

Home Health Certification and Plan of Care				Order ID: 1195/779	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1010976465V312619		02/12/2026		From: 08/11/2026 To: 10/09/2026	
4. Medical Record No.		5. Provider No.			
3648		239350			
6. Patient's Name and Address LARRY WADE 1098 SHADY BROOK LANE, GAYLORD, MI 49735 (313) 300-7645			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 02/22/1949 9. Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD I95.1	Principal Diagnosis Orthostatic hypotension	Date 02/12/26	CLOPIDOGREL 75 mg 75 MG / 1 tablet by mouth once a day frequency: daily PREGABALIN 75 MG / 1 capsule by mouth twice a day Amlodipine - Amlodipine Besylate 10 MG / 1 tablet by mouth once a day frequency: daily ASPIRIN 81 MG / 1 tablet by mouth once a day frequency: daily ATENOLOL-CHLORTHALIDONE ORAL TABLET 100 - 25 MG / 1/2 tablet by mouth once a day ATORVASTATIN 80 MG / 1 tablet by mouth at bedtime CVS DAILY MULTIVITAMIN-MEN 50 ORAL TABLET 1 tablet by mouth once a day frequency: daily CVS SENNA ORAL CAPSULE 8.6 MG / 2 capsules by mouth once a day ONGOING CVS SODIUM CHLORIDE OPHTHALMIC OINTMENT 5 % / 1/4 inch right eye at bedtime ONGOING Difluprednate Ophthalmic Emulsion 0.05 % 1 drop right eye three times a day Dorzolamide HCl-Timolol Mal Ophthalmic Solution 2-0.5 % 1 drop left eye twice a day Empagliflozin 25 MG / 1 tablet by mouth once a day frequency: daily Ezetimibe - Ezetimibe 10 mg 1 tablet by mouth once a day frequency: daily Finasteride - Finasteride 5 mg 1 tablet by mouth once a day frequency: daily Insulin Aspart FlexPen Subcutaneous Solution Pen-injector 100 UNIT/ML 30 units subcutaneous once a day frequency: daily (10 minutes prior to dinner) Lantus SoloStar Subcutaneous Solution Pen-injector 100 UNIT/ML 50 units subcutaneous at bedtime Latanoprost Ophthalmic Solution 0.005 % 1 drop left eye once a day frequency: daily Levothyroxine Sodium - Levothyroxine Sodium 175 mcg / 1 tablet by mouth once a day frequency: daily Mirtazapine - Mirtazapine 15 mg 1 tablet by mouth at bedtime Omeprazole D.R. Oral Capsule Delayed Release 20 MG 1 capsule by mouth once a day frequency: daily Relugolix 120 MG / 1 tablet by mouth once a day SITagliptin 50 MG / 1 tablet by mouth once a day frequency: daily Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg 1 capsule by mouth at bedtime Toprol XL Oral Tablet Extended Release 24 Hour 25 MG 1 tablet by mouth once a day frequency: daily Tums - Simethicone 500 MG / 2 tablets by mouth every 4 hours PRN for GERD Venlafaxine Hydrochloride - Venlafaxine Hydrochloride 75 mg 1 tablet by mouth at bedtime		
13. ICD E11.40 I12.9 N18.30 C61. E03.9	Other Pertinent Diagnoses Type 2 diabetes mellitus with diabetic neuropathy unsp Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny Chronic kidney disease stage 3 unspecified Malignant neoplasm of prostate Hypothyroidism unspecified	Date 02/12/26 02/12/26 02/12/26 02/12/26 02/12/26			
14. DME and Supplies: diabetic supplies, bath bench, 4 wheeled walker			15. Safety Measures: cardiac precautions, walker precautions, medication safety, diabetic precautions, , fall precautions, ambulates with device, ambulates with assistance		
16. Nutrition: diabetic			17. Allergies: DRUG ALLERGIES: CODEINE		
18.A. Functional Limitations Hearing, Endurance			18.B. Activities Permitted Up As Tolerated, Walker		
19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 2. On awakening or at night only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:					
20. Prognosis: fair					
22. A Rehabilitation Potential: SELF-CARE: , MOBILITY:			22.B.Discharge Plans family/caregiver 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: Orthostatic hypotension					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by STRICKLER, SYDNEY SN RN on 08/06/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address ROBYN YATES 1105 SIXTH ST TRAVERSE CITY, MI 49684-2345 PHONE: (989) 497-2500 FAX: 19893214118 NPI: 1518174101			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 08/25/2026 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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SN WK1: 1 (08/11/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK5: 1 (09/06/26-09/12/26) ,WK6: 1 (09/13/26-09/19/26) ,WK7: 1 (09/20/26-09/26/26) ,WK8: 1 (09/27/26-10/03/26) ,WK9: 1 (10/04/26-10/09/26) 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: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 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 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 updating of advance directive documents as appropriate and within scope of practice. Advance Directive:No Advance Directive 08/06/2026 Problems : balance deficit weak hand grips urine retention frequent urination rough/scaly/cracked skin limited strength limited endurance muscle weakness abnormal BS < 70/140 > mg/dL PROCEDURES: glucose testing via monitor, monitor intake & output, coordinate/arrange resources for vision-impaired, 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, * 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, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, meal preparation is available to patient for all meals		PATIENT-STATED GOAL: strength and help w/navigating vision loss 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 * urinary incontinence management including bladder training * Kegel exercises * skin 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/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule patient's living environment is clean/uncluttered meal preparation is available to patient for all meals		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN RN	08/06/2026