Home Health Certification and Plan of Care

Order ID: 1195/1244

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
X3L919037391	08/26/2026	From: 08/26/2026 To: 10/24/2026	940	239350

6. Patient's Name and Address
Alice Modrzynski
9436 Miller Rd,
Posen, MI 49776-
(989) 255-2420

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 06/22/1942 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I48.20	Chronic atrial fibrillation unspecified	08/26/26

13. ICD	Other Pertinent Diagnoses	Date
R53.1	Weakness	08/26/26
I95.9	Hypotension unspecified	08/26/26
R20.2	Paresthesia of skin	08/26/26
E11.9	Type 2 diabetes mellitus without complications	08/26/26
I10.	Essential (primary) hypertension	08/26/26
N32.81	Overactive bladder	08/26/26

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

HYDROCHLOROTHIAZIDE 12.5 mg oral every day
LOSARTAN POTASSIUM 50 mg oral 2 times every day
DILTIAZEM 360 mg oral EVERY DAY TAKE 1 CAPSULE
METOPROLOL 100 mg oral 2 times every day with meals
PRESERVISION 250 mg-90 mg-40 mg-1 mg oral every day chewable tablet
ELIQUIS 5 mg oral 2 times per day
Arch Support Customized arch supports for plantar fasciitis M72.2
cane Hurricane to prevent falls do to imbalance issues. Dx R26.89
Wheeled walker w/ seat Wheeled walker with seat Dx R53.81, M54.5, M54.9

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

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

16. Nutrition:
diabetic, low sodium

17. Allergies:
clindamycin

18.A. Functional Limitations
Endurance, Hearing, Ambulation

18.B. Activities Permitted
Cane, 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: 3. Often, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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
patient will be responsible for managing treatment
patient will be responsible for managing treatment

Homebound status: Temporarily medically restricted to home r/t recent illness, surgery or diagnosis, Has increased sob when ambulating distances less than 20 feet, Ambulation is painful, difficult, increasing fall risk, Deterorating mental status or other physical condition making leaving home unsafe without constant supervision

Clinical Condition Requiring Homecare: Presents today in follow up for progressive weakness, shortness of breath, and numbness in extremities.

SN Careplans

SN frequency WK1: 1 (09/23/26-09/26/26) ,WK2: 1 (09/27/26-10/03/26) ,WK3: 1 (10/04/26-10/10/26) ,WK4: 1 (10/11/26-10/17/26) ,WK5: 1 (10/18/26-10/24/26)

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 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

08/26/2026 Problems : M1720 - Anxiety
D0700 - Social Isolation
M1830 - Bathing
M1830 - Bathing

SN Goals

PATIENT-STATED GOAL: Increased strength and mobility

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/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
* 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
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/26/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
JAMES COOK
1501 W CHISHOLM ST
ST ALPENA, MI 49707
PHONE: (989) 356-4049 FAX: 19893583712 NPI: 1598759672

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 : 08/20/2026

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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M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
Home Safety
muscle weakness
limited strength
limited endurance
frequent urination
bruising/discoloration
abnormal BS < 70/140 > mg/dL
D0160 - Depression
M1800 - Grooming
M1800 - Grooming

PROCEDURES: Assist with Bathing : Assist pt with bathing and dressing at every visit., cough/deep breathing exercises, coordinate/arrange for maintenance of clean/uncluttered living area, 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, * 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

* preventive care
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

PT Careplans

PT frequency WK1: 1 (09/23/26-09/26/26) ,WK2: 1 (09/27/26-10/03/26) ,WK3: 1 (10/04/26-10/10/26) ,WK4: 1 (10/11/26-10/17/26) ,WK5: 1 (10/18/26-10/24/26)

09/09/2026 Problems : GG0170F1 - Toilet Transfer
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170D1 - Sit to Stand
M1860 - Ambulation/Locomotion
M1860 - Ambulation/Locomotion
M1860 - Ambulation/Locomotion
M1840 - Toilet Transferring
M1840 - Toilet Transferring
M1850 - Transferring
M1850 - Transferring

PROCEDURES: home exercise program: Therapist to instruct seated, standing and/or reclined home exercises including but not limited to any or all of the following as tolerated: active or band resisted/assisted ankle pumps, circumduction, hip flexion, adduction, and/or abduction, range of motion for Lower extremity joints of knees, hips, and/or ankle/foot. Core strengthening; neuromuscular education. Written home exercises provided and program may be modified and/or progressed as tolerated., equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training, assist with toilet transferring, assist with transferring, assist with mobility, assist with seizure precautions prn, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with O2 safety

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Car Transfer - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: Patient Goal

GOALS
Toilet Transfer - 06. Independent

12 Steps - 06. Independent

Car Transfer - 05. Setup or clean-up assistance

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Walk 10 Feet - 06. Independent

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Walk 10 ft on Uneven Surface - 06. Independent

1 - Step (curb) - 06. Independent

4 Steps - 06. Independent

Picking Up Object - 06. Independent

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by LUBELAN, SAMANTHA RN SN

Date

08/26/2026

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OT frequency WK2: 1 (09/27/26-10/03/26) ,WK4: 1 (10/11/26-10/17/26)

09/01/2026 Problems : Pain Effect on Sleep
M1400
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating
GG0130F1 - Upper Body Dressing
M1810 - Upper Body Dressing
M1810 - Upper Body Dressing
M1810 - Upper Body Dressing
M1820 - Lower Body Dressing
M1820 - Lower Body Dressing

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program: UB STRENGTHENING, L HAND STRENGTHENING AND FMC, equipment training, work simplification/energy conservation

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, Oral Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent, PATIENT WILL UTILIZE INSTRUCTED TECHNIQUES TO IMPROVE ABILITY TO SAFELY TRANSFER USING AD TO MOD I., PATIENT WILL DEMONSTRATE IMPROVED BUE STRENGTH NECESSARY FOR ADL/IADLS AND TRANSFERS., PATIENT WILL IMPROVE CORE STRENGTH AND SITTING BALANCE FOR IMPROVED ADL'S.

PATIENT-STATED GOAL: TO IMPROVE STRENGTH AND SHOWER

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
* 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

Oral Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Lower Body Dressing - 05. Setup or clean-up assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Upper Body Dressing - 06. Independent

PATIENT WILL IMPROVE CORE STRENGTH AND SITTING BALANCE FOR IMPROVED ADL'S.

PATIENT WILL DEMONSTRATE IMPROVED BUE STRENGTH NECESSARY FOR ADL/IADLS AND TRANSFERS.

PATIENT WILL UTILIZE INSTRUCTED TECHNIQUES TO IMPROVE ABILITY TO SAFELY TRANSFER USING AD TO MOD I.

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/26/2026