# Home Health Certification and Plan of Care

**Order ID: 1195/1130**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 80020463100 | 06/01/2026 | From: 07/31/2026 To: 09/28/2026 | 682 | 239350 |

**6. Patient's Name and Address**

JANIE LLOYD
628 S RIPLEY BLVD TRLR D8,
ALPENA, MI 49707-
(989) 278-6372

**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** 11/11/1962 **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I63.9 | Cerebral infarction unspecified | 06/01/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I69.351 | Hemiplga following cerebral infrc aff right dominant side | 06/01/26 |
| I25.5 | Ischemic cardiomyopathy | 06/01/26 |
| I50.22 | Chronic systolic (congestive) heart failure | 06/01/26 |
| Z95.811 | Presence of heart assist device | 06/01/26 |
| I48.91 | Unspecified atrial fibrillation | 06/01/26 |
| E11.40 | Type 2 diabetes mellitus with diabetic neuropathy unsp | 06/01/26 |
| E11.319 | Type 2 diabetes w unsp diabetic rtnop w/o macular edema | 06/01/26 |
| J44.9 | Chronic obstructive pulmonary disease unspecified | 06/01/26 |

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

Acetaminophen - Acetaminophen 325 mg/ 1 tablet by mouth as necessary 1-2 tablet every 4-6 hours as needed for pain
Spironolactone - Spironolactone 50 mg 1 tablet by mouth in the morning
Carvedilol - Carvedilol 6.25 mg 1 tablet by mouth twice a day in the morning and in the evening
Furosemide - Furosemide 40 mg 1 tablet by mouth as necessary once a day as needed for weight gain
Gabapentin - Gabapentin 100 mg 5 tablets by mouth in the morning 2 tabs and 3 tabs at bedtime
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 mg 1 tablet by mouth as necessary every 6 hours as needed for itch/allergies
Lidocaine - Lidocaine 5 perc 140 mg - 1 patch transdermal once a day for up to 12 h per 24 h
Torsemide - Torsemide 20 mg 1 tablet by mouth as necessary once a day as needed for symptoms of heart failure
Trazodone Hydrochloride - Trazodone Hydrochloride 100 mg 100 mg / 1 tablet by mouth as necessary at bedtime as needed for sleep
Valsartan - Valsartan 40 mg / 1 tablet by mouth twice a day
Warfarin Sodium - Warfarin Sodium 4 mg / 1 tablet by mouth at bedtime
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 500 mg / 1 capsule by mouth twice a day
Metformin Hcl - Metformin Hydrochloride 1000 mg / 1 tablet by mouth twice a day before meals
Nitroglycerine - Nitroglycerin 0.4 mg / 1 tablet sublingual as necessary Frequency not available, used as necessary as default.
Renal Caps - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 tablet by mouth once a day
Sertraline Hcl - Sertraline Hydrochloride 100 mg - 1.5 tablets by mouth once a day
Melatonin - Melatonin 3 mg / 1 tablet by mouth as necessary at bedtime as needed for sleep
Atorvastatin Calcium - Atorvastatin Calcium 80 mg / 1 tablet by mouth once a day
Enoxaparin Sodium - Enoxaparin Sodium 80 MG/0.8ML subcutaneous every 12 hours
Cholecalciferol 25 MCG (1000 UT) - 1 capsule by mouth once a day
CVS Diclofenac Sodium External Gel 1 % 2 g aa by mouth four times a day
GNP Magnesium Oxide 400mg - 1 tablet by mouth twice a day Before meals
Insulin Glargine Subcutaneous Solution 100 unit/ml - 4 units subcutaneous in the morning
Insulin Lispro Injection Solution 100 unit/ml - 4 units subcutaneous three times a day with food
inpatient correction scale also listed as 1-12 units Subcutaneous (SubQ/SC) four times daily before meals and at bedtime.
Tirzepatide Subcutaneous Solution Auto-injector 10 mg/0.5 ml subcutaneous once a week
Empagliflozin 25 mg / 1 tablet by mouth in the morning
CVS Glucose Oral Gel 40 % 15 g by mouth as necessary as needed for low blood sugar

**14. DME and Supplies:**
walker

**15. Safety Measures:**
bleeding precautions, anticoagulant precautions,

**16. Nutrition:**
Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**
Ace inhibitors, Bismuth subsalicylate, Fentanyl

**18.A. Functional Limitations**
Paralysis, Ambulation, Endurance, Hearing, Dyspnea With Minimal Exertion

**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:** good

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

**22.B.Discharge Plans**
patient will be responsible for managing treatment
patient will be responsible for managing treatment

**Homebound status:** SOB on exertion, Leaving home requires a considerable and taxing effort

**Clinical Condition**

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 07/29/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
MATTHEW STEVENS
309 W LAKE ST
ALPENA, MI 49707
PHONE: (989) 358-3998 FAX: 19893583735 NPI: 1508012006

**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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Clinical Condition Requiring Homecare: CVA

## SN Careplans

SN WK3: 1 (08/09/26-08/15/26) ,WK5: 1 (08/23/26-08/29/26) ,WK7: 1 (09/06/26-09/12/26) ,WK9: 1 (09/20/26-09/26/26)

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: 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 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 frequency SN to eval vitals and assessment twice in a 30 day period
Advance Directive:No Advance Directive

07/29/2026 Problems : painful urination
muscle weakness

PROCEDURES: Monitoring BP : obtain BP via doppler, cough/deep breathing exercises, incentive spirometer, glucose testing via monitor

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 patient with vision loss including eliminating hazards enhancing lighting using mechanical aids

## SN Goals

PATIENT-STATED GOAL: Get stronger

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 keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

## PT Careplans

PT WK1: 1 (07/31/26-08/01/26) ,WK3: 1 (08/09/26-08/15/26) ,WK5: 1 (08/23/26-08/29/26) ,WK7: 1 (09/06/26-09/12/26) ,WK9: 1 (09/20/26-09/26/26)

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

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,

## PT Goals

PATIENT-STATED GOAL: Patient Goal

GOALS
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

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

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

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

Signature of Physician:

Date



Optional Name/Signature of Nurse/Therapist:
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN

Date
07/29/2026

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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: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 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, 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

Toilet Transfer - 05. Setup or clean-up assistance

| Signature of Physician: | Date |
|---|---|
| | PAGE 3 of 3 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by GRANDCHAMP, SAVANNAH SN RN | 07/29/2026 |