

Home Health Certification and Plan of Care				Order ID: 1195/1112	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
134897069		07/22/2026		From: 07/22/2026 To: 09/19/2026	
				4. Medical Record No.	
				846	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Rodney Morgan 4216 COUNTY RD 489, ONAWAY, MI 49765- (989)733-5647				Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021	
8. DOB 03/21/1951 9.Sex Male				10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD		Principal Diagnosis		ACUTECT 1 EA Oral Misc, Unscheduled	
G93.40		Encephalopathy unspecified		ARICEPT 5 mg, 1 tabs Oral QHS	
13. ICD		Other Pertinent Diagnoses		AUGMENTIN '200' 500 MG tabs Oral Daily	
G35.		Multiple sclerosis		DEPAKOTE 250 mg, 2 cap Oral TID	
R13.12		Dysphagia oropharyngeal phase		HALOPERIDOL 0.5 mg, 0.1 mL IV Push Q4H, PRN	
R26.89		Other abnormalities of gait and mobility		ONDANSETRON 4 mg, 2 mL IV Push Q8H, PRN	
F41.9		Anxiety disorder unspecified		PANTOPRAZOLE 40 mg, 1 tabs Oral Daily	
I47.19		Other supraventricular tachycardia		WELLBUTRIN 300 mg, 2 tabs Oral Daily	
G47.33		Obstructive sleep apnea (adult) (pediatric)		AMLODIPINE 5 mg, 1 tabs Oral Daily	
I71.40		Abdominal aortic aneurysm without rupture unspecified		METOPROLOL 25 mg, 1 tabs Oral Daily	
I71.21		Aneurysm of the ascending aorta without rupture		SERTRALINE 200 mg, 2 tabs Oral QHS	
14. DME and Supplies:				15. Safety Measures:	
walker				walker precautions, fall precautions	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				No Known Medication Allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation!Hearing				Walker	
19. Mental & COGNITION: 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium., ANXIETY: 4. Constantly, Psychosocial Status: SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes					
20. Prognosis: Good					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.				patient will be responsible for managing treatment patient will be responsible for managing treatment another facility/provider will be responsible for managing treatment	
Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home					
Clinical Condition homebound Requiring Homecare:					
SN Careplans				SN Goals	
SN WK1: 1 (07/22/26-07/25/26) ,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)				PATIENT-STATED GOAL: regain independence	
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				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	
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance				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	
HOSPITALIZATION RISKS: 1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months), 7. Currently taking 5 or more medications				patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids	
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:Do not resuscitate (DNR) orders				patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule	
07/22/2026 Problems : M1400 - Dyspnea M2020 - Oral Med Management					
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 07/22/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address DARCIE DOHNAL 14734 PARK AVENUE BLDG A CHARLEVOIX PRIMARY CARE CHARLEVOIX, MI 49720-1927 PHONE: (231) 547-6554 FAX: 12313927332 NPI: 1487800959				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 : 07/15/2026	
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 2	

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6. Patient's Name and Address Rodney Morgan 4216 COUNTY RD 489, ONAWAY, MI 49765- (989)733-5647		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		
poor muscle tone muscle weakness bruising/discoloration B1000 - Vision Deficit D0160 - Depression PROCEDURES: cough/deep breathing exercises, incentive spirometer, swallowing exercises, 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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				
PT Careplans PT 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) 08/06/2026 Problems : GG0170D1 - Sit to Stand GG0170F1 - Toilet 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 GG0170P1 - Picking Up Object GG0170G1 - Car Transfer GG0170E1 - Chair to Bed to Chair GG0170L1 - Walk 10 ft on Uneven Surface PROCEDURES: home exercise program: Instruct and progress HEP to include NMR, B LE Strengthening, static and dynamic balance exercises, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: Sit to Stand - 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 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, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, HEP instruction and education		PT Goals PATIENT-STATED GOAL: Reduce falls GOALS Toilet Transfer - 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 Picking Up Object - 04. Supervision or touching assistance Car Transfer - 05. Setup or clean-up assistance Sit to Stand - 05. Setup or clean-up assistance HEP instruction and education		
OT Careplans OT 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) 07/28/2026 Problems : M1400 - Dyspnea GG0130B1 - Oral Hygiene GG0130C1 - Toileting Hygiene GG0130E1 - Shower/Bathe Self GG0130G1 - Lower Body Dressing GG0130H1 - Don/Doff Footwear GG0130A1 - Eating GG0130F1 - Upper Body Dressing PROCEDURES: equipment training, work simplification/energy conservation, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: Toilet Transfer - 06. Independent, Picking Up Object - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent		OT Goals PATIENT-STATED GOAL: PT will verbalize understanding of falls recovery edu in 30 days;PT will verbalize understanding of adaptive equ for decreased hand grip;PT will verbalize understanding of adaptive low vision techniques in 30 days GOALS Toilet Transfer - 06. Independent Oral Hygiene - 06. Independent Shower/Bathe Self - 04. Supervision or touching assistance Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Toileting Hygiene - 06. Independent Eating - 05. Setup or clean-up assistance Upper Body Dressing - 06. Independent Picking Up Object - 04. Supervision or touching assistance		
Signature of Physician: Date PAGE 2 of 2				
Optional Name/Signature of Nurse/Therapist: Date Electronically Signed by GRANDCHAMP, SAVANNAH SN RN07/22/2026				