

Home Health Certification and Plan of Care				Order ID: 1195/1159	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
5A14UT7AE73		08/20/2026		From: 08/20/2026 To: 10/18/2026	
4. Medical Record No.		5. Provider No.		930	
239350					
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Herbert Ashley 17677 S Straits Hwy, Vanderbilt, MI 49795- (231) 525-8665			Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021		
8. DOB			9. Sex		
01/14/1944			Male		
11. ICD		Principal Diagnosis		Date	
N39.0		Urinary tract infection site not specified		08/20/26	
13. ICD		Other Pertinent Diagnoses		Date	
I69.351		Hemiplga following cerebral infrc aff right dominant side		08/20/26	
E11.9		Type 2 diabetes mellitus without complications		08/20/26	
N40.1		Benign prostatic hyperplasia with lower urinary tract symp		08/20/26	
I70.90		Unspecified atherosclerosis		08/20/26	
N18.2		Chronic kidney disease stage 2 (mild)		08/20/26	
I48.91		Unspecified atrial fibrillation		08/20/26	
I10.		Essential (primary) hypertension		08/20/26	
14. DME and Supplies:			15. Safety Measures:		
diabetic supplies, grab bars, bath bench, walker			bathroom safety, walker precautions, ambulates with device, diabetic precautions, fall precautions		
16. Nutrition:			17. Allergies:		
regular			Gemfibrozil, Niacin		
18.A. Functional Limitations			18.B. Activities Permitted		
Endurance, Ambulation, Hearing			Walker, Up As Tolerated		
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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: fair					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.			family/caregiver will be responsible for managing treatment family/caregiver will be responsible for managing treatment		
Homebound status: Absences from the home require considerable and taxing effort and infrequent or short duration.					
Clinical Condition Herbert is a 82 year old male who is homebound with a DX (N39.0) URINARY TRACT INFECTION, SITE NOT SPECIFIED and (I69.351) HEMIPLEGIA AND HEMIPARESIS Requiring Homecare: FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE.					
SN Careplans			SN Goals		
SN WK1: 1 (08/20/26-08/22/26) ,WK2: 2 (08/23/26-08/29/26) ,WK3: 2 (08/30/26-09/05/26) ,WK4: 2 (09/06/26-09/12/26) ,WK5: 2 (09/13/26-09/19/26) ,WK6: 2 (09/20/26-09/26/26) ,WK7: 2 (09/27/26-10/03/26) ,WK8: 1 (10/04/26-10/10/26) ,WK9: 1 (10/11/26-10/17/26) ,WK10: 1 (10/18/26-10/18/26)			PATIENT-STATED GOAL: Remove kidney stone/infection, increased strength and mobility		
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 * prevention including increase fluid intake * increase Vitamin C intake to promote acidic bladder environment (cranberry juice) * perineal hygiene * recalls related medication(s) purpose, schedule		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			patient/caregiver recalls * urinary incontinence management including bladder training * Kegel exercises * skin care * recalls related medication(s) purpose, schedule		
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, 8. Currently reports exhaustion			patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * recalls related medication(s) purpose, schedule		
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 implemen standard and transmissi			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 LUBELAN, SAMANTHA RN SN on 08/20/2026					
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.		
SHANNON ROSSIO 6135 CRESSY ST INDIAN RIVER, MI 49749-5151 PHONE: (231) 238-8908 FAX: 12312384419 NPI: 1326507179			F2F date : 08/18/2026		
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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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:Living Will 08/20/2026 Problems : M1600 - UTI M1610 - Urinary Incontinence M1033 - Exhaustion M1400 - Dyspnea M2020 - Oral Med Management dependent edema muscle weakness limited strength limited endurance painful urination blood in urine frequent urination abnormal BS < 70/140 > mg/dL PROCEDURES: Bathing: Assist with bathing and dressing at every visit., Monitor urine output, change in color, or increased pain: Significant kidney stone surgically removed next week Thursday by Dr. Ayres, continue to monitor for UTI symptoms/change in urinary symptoms upon removal., glucose testing via monitor TEACH PATIENT/CAREGIVER: * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, 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	
PT Careplans PT WK2: 1 (08/23/26-08/29/26) ,WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK7: 1 (09/27/26-10/03/26) 08/26/2026 Problems : GG0170D1 - Sit to Stand GG0170F1 - Toilet Transfer GG0170G1 - Car Transfer GG0170R1 - Wheel 50 ft w 2 Turns GG0170S1 - Wheel 150 feet GG0170E1 - Chair to Bed to Chair GG0130B1 - Oral Hygiene GG0130C1 - Toileting Hygiene GG0130E1 - Shower/Bathe Self GG0130F1 - Upper Body Dressing GG0130G1 - Lower Body Dressing GG0130H1 - Don/Doff Footwear PROCEDURES: home exercise program: B LE strengthening, NMR, sit to stand transfers, static and dynamic balance training, therapeutic exercises: B LE and core, work simplification/energy conservation, neuromuscular re-education: seated and standing, transfers training TEACH PATIENT/CAREGIVER: exercises & training are successfully recalled/demonstrated , Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Standing balance/tolerance	PT Goals PATIENT-STATED GOAL: Improve strength and ability to transfer. GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Sit to Stand - 06. Independent Car Transfer - 06. Independent exercises & training are successfully recalled/demonstrated Standing balance/tolerance

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/20/2026