Home Health Certification and Plan of Care

Order ID: 1195/1160

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1HA2XR6FW16	08/17/2026	From: 08/17/2026 To: 10/15/2026	917	239350

6. Patient's Name and Address
Patricia Branigan
4989 Seymore Rd,
Gaylord, MI 49735-
(989) 858-6433

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 04/18/1954 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
K74.60	Unspecified cirrhosis of liver	08/17/26

13. ICD	Other Pertinent Diagnoses	Date
R18.8	Other ascites	08/17/26
K76.0	Fatty (change of) liver not elsewhere classified	08/17/26
E03.9	Hypothyroidism unspecified	08/17/26
N17.9	Acute kidney failure unspecified	08/17/26
D64.89	Other specified anemias	08/17/26
E66.01	Morbid (severe) obesity due to excess calories	08/17/26
C50.212	Malig neoplasm of upper-inner quadrant of left female breast	08/17/26
R60.1	Generalized edema	08/17/26
I10.	Essential (primary) hypertension	08/17/26
M62.81	Muscle weakness (generalized)	08/17/26
Z79.890	Hormone replacement therapy	08/17/26

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

BUMETANIDE 1 MG mouth one time a day for fluid retention
ANASTROZOLE 1 MG mouth one time a day for Hx of Breast Cancer
SPIRONOLACTONE 100 MG mouth one time a day for blood pressur
FAMOTIDINE 20 MG mouth one time a day for acid indigestion
FERROUS CITRATE FE 59 325 (65 Fe) MG mouth one time a day for Anemia
GAVISCON 160-105 MG mouth every 6 hours as needed for heartburn
LEVOTHYROXINE 150 MCG mouth one time a day for low thyroid hormone
ATORVASTATIN 20 MG mouth one time a day for cholesterol
POTASSIUM 20 MEQ mouth two times a day for supplement for Lasix use
PROPRANOLOL 10 MG mouth two times a day for Blood pressure
TRAZODONE 100 MG mouth every 24 hours as needed for at HS for insomnia
MAGNESIUM 400 MG mouth one time a day for supplement
MELATONIN 5 MG mouth every 24 hours as needed for Insomnia @HS
ASPIRIN 81 MG mouth one time a day for heart health
Hemorrhoidal Topical Cream 1-0.25-14.4-15 % rectally every 6 hours as needed for hemorrhoids apply externally to affected area up to 4 times daily

14. DME and Supplies:
grab bars, walker, bath bench

15. Safety Measures:
ambulates with device, walker precautions, fall precautions

16. Nutrition:
2gm sodium, regular

17. Allergies:
Iodine, Neosone(07/16/2026), contrast media(07/16/2026), Ointment based topi
Zithromax(07/16/2026)

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Independent at Home, Up As Tolerated, Walker

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: 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
add discharge plan

Homebound status: unsteady gait, poor balance and will need Physical Therapy services and Occupational Therapy for ADL functioning, strengthening, endurance, balance and to promote home safety and education. Patricia will also need an RN for Vitals and Education. This patient will be homebound because: X Absences from the home require considerable and taxing effort and infrequent or short duration. X Absences from the home are for medical or religious reasons only.

Clinical Condition Requiring Homecare: K74.60 UNSPECIFIED CIRRHOSIS OF LIVER and R53.1 WEAKNESS

SN Careplans

SN WK1: 1 (08/17/26-08/22/26)

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: 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

SN Goals

PATIENT-STATED GOAL: Decreased edema/fluid retention and increased strength/energy

GOALS
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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
STEVEN WISNIEWSKI
829 N CENTER AVE SUITE 140
GAYLORD, MI 49735-1595
PHONE: (989) 731-7870 FAX: 19897317837 NPI: 1104851658

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 : 08/11/2026

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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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

08/18/2026 Problems : M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
muscle weakness
limited strength
limited endurance
abnormal thyroid 0.40 - 4.50 mIU/mL

PROCEDURES: monitor intake & output: Monitor weight/water retention. Pt retains fluids. Underwent recent paracentesis., monitor intake & output: Monitor weight/water retention at every visit. Pt retains fluids. Underwent recent paracentesis.

TEACH PATIENT/CAREGIVER: * 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 WK1: 1 (08/17/26-08/22/26) ,WK3: 1 (08/30/26-09/05/26)

08/19/2026 Problems : GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
GG0170G1 - Car Transfer
GG0170I1 - Walk 10 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170M1 - 1 - Step (curb)
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170P1 - Picking Up Object
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170E1 - Chair to Bed to Chair

PROCEDURES: home exercise program, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: add patient-stated goal

GOALS
Chair to Bed to Chair - 06. Independent
Toilet Transfer - 06. Independent
Sit to Stand - 06. Independent
Car Transfer - 06. Independent
Walk 10 Feet - 04. Supervision or touching assistance
Walk 50 ft with 2 Turns - 04. Supervision or touching assistance
Walk 150 Feet - 04. Supervision or touching assistance
1 - Step (curb) - 04. Supervision or touching assistance
4 Steps - 04. Supervision or touching assistance
12 Steps - 04. Supervision or touching assistance
Picking Up Object - 04. Supervision or touching assistance
Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

OT Careplans

OT WK1: 1 (08/17/26-08/22/26)

08/19/2026 Problems : Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating
GG0130F1 - Upper Body Dressing

OT Goals

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/17/2026