Home Health Certification and Plan of Care

Order ID: 1195/1158

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1Y44CR8WU78	06/06/2026	From: 08/05/2026 To: 10/03/2026	723	239350

6. Patient's Name and Address

Amy Ross
441 PEARL ST,
HILLMAN, MI 49746-
(989) 657-2177

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 10/20/1974 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N30.00	Acute cystitis without hematuria	06/06/26

13. ICD	Other Pertinent Diagnoses	Date
N39.0	Urinary tract infection site not specified	06/06/26
B96.89	Oth bacterial agents as the cause of diseases classd elswhr	06/06/26
Z97.8	Presence of other specified devices	06/06/26
N31.9	Neuromuscular dysfunction of bladder unspecified	06/06/26
G82.20	Paraplegia unspecified	06/06/26
L89.154	Pressure ulcer of sacral region stage 4	06/06/26
L89.314	Pressure ulcer of right buttock stage 4	06/06/26
L89.324	Pressure ulcer of left buttock stage 4	06/06/26

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

Buspirone Hcl - Buspirone Hydrochloride 15 mg / tablet by mouth 3 times daily Please verify if 15 mg, written to take 20mg
Diazepam - Diazepam 10 mg / 1 tablet by mouth every 6 hours
Gabapentin - Gabapentin 300 mg / 1 capsule by mouth four times a day take 3 capsules
Hydromorphone Hydrochloride - Hydromorphone Hydrochloride 2 mg / tablet mouth as necessary Every 4 hours as needed for pain
Methadone Hydrochloride - Methadone Hydrochloride 10 mg / 1 tablet by mouth every 6 hours take 3.5 tablets
Midodrine Hydrochloride - Midodrine Hydrochloride 5 mg / 1 tablet by mouth once a day
Ondansetron - Ondansetron 4 mg / 1 tablet by mouth as necessary Every 6 hours as needed for nausea and vomiting
Oxybutynin Chloride - Oxybutynin Chloride 15 mg / 1 tablet by mouth once a day
Pramipexole Dihydrochloride - Pramipexole Dihydrochloride 1.5 mg 0.25 mg / 1 tablet by mouth at bedtime Take 2 tablets
Prochlorperazine - Prochlorperazine 10 mg / 1 tablet by mouth every 6 hours
Tamoxifen Citrate - Tamoxifen Citrate 20 mg / 1 tablet by mouth once a day
Omeprazole Magnesium - Omeprazole Magnesium 20 mg / 1 capsule by mouth once a day
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg / 1 tablet by mouth once a day take 2 tablets
Levothyroxine - Levothyroxine Sodium 100 mcg / 1 tablet by mouth once a day
Xarelto - Rivaroxaban 20 mg / 1 tablet by mouth once a day take daily with lunch
Atorvastatin Calcium - Atorvastatin Calcium 20 mg / 1 tablet by mouth in the evening
Myrbetriq - Mirabegron 25 mg / 1 tablet by mouth once a day

14. DME and Supplies:
wheelchair,

15. Safety Measures:
wheelchair precautions, fall precautions, Universal/infection precautions, Proper use of assistive devices, Keep pathways clear

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
NKDA

18.A. Functional Limitations
Paralysis, Amputation

18.B. Activities Permitted
Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Patient is documented paraplegia, non-weight-bearing status, fall risk due to paraplegia, wheelchair bound, chronic Foley catheter, ileostomy, and left above-knee amputation.

Clinical Condition Requiring Homecare: Patient was referred for new home health services after hospitalization for complicated recurrent catheter-associated urinary tract infection suspected/diagnosed as ESBL Klebsiella, requiring IV ertapenem home infusion and saline flushes.

SN Careplans

SN WK2: 1 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26) ,WK4: 1 (08/23/26-08/29/26) ,WK5: 1 (08/30/26-09/05/26) ,WK6: 1 (09/06/26-09/12/26) ,WK7: 1 (09/13/26-09/19/26) ,WK8: 1 (09/20/26-09/26/26) ,WK9: 1 (09/27/26-10/03/26)

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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 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

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

SN Goals

PATIENT-STATED GOAL: (In patient's Own Words): clear the infection

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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary catheter management including how to flush catheter

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 08/04/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
MARK LEMANSKI
15774 STATE STREET
HILLMAN, MI 49746
PHONE: (989) 742-4583 FAX: (989) 318-4606 NPI: 1871110833

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 : 06/05/2026

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.

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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.; Wound care Complete wound care by cleansing with wound cleanser applying alginate to ulcer on right and left buttock, and coccyx and cover with ABD pads
Advance Directive:No Advance Directive

08/04/2026 Problems : M1810 - Upper Body Dressing
M1820 - Lower Body Dressing
M1830 - Bathing
M1840 - Toilet Transferring
M1850 - Transferring
M1860 - Ambulation/Locomotion
urine retention
limited strength
poor muscle tone
muscle weakness
abnormal BS < 70/140 > mg/dL

PROCEDURES: All pressure ulcers : Complete wound care by cleansing with wound cleanser and applying alginate and covering with ABD pads, monitor intake & output, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with O2 safety

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, * 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, * 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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids

* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	08/04/2026