23/26		FARXIGA 10 mg oral tablet Oral Daily		
14. DME and Supplies: wheelchair, bath bench, 4 wheeled walker					15. Safety Measures: diabetic precautions, ambulates with device, fall precautions, standard precautions, walker precautions, activity supervision				
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET					17. Allergies: terbinafine, LamISil				
18.A. Functional Limitations Endurance, Bowel/Bladder Incontinence, Ambulation					18.B. Activities Permitted Up As Tolerated, Walker, Exercises Prescribed				
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: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No									
20. Prognosis: fair									
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 to receive home care indefinitely				
Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home									
Clinical Condition - Referral is for in-home therapy related to a non-pressure chronic ulcer of an unspecified part of the left lower leg with unspecified severity. The referral was Requiring Homecare: written 06/12/2026 with a requested start date of 06/12/2026 and routine priority. Source: Home Health Referral, page 1. - Recent primary care documentation describes history of falls, Parkinson disease, walker use, and plans to resume physical therapy. The patient reported a prior fall from a golf cart with spinal compression and right-sided deficit, subsequent inpatient rehabilitation, and another fall with subdural hematoma. The office note also documents diabetes with hyperglycemia, venous insufficiency, atrial fibrillation, hypertension, hypothyroidism, and obesity. Source: Primary Care Office Note dated 05/12/2026, pages 3-6.									
SN Careplans					SN Goals				
PT Careplans PT 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) ,WK10: 1 (09/20/26-09/20/26) 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: 0. No assistance needed - patient is independent or does not have needs in this area HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - 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					PT Goals PATIENT-STATED GOAL: Reduce falls, improve ambulation with less freezing 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 patient/caregiver recalls * how to achieve wound healing including cleaning and dressing wound * position changes				
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by HILL, KAITLIN PT PT on 07/23/2026							25. Date HHA Received Signed POT		
24. Physician's Name and Address LAUREN ATKINSON 829 N CENTER AVE STE 210 GAYLORD, MI 49735-1599 PHONE: (989) 731-7860 FAX: 19897317833 NPI: 1063925246					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 : 07/20/2026				
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. PAGE 1 of 3				

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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:Durable power of attorney for health care/Medical power of attorney 07/30/2026 Problems : GG0170P1 - Picking Up Object 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 #3 - Abrasion - Anterior Right Foot - GG0170L1 - Walk 10 ft on Uneven Surface GG0170E1 - Chair to Bed to Chair GG0130B1 - Oral Hygiene GG0130C1 - Toileting Hygiene GG0130E1 - Shower/Bathe Self GG0130G1 - Lower Body Dressing GG0130H1 - Don/Doff Footwear GG0130A1 - Eating GG0130F1 - Upper Body Dressing #2 - Abrasion - Anterior Left Knee - #1 - Abrasion - Anterior Right Knee - M1610 - Urinary Incontinence Pain Effect on Sleep Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management weak pulses in feet dizziness/syncope cramping calves/thighs/hips extremity burn/tingle/numb difficulty sleeping involuntary movement of extremity balance deficit limited strength limited endurance muscle spasms bruising/discoloration rough/scaly/cracked skin PROCEDURES: physician-ordered wound care: #3 - Abrasion - Anterior Right Foot -: monitor, possible RN consult if needed, physician-ordered wound care: #2 - Abrasion - Anterior Left Knee -: monitor, possible RN consult if needed, physician-ordered wound care: #1 - Abrasion - Anterior Right Knee -: monitor, possible RN consult if needed, Home Exercise Program: Instruct and progress HEP to include B LE strengthening, NMR, static and dynamic balance activities., cough/deep breathing exercises, bladder training, home exercise program, equipment training, work simplification/energy conservation, strengthening exercises: Balance training and NMR specific to PD diagnosis, static standing balance exercises: Balance training and NMR specific to PD diagnosis, dynamic standing balance exercises: Balance training and NMR specific to PD diagnosis, gait training/stair training, neuromuscular re-education: Balance training and NMR specific to PD diagnosis, 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, * how to achieve wound healing including cleaning and dressing				* skin care * diet modification * record wound measurements * 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 Sit to Stand - 06. Independent 1 - Step (curb) - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching 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 4 Steps - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance		
Signature of Physician:				Date		
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Optional Name/Signature of Nurse/Therapist:				Date		
Electronically Signed by HILL, KAITLIN PT PT				07/23/2026		

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wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, Sit to Stand - 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, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance					

Signature of Physician:	Date
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