Home Health Certification and Plan of Care

Order ID: 1195/1258

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
96923118700	06/23/2026	From: 08/22/2026 To: 10/20/2026	762	239350

6. Patient's Name and Address
Vanessa Robertson
200 CURRY DR,
Mio, MI 48647-
(989) 989-5418

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 05/20/1959 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S42.211D	Unsp disp fx of surg nk of r humer subs for fx w routn heal	06/23/26

13. ICD	Other Pertinent Diagnoses	Date
G89.11	Acute pain due to trauma	06/23/26
M25.511	Pain in right shoulder	06/23/26
M79.7	Fibromyalgia	06/23/26
M16.12	Unilateral primary osteoarthritis left hip	06/23/26
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	06/23/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	06/23/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	06/23/26
N18.31	Chronic kidney disease stage 3a	06/23/26

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

Furosemide - Furosemide 20 mg 1 tablet by mouth once a day
Ibuprofen - Ibuprofen 800 mg 1 tablet by mouth as necessary every 6 hours as needed for PAIN
Losartan Potassium - Losartan Potassium 25 mg 1 tablet by mouth once a day
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 1 packet by mouth once a day
Atorvastatin Calcium - Atorvastatin Calcium 10 MG / 1 tablet by mouth once a day
DULoxetine HCl Oral Capsule Delayed Release Sprinkle 30 MG 1 capsule by mouth once a day
Jardiance Oral Tablet 25 MG 1 tablet by mouth once a day
Metoprolol Succinate Oral Capsule ER 24 Hour Sprinkle 25 MG 1 capsule by mouth once a day
CVS Esomeprazole Magnesium Oral Capsule Delayed Release 20 MG 1 capsule by mouth as necessary once a day as needed for heartburn
LIDOCAINE PAIN RELIEF EXTERNAL PATCH 4 % 1 application transdermal twice a day

14. DME and Supplies:
bath bench, hemi-walker

15. Safety Measures:
diabetic precautions, standard precautions, walker precautions, bathroom safety, , fall precautions, Proper use of assistive devices

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
Sulfa Antibiotics

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort. Because of illness or injury, the person needs a walker and assistance of another person in order to leave their place of residence.

Clinical Condition Requiring Homecare: Unsp disp fx of surg nk of r humer, subs for fx w routn heal

SN Careplans

SN frequency WK3: 1 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/19/26) ,WK6: 1 (09/20/26-09/26/26) ,WK7: 1 (09/27/26-10/03/26) ,WK8: 1 (10/04/26-10/10/26) ,WK9: 1 (10/11/26-10/17/26) ,WK10: 1 (10/18/26-10/20/26)

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

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

SN Goals

PATIENT-STATED GOAL: (In patient's Own Words): Do more for myself

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's transportation needs are met

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by STRICKLER, SYDNEY SN RN on 08/21/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
KATIE STRITTMATTER
1400 MEDICAL CAMPUS DR
TRAVERSE CITY, MI 49684
PHONE: (231) 935-8000 FAX: (231) 935-8099 NPI: 1215360193

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 : 06/18/2026

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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08/21/2026 Problems : balance deficit
limited endurance

PROCEDURES: glucose testing via monitor, monitor intake & output, monitor dialysis schedule

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, patient's transportation needs are met

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN RN	08/21/2026