

Home Health Certification and Plan of Care										Order ID: 1195/1216																	
1. Patient s HI claim No.			2. Start Of Care Date			3. Certification Period			4. Medical Record No.			5. Provider No.															
80027442300			09/03/2026			From: 09/03/2026 To: 11/01/2026			962			239350															
6. Patient's Name and Address Jeffery Walters 11416 Sparr Rd, Johannesburg, MI 49751- (989) 350-6222							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 01/30/1964							9. Sex Male							10. Medications: Dose/Frequency/Route (N)ew (C)hanged Tizanidine Hydrochloride - Tizanidine Hydrochloride eq 2 mg base 2 tabs by mouth every 8 hours PRN muscle spasms Metformin - Metformin Hydrochloride 500mg by mouth three times a day WARFARIN 6 MG Oral one time a day for A-fib and DVT Mon, Wed, Fri Warfarin - Warfarin Sodium 5mg by mouth once a day Taken on Tues, thurs, sat Warfarin - Warfarin Sodium 5mg by mouth once a day Taken on Tues, thurs, sat Oxybutynin - Oxybutynin 5mg 1 tab by mouth every 8 hours PRN for bladder spasms													
11. ICD M54.42		Principal Diagnosis Lumbago with sciatica left side					Date 09/03/26		15. Safety Measures: medication safety, , walker precautions, bathroom safety, anticoagulant precautions, bleeding precautions, fall precautions, diabetic precautions, ambulates with device																		
13. ICD J44.9		Other Pertinent Diagnoses Chronic obstructive pulmonary disease unspecified					Date 09/03/26																				
E11.59		Type 2 diabetes mellitus with oth circulatory complications					09/03/26																				
I48.20		Chronic atrial fibrillation unspecified					09/03/26																				
N40.1		Benign prostatic hyperplasia with lower urinary tract symp					09/03/26																				
N13.9		Obstructive and reflux uropathy unspecified					09/03/26																				
G89.29		Other chronic pain					09/03/26																				
M62.81		Muscle weakness (generalized)					09/03/26																				
R33.8		Other retention of urine					09/03/26		17. Allergies: no known allergies																		
14. DME and Supplies: walker,							18. B. Activities Permitted Walker, Up As Tolerated, , Independent at Home,																				
16. Nutrition: diabetic							18. A. Functional Limitations Endurance, Ambulation							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: 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: Absences from the home require considerable and taxing effort and infrequent or short duration. Absences from the home are for medical or religious reasons only														Clinical Condition Jeffery is a 62 year old male who is homebound with a DX (J44.9) CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED and (M54.42) LUMBAGO WITH Requiring Homecare: SCIATICA, LEFT SIDE Jeffery has an 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. RN for education and vital monitoring.													
SN Careplans SN frequency WK1: 1 (09/03/26-09/05/26) ,WK2: 1 (09/06/26-09/12/26) ,WK3: 1 (09/13/26-09/19/26) ,WK4: 1 (09/20/26-09/26/26) ,WK5: 1 (09/27/26-10/03/26) ,WK6: 1 (10/04/26-10/10/26) ,WK7: 1 (10/11/26-10/17/26) ,WK8: 1 (10/18/26-10/24/26) ,WK9: 1 (10/25/26-10/31/26) 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: 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														SN Goals PATIENT-STATED GOAL: Increased strength and mobility, decreased pain GOALS 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 * 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 * 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 09/03/2026										25. Date HHA Received Signed POT																	
24. Physician's Name and Address JESSICA MACHUE 1100 E MICHIGAN AVE GRAYLING, MI 49738 PHONE: (989) 348-5461 FAX: 19897312497 NPI: 1255750550										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 : 08/31/2026																	
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. PAGE 1 of 2																	

Home Health Certification and Plan of Care				Order ID: 1195/1216
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
80027442300	09/03/2026	From: 09/03/2026 To: 11/01/2026	962	239350
6. Patient's Name and Address Jeffery Walters 11416 Sparr Rd, Johannesburg, MI 49751- (989) 350-6222		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		
episodes, febrile physical examination, provider or 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 09/03/2026 Problems : M1033 - Exhaustion Pain Effect on Sleep Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management muscle weakness limited strength limited endurance diarrhea abnormal BS < 70/140 > mg/dL PROCEDURES: Lab Draw: Lab draw on 9/8/26 and PRN for INR pt on 2 different warfarin scripts to achieve proper dose and therapeutic levels, cough/deep breathing exercises: If pt experiencing any SOB, states has occasional SOB, glucose testing via monitor: Pt does not have a monitor, assess s/s of hypo/hyperglycemia and the need to get pt a glucose 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, * 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, * 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				

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	09/03/2026