

Home Health Certification and Plan of Care				Order ID: 1195/897	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
2VE6AD6TY61		06/23/2026		From: 08/22/2026 To: 10/20/2026	
				4. Medical Record No.	
				747	
				5. Provider No.	
				239350	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
RHONDA ELLERMAN				Evergreen Home Health	
4790 HICKEY CREEK,				403 W Main Street Suite A1	
ROSCOMMON, MI 48653-				Gaylord, MI 49735-1887	
(734) 652-7427				989-214-1114	
				1184225021	
8. DOB 07/21/1973				9.Sex Female	
11. ICD		Principal Diagnosis		Date	
T81.31XD		Disruption of external operation (surgical) wound NEC subs		06/23/26	
13. ICD		Other Pertinent Diagnoses		Date	
L03.311		Cellulitis of abdominal wall		06/23/26	
N64.1		Fat necrosis of breast		06/23/26	
Z48.01		Encounter for change or removal of surgical wound dressing		06/23/26	
D64.9		Anemia unspecified		06/23/26	
Z86.718		Personal history of other venous thrombosis and embolism		06/23/26	
E03.9		Hypothyroidism unspecified		06/23/26	
E78.5		Hyperlipidemia unspecified		06/23/26	
G47.30		Sleep apnea unspecified		06/23/26	
10. Medications: Dose/Frequency/Route (N)ew (C)hanged					
Gabapentin - Gabapentin 300 mg 1 tablet by mouth three times a day					
Duloxetine Hydrochloride - Duloxetine Hydrochloride eq 30 mg base 1 capsule by mouth once a day					
Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 10 mg / 1 Tablet by mouth as necessary twice a day as needed for spasm					
Atorvastatin Calcium - Atorvastatin Calcium 20 mg / 1 tablet by mouth once a day					
Arogepant (Qulipta) 60 mg tablet 60 mg / 1 tablet by mouth once a day					
Eliquis - Apixaban 5 mg / 1 Tablet by mouth twice a day					
B12 - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpantenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 1000 mcg / 1 capsule by mouth once a day					
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 (65 FE) mg / 1 tablet by mouth in the morning take with food					
Trazodone Hydrochloride - Trazodone Hydrochloride 50 mg 1 tablet by mouth at bedtime					
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpantenol: Folic Acid: Niacinamide: Pyridox 25 mcg (1000 UT) / 1 capsule by mouth once a day					
Rimegepant (Nurtec ODT) 75 mg disintegrating tablet 75 mg / 1 tablet by mouth as necessary at onset of migraine. Max of 1 dose per day					
Propranolol Hydrochloride - Propranolol Hydrochloride 20 mg / 1 tablet by mouth twice a day					
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 1 capsule by mouth as necessary every 6 hours as needed for pain					
Omeprazole Magnesium - Omeprazole Magnesium 1 capsule by mouth once a day					
Nystatin - Nystatin 5 mL Enteral Tube (NG/PEG) four times daily					
Levothyroxine Sodium - Levothyroxine Sodium 50 mcg / 1 Tablet by mouth once a day once daily, 30 minutes prior to meal					
14. DME and Supplies:				15. Safety Measures:	
wound care supplies, wound vac dressings and canisters, Saline				remove environmental barriers, standard precautions, anticoagulant precautions, fall precautions, Universal/Infection precautions, Keep pathways clear	
16. Nutrition:				17. Allergies:	
Z. NO PHYSICIAN-ORDERED DIET				PLACEHOLDER!hydromorphone causes mental status change/hallucinations; me nausea only; methylprednisolone acetate causes hives; codeine causes hives; c	
18.A. Functional Limitations				18.B. Activities Permitted	
Ambulation, Endurance, wound vac				Independent at Home, 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:				22.B.Discharge Plans	
SELF-CARE: , MOBILITY:				patient will be responsible for managing treatment	
Homebound status:				Patient presented to Surgery Plastic Blue/ED for right breast and umbilical/abdominal drainage after bilateral DIEP reconstruction complicated by left DIEP intraoperative thrombosis and debridement on 05/21/2026. Notes describe right breast brown murky drainage, abdominal incision eschar/open wound with malodorous drainage, chills, WBC 15.1, abdominal wall cellulitis, and fat necrosis. Ultrasound was negative for organized drainable fluid collection. She was admitted for wound care and IV antibiotics, with possible operative debridement. On 06/11/2026 she underwent I and D of the midline abdominal wound with wound vac placement; findings included extensive necrotic fat and purulent fluid, JP drain removal, debridement, irrigation, and wound vac placement. Source: Plastic Surgery ED consult pages 6-9; brief op note page 10; progress note pages 12-13.	
Clinical Condition Requiring Homecare:				Disruption of external operation (surgical) wound, NEC, subsequent encounter	
SN Careplans				SN Goals	
SN WK2: 3 (08/23/26-08/29/26) ,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)				PATIENT-STATED GOAL: remain at home	
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				GOALS	
CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area				patient/caregiver recalls	
HOSPITALIZATION RISKS: 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				* 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 achieve wound healing including cleaning and dressing wound	
				* position changes	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by STRICKLER, SYDNEY SN RN on 08/17/2026					
24. Physician's Name and Address				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.	
SHELBY MILLER				F2F date :	
335 E HOUGHTON AVENUE					
WEST BRANCH, MI 48661					
PHONE: (989) 345-8120 FAX: 989-345-8129 NPI: 1083220388					
27. Attending Physician's Signature and Date Signed 08/26/2026 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.	
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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 08/24/2026 Problems : #1 - Observable Surgical Wound - Anterior Midline - limited endurance PROCEDURES: physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Midline -, Wound care: Cleanse incision with saline or soap and water. Cover with ABDs and secure with tape if drainage is present., wound vacuum: Change wound vac dressing 3x per week and PRN. 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, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule			* skin care * diet modification * record wound measurements * 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		

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN RN	08/17/2026