

Home Health Certification and Plan of Care				Order ID: 1195/699	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1009925469		07/22/2026		From: 07/22/2026 To: 09/19/2026	
4. Medical Record No.		5. Provider No.			
818		239350			
6. Patient's Name and Address Sonya Wagner 1928 MELVINDALE DR, GAYLORD, MI 49735- (231)340-6813			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 11/22/1967			9. Sex Female		
10. Medications: Dose/Frequency/Route (N)ew (C)hanged					
11. ICD M86.671			Principal Diagnosis Other chronic osteomyelitis right ankle and foot		
13. ICD T81.31XA T81.49XA Z48.89 I10. E03.9			Other Pertinent Diagnoses Disruption of external operation (surgical) wound NEC init Infection following a procedure other surgical site init Encounter for other specified surgical aftercare Essential (primary) hypertension Hypothyroidism unspecified		
14. DME and Supplies: wound care supplies, scooter			15. Safety Measures: fall precautions, ambulates with device		
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET			17. Allergies: no known allergies		
18.A. Functional Limitations Endurance, Bowel/Bladder Incontinence, Ambulation			18.B. Activities Permitted Up As Tolerated, Independent at Home, scooter		
19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 4. Always, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes					
20. Prognosis: Good					
22. A Rehabilitation Potential: SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.			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: This 58-year-old patient with hypertension, chronic osteomyelitis of the right calcaneus, hypothyroidism.					
SN Careplans SN 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), 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			SN Goals PATIENT-STATED GOAL: Pt states heal RLE wound and discontinue antibx therapy and ambulate independently, not have to have her RLE amputated. GOALS 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 * 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 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 patient/caregiver recalls * prevention exacerbation of anxiety condition including coping patterns * improved concentration		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by ABRAHAM, ALEXIS RN SN on 07/22/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address KATHLEEN PAWLANTA 829 N CENTER AVE SUITE 210 GAYLORD, MI 49735-1595 PHONE: (989) 731-7860 FAX: 19897317833 NPI: 1225055833			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 08/20/2026 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. PAGE 1 of 2		

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updating of advance directive documents as appropriate and within scope of practice. Advance Directive:no advanced directive PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, D0160 - Depression, D0700 - Social Isolation, M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal thyroid 0.40 - 4.50 mIU/mL, M1610 - Urinary Incontinence, limited strength, difficulty sleeping, Pain Interference with ADLs, Pain Effect on Sleep, Pain Interference with ADLs, Pain Effect on Sleep, Pain Interference with ADLs, Pain Effect on Sleep, #1 - Observable Surgical Wound - Posterior Right Ankle/Foot - Previous wound vac, recently removed applying xeroform, abd pad, and wrapping with ace wrap Q 3 days. PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Posterior Right Ankle/Foot - Previous wound vac, recently removed applying xeroform, abd pad, and wrapping with ace wrap Q 3 days., PICC line Dressing change, cap change nad extension tubing change. Weekly and PRN : Change weekly and PRN, Lab draw from PICC LINE - WEEKLY : CBC with diff, CMP, CRP, physician-ordered wound care, coordinate/arrange long-term socialization activities 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 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, 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, * 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, * strategies to increase socialization, related medication(s) purpose, schedule		* strategies to reduce anxiety * identification of anxiety precipitants, conflicts, and threats * 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 * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS RN SN	07/22/2026