Home Health Certification and Plan of Care

Order ID: 1195/630

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H69469471	05/21/2026	From: 07/20/2026 To: 09/17/2026	669	239350

6. Patient's Name and Address
TERRY MITCHELL
912 W 11TH ST,
MIO, MI 48647-
(989) 826-5879

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 12/06/1966 **9.Sex** Male

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

Amlodipine - Amlodipine Besylate 10 MG / 1 tablet by mouth once a day frequency: daily
CVS Acetaminophen Ex St Oral Tablet 500 MG 500 mg / 1 tablet by mouth every 6 hours PRN for pain
Losartan Potassium-HCTZ Oral Tablet 50-12.5 MG 1 tablet by mouth once a day frequency: daily

11. ICD	Principal Diagnosis	Date
L98.416	Non-prs chr ulcer of buttock with bone invl w/o evd of necr	05/21/26

13. ICD	Other Pertinent Diagnoses	Date
T81.31XD	Disruption of external operation (surgical) wound NEC subs	05/21/26
L02.31	Cutaneous abscess of buttock	05/21/26
C20.	Malignant neoplasm of rectum	05/21/26
C21.0	Malignant neoplasm of anus unspecified	05/21/26
W88.8XXS	Exposure to other ionizing radiation sequela	05/21/26
I10.	Essential (primary) hypertension	05/21/26
E66.01	Morbid (severe) obesity due to excess calories	05/21/26
Z68.41	Body mass index [BMI] 40.0-44.9 adult	05/21/26

14. DME and Supplies:
wound care supplies

15. Safety Measures:
fall precautions, medication safety

16. Nutrition:
high protein

17. Allergies:
no known allergies

18.A. Functional Limitations
Hearing

18.B. Activities Permitted
Up As Tolerated

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

Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

Clinical Condition Requiring Homecare: SN Observation and Assessment Wound for Signs and Symptoms of infection due to Non-pressure chronic ulcer of buttock with bone involvement without evidence of necrosis

SN Careplans

SN WK1: 2 (07/20/26-07/25/26) ,WK2: 2 (07/26/26-08/01/26) ,WK3: 2 (08/02/26-08/08/26) ,WK4: 2 (08/09/26-08/15/26) ,WK5: 2 (08/16/26-08/22/26) ,WK6: 2 (08/23/26-08/29/26) ,WK7: 2 (08/30/26-09/05/26) ,WK8: 2 (09/06/26-09/12/26) ,WK9: 2 (09/13/26-09/17/26)

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: 4. Multiple emergency department visits (2 or more) in the past 6 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 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.
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M1830 - Bathing, M1830 - Bathing, M1610 - Urinary Catheter, cloudy urine, limited endurance, B0200 - Hearing Deficit, loss of appetite, open

SN Goals

PATIENT-STATED GOAL: Heal wounds

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
* 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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by STRICKLER, SYDNEY SN RN on 07/15/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
TAMYRA HENIGAN
1320 E. M-32
GAYLORD, MI 49735
PHONE: (989) 731-5092 FAX: 9897058323 NPI: 1043304967

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 **08/19/2026** 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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sores/lesions, #1 - Observable Surgical Wound - Anterior Right Thigh - Left gluteus(distal), #2 - Other - Posterior Left Buttock -

PROCEDURES: physician-ordered wound care: #2 - Other - Posterior Left Buttock -: Cleanse with saline. Apply betadine moistened gauze to wound. Skin prep peri-wound area. Cover with ABD and secure with retention tape., physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Right Thigh - Left gluteus(distal): Cleanse with saline. Apply betadine moistened gauze to wound. Skin prep peri-wound area. Cover with ABD and secure with retention tape., cough/deep breathing exercises, incentive spirometer, physician-ordered wound care, wound vacuum, catheter change, care & irrigation, assist with bathing, assist with seizure precautions prn, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with O2 safety, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule

* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN RN	07/15/2026