Home Health Certification and Plan of Care

Order ID: 1195/1229

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

11. ICD	Principal Diagnosis	Date
M54.42	Lumbago with sciatica left side	09/03/26

13. ICD	Other Pertinent Diagnoses	Date
J44.9	Chronic obstructive pulmonary disease unspecified	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

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

14. DME and Supplies:
walker,

15. Safety Measures:
medication safety, , walker precautions, bathroom safety, anticoagulant precautions, bleeding precautions, fall precautions, diabetic precautions, ambulates with device

16. Nutrition:
diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

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

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
add discharge plan

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 Requiring Homecare: 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 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
CHANGXIN LI
829 N CENTER AVE SUITE 140
GAYLORD, MI 49735-1595
PHONE: (989) 731-7870 FAX: 19897317837 NPI: 1114958899

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.

Home Health Certification and Plan of Care

Order ID: 1195/1229

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	7. Provider's Name, Address and Telephone Number
Jeffery Walters 11416 Sparr Rd, Johannesburg, MI 49751- (989) 350-6222	Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021

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

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