

Home Health Certification and Plan of Care				Order ID: 1195/678	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
H69381629		05/23/2026		From: 07/22/2026 To: 09/19/2026	
		4. Medical Record No.		5. Provider No.	
		680		239350	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
SHELDON CROUCH 108 N US HIGHWAY 131, ELMIRA, MI 49730- (989) 350-6587			Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021		
8. DOB			9. Sex		
06/24/1952			Male		
11. ICD	Principal Diagnosis		Date	10. Medications: Dose/Frequency/Route (N)ew (C)hanged Tums chewable 500 mg - 1 tablet by mouth as necessary twice a day as needed (PRN) for acid Spiriva Handihaler - Tiotropium Bromide Monohydrate 18 mcg / 1 capsule inhalant once a day Pramipexole Dihydrochloride - Pramipexole Dihydrochloride 1 mg / 1 tablet by mouth twice a day LISINOPRIL 20 mg / 1 tablet by mouth once a day Metformin - Metformin Hydrochloride 500 mg / 1 Tablet by mouth twice a day Keflex - Cephalexin 500 mg / 1 capsule by mouth twice a day HIGH RISK - MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML - 0.5 ml subcutaneous once a week Furosemide - Furosemide 40 mg / 1 tablet by mouth once a day Eliquis - Apixaban 5 mg / 1 Tablet by mouth twice a day BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160 - 4.5 mcg / ACT - 2 puffs inhalant twice a day Atorvastatin - Atorvastatin Calcium 80 mg / 1 Tablet by mouth at bedtime Alprazolam - Alprazolam 1 mg / 1 tablet by mouth as necessary Take 0.5 -1 tablet every 12 hours as needed for Anxiety Albuterol Sulfate - Albuterol Sulfate (2.5 MG/3ML) - 6 ml inhalant as necessary every 6 hours as needed for shortness of breath Albuterol Sulfate - Albuterol Sulfate (90 BASE) MCG/ACT - 2 puffs inhalant four times a day Buspar - Buspirone Hydrochloride 10 mg by mouth three times a day Predisone - Prednisone 5mg by mouth in the morning OXYGEN 2 L nasal cannula as necessary	
I89.0	Lymphedema not elsewhere classified		05/23/26		
13. ICD	Other Pertinent Diagnoses		Date		
I87.2	Venous insufficiency (chronic) (peripheral)		05/23/26		
S81.802A	Unspecified open wound left lower leg initial encounter		05/23/26		
E11.65	Type 2 diabetes mellitus with hyperglycemia		05/23/26		
J96.11	Chronic respiratory failure with hypoxia		05/23/26		
Z99.81	Dependence on supplemental oxygen		05/23/26		
I48.91	Unspecified atrial fibrillation		05/23/26		
I10.	Essential (primary) hypertension		05/23/26		
J44.9	Chronic obstructive pulmonary disease unspecified		05/23/26		
14. DME and Supplies:			15. Safety Measures:		
Unna boots			fall precautions, Oxygen usage precautions, Universal/Infection precautions		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			DRUG ALLERGIES: NORCO		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation, Dyspnea With Minimal Exertion, Endurance			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:			22.B.Discharge Plans		
SELF-CARE: , MOBILITY:			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: Skilled Nursing to Assess and Eval Unna boots, wound care, education due to Lymphedema not elsewhere classified					
SN Careplans			SN Goals		
SN 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: swelling to decrease		
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: 0. No assistance needed - patient is independent or does not have needs in this area			patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule		
HOSPITALIZATION RISKS: 4. Multiple emergency department visits (2 or more) in the past 6 months, 7. Currently taking 5 or more medications			patient's living environment is clean/uncluttered		
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			patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule		
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 07/21/2026					
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.		
TABITHA PARDO 825 N CENTER AVE STE 140 GAYLORD, MI 49735-1592 PHONE: (989) 731-7870 FAX: 19897317837 NPI: 1548852130			F2F date : 05/23/2026		
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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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:Patient does not have Advance Directives PROBLEMS IDENTIFIED ON ASSESSMENT: swelling in legs/around eyes, abnormal BS < 70/140 > mg/dL, muscle weakness, #1 - Other - Posterior Left Calf - Venous Ulcer Erupted Blister PROCEDURES: physician-ordered wound care: #1 - Other - Posterior Left Calf - Venous Ulcer Erupted Blister, physician-ordered wound care: #1 - Other - Posterior Left Calf - Venous UlcerErupted Blister: wound healed - monitor area x 2 weeks, cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care: Pt to wear compression stockings daily, can remove at night, 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered	
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Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	07/21/2026