Home Health Certification and Plan of Care

Order ID: 1195/1254

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
3RU6TA5FR67	08/07/2026	From: 08/07/2026 To: 10/05/2026	876	239350

6. Patient's Name and Address
Joseph Palmer
3675 TWIN LAKES DR,
LEWISTON, MI 49756-
(734)693-0435

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 05/24/1956 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M86.172	Other acute osteomyelitis left ankle and foot	08/07/26

13. ICD	Other Pertinent Diagnoses	Date
L02.612	Cutaneous abscess of left foot	08/07/26
S91.112A	Laceration w/o fb of left great toe w/o damage to nail init	08/07/26
I73.9	Peripheral vascular disease unspecified	08/07/26
G62.89	Other specified polyneuropathies	08/07/26
I10.	Essential (primary) hypertension	08/07/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/07/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	08/07/26
Z86.718	Personal history of other venous thrombosis and embolism	08/07/26

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

ACETAMINOPHEN 650 mg Oral Q4H
CLOPIDOGREL 75 mg Oral QHS
CYANOCOBALAMIN 1000 mcg Oral Daily
FOLIC ACID 1 mg Oral Daily
GABAPENTIN 800 mg Oral TID
KETOROLAC TROMETHAMINE 15 mg IV Push Q6H
AMLODIPINE 5 mg Oral Daily
ATORVASTATIN 80 mg Oral QHS
TRAZODONE 100 mg Oral QHS
ENOXAPARIN SODIUM 40 mg/0.4 mL SubCutaneous Daily
OXYBUTYNIN 10 mg Oral Daily
DUTASTERIDE AND TAMSULOSIN HYDROCHLORIDE 0.4 mg Oral Daily
piperacillin-tazobactam 3.375 g/50 mL IV Piggyback Q8H
acetaminophen-HYDROcodone 325mg-5mg Oral Q4H

14. DME and Supplies:
wheelchair

15. Safety Measures:
anticoagulant precautions, , infectious material management, wheelchair precautions

16. Nutrition:
cardiac diet

17. Allergies:
Flagyl (Colitis)

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
Wheelchair,

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: 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

Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: Pt had injury to left great toe on 7/10 and has been treated with abx. Pt directed to ED today by podiatry for worsening infection and spreading.

SN Careplans

SN frequency WK1: 1 (08/07/26-08/08/26) ,WK2: 1 (08/09/26-08/15/26) ,WK3: 1 (08/16/26-08/22/26) ,WK4: 1 (08/23/26-08/29/26) ,WK5: 1 (08/30/26-09/05/26) ,WK6: 1 (09/06/26-09/12/26) ,WK7: 1 (09/13/26-09/19/26) ,WK8: 1 (09/20/26-09/26/26) ,WK9: 1 (09/27/26-10/03/26) ,WK10: 1 (10/04/26-10/05/26)

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: 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

SN Goals

PATIENT-STATED GOAL: Infection and wound

GOALS
patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed
* 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 keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/07/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
MICHAEL MARCH
650 STEWART RD
MONROE, MI 48162
PHONE: (734) 240-8430 FAX: (567) 585-9456 NPI: 1790522431

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 : 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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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:Do not resuscitate (DNR) orders

09/08/2026 Problems : #1 - Observable Surgical Wound - Other - Left great toe - well approximated; closed with staples
M1400 - Dyspnea
M2020 - Oral Med Management
poor muscle tone
muscle weakness
B1000 - Vision Deficit

PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Other - Left great toe - well approximated; closed with staples, PICC line management: Complete sterile PICC line dressing change Q7 days and flush daily with NS., Weekly Labs: Nurse to complete weekly labs during nursing visit., cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Keep dressing and wrap alone until follow up appointment with surgeon., coordinate/arrange resources for vision-impaired

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/07/2026