

Home Health Certification and Plan of Care				Order ID: 1195/733	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
H52186264		04/13/2026		From: 08/11/2026 To: 10/09/2026	
4. Medical Record No.		5. Provider No.			
552		239350			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
DEBORAH BISSELL 1108 S HURON APT 25, NEWPORT VILLAGE, CHEBOYGAN, MI 49721- (231) 818-0945			Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021		
8. DOB			9. Sex		
01/08/1961			Female		
11. ICD		Principal Diagnosis		Date	
S82.871D		Displaced pilon fx r tibia subs for clos fx w routn heal		04/13/26	
13. ICD		Other Pertinent Diagnoses		Date	
S82.401D		Unsp fx shaft of r fibula subs for clos fx w routn heal		04/13/26	
E11.9		Type 2 diabetes mellitus without complications		04/13/26	
J44.9		Chronic obstructive pulmonary disease unspecified		04/13/26	
I11.0		Hypertensive heart disease with heart failure		04/13/26	
F31.9		Bipolar disorder unspecified		04/13/26	
M81.0		Age-related osteoporosis w/o current pathological fracture		04/13/26	
10. Medications: Dose/Frequency/Route (N)ew (C)hanged			LISINOPRIL 20 mg MG by mouth twice a day Biotene Dry Mouth Gentle Mouth/Throat Liquid 1spray by mouth every 12 hours TRIHEXYPHENIDYL HYDROCHLORIDE 2 mg 2mg by mouth three times a day QC Fluticasone Propionate Nasal Suspension 50 MCG/ACT 50 MCG/ACT Nasal each nostril bid PREGABALIN 200mg by mouth three times a day MORPHINE 15mg by mouth every 8 hours METFORMIN 500mg by mouth twice a day FUROSEMIDE 20 mg 20mg by mouth twice a day CEPHALEXIN 500mg by mouth every 8 hours Robafen CF Cough/Cold Oral Syrup 5-10-100 MG/5ML 5,10,100mg/5ml - 10 ML by mouth as necessary every 4 hours as needed for chest congestion POLYETHYLENE GLYCOL 1Packet(s) by mouth as necessary every 24 hours as needed for constipation please review dosing; list states 1 "scoop". Generally translates to 17g but can vary. ONDANSETRON 4 mg 4mg by mouth as necessary every 6 hours as needed for nausea/vomiting JARDIANCE 25mg by mouth once a day GNP Naloxone HCl Nasal Liquid 4 MG/0.1ML 4mg/0.1 ML Nasal as necessary as needed once a day, repeat after 3 minutes ESCITALOPRAM 20 MG / 1 tablet by mouth once a day DOXEPIN HYDROCHLORIDE 25mg / 1 capsule by mouth at bedtime DONEPEZIL HYDROCHLORIDE 10 mg 10 MG / 1 Tablet by mouth at bedtime CYCLOBENZAPRINE 10mg / 1 tablet by mouth as necessary every 8 hours as needed for spasms CVS Omeprazole Magnesium Oral Capsule Delayed Release 20 MG 20mg / 1 Capsule - 2 Capsules by mouth twice a day CVS Nicotine Mouth/Throat Gum 4 MG 4mg by mouth as necessary every 2 hours as needed for nicotine dependance CARBAMAZEPINE 200 MG / 1 tablet - 3 tablets by mouth twice a day BUSPIRONE HCL 15mg / 1 tablet - 3 tablets by mouth at bedtime 3 tablets at bedtime ATORVASTATIN 80mg / 1 tablet by mouth once a day AMLODIPINE 10mg / 1 tablet by mouth once a day ALENDRONATE SODIUM 70 mg / 1 tablet by mouth once a week every TUESDAY ACETAMINOPHEN 325 mg / 1 Tablet - 2 tablets by mouth as necessary every 6 hours as needed for pain LUBIPROSTONE ORAL CAPSULE 24 MCG 24 MCG / 1 Capsule by mouth as necessary every 12 hours as needed for constipation Docusate Sodium - Docusate Sodium 100 MG / 1 Capsule - 3 Capsules by mouth every other day CLONIDINE 0.2mg / 1 tablet by mouth three times a day		
14. DME and Supplies:			15. Safety Measures:		
wheelchair, , diabetic supplies, , bath bench, grab bars, 4 wheeled walker			ambulates with device, diabetic precautions, fall precautions, , walker precautions, wheelchair precautions		
16. Nutrition:			17. Allergies:		
diabetic			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation			Wheelchair, Walker, Up As Tolerated, Independent at Home		
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:			22.B.Discharge Plans		
SELF-CARE: , MOBILITY:			patient will be responsible for managing treatment		
Homebound status: There exists a normal inability to leave the home. Requires the aid of supportive device(s), the use of special transportation, and the assistance of another person.					
Clinical Condition Requiring Homecare: There exists a normal inability to leave the home. Requires the aid of supportive device(s), the use of special transportation, and the assistance of another person.					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by PROW, KATIE SN RN on 08/06/2026					
24. Physician's Name and Address			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.		
KAITLIN LALONDE 740 S MAIN ST FL 2 CHEBOYGAN, MI 49721-2220 PHONE: (231) 627-7118 FAX: 12313631822 NPI: 1922556190			F2F date :		
27. Attending Physician's Signature and Date Signed			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.		
08/20/2026 Date of physician last face-to-face			PAGE 1 of 2		

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SN WK1: 1 (08/11/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK5: 1 (09/06/26-09/12/26) ,WK6: 1 (09/13/26-09/19/26) ,WK7: 1 (09/20/26-09/26/26) ,WK8: 1 (09/27/26-10/03/26) ,WK9: 1 (10/04/26-10/09/26) 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, 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 PROBLEMS IDENTIFIED ON ASSESSMENT: dependent edema, muscle weakness, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, balance deficit, rough/scaly/cracked skin PROCEDURES: Assess Pain: Assess pain at every visit, report any abnormal or increased symptoms in regards to pain. Educate pt on pain relieving measures., cough/deep breathing exercises, glucose testing via monitor TEACH PATIENT/CAREGIVER: * 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		PATIENT-STATED GOAL: Pt will have decreased pain from fractured ribs GOALS 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		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by PROW, KATIE SN RN	08/06/2026