

Home Health Certification and Plan of Care				Order ID: 1195/1253		
1. Patient s HI claim No.		2. Start Of Care Date	3. Certification Period		4. Medical Record No.	5. Provider No.
8XT9GW4DM42		08/12/2026	From: 08/12/2026 To: 10/10/2026		901	239350
6. Patient's Name and Address Joseph Cappy 749 Greenway Dr., HARBOR SPRINGS, MI 49740- (918)625-7936			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 05/13/1934 9.Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged			
11. ICD	Principal Diagnosis		Date	SPIRONOLACTONE 25 MG tabs Oral Daily CARVEDILOL 6.25 MG tabs Oral BID FUROSEMIDE 40 MG mg 0.4 mL. SubCutaneous Daily INSULIN 2 mg 20 mL IV Push Daily LATANOPROST 1 drops Eye-Both QHS LIDOCAINE 1 patch TransDermal Daily LEVOTHYROXINE 1 tabs Oral Daily PREDNISONE 5 MG tabs Oral Daily AMLODIPINE 10 MG tabs Oral Daily ATORVASTATIN 10 MG tabs Oral Daily FARXIGA 10 MG tabs Oral Daily ASPIRIN 81 MG tabs Oral Daily		
I63.9	Cerebral infarction unspecified		08/12/26			
13. ICD	Other Pertinent Diagnoses		Date			
I50.42	Chronic combined systolic and diastolic hrt fail		08/12/26			
I48.20	Chronic atrial fibrillation unspecified		08/12/26			
I27.20	Pulmonary hypertension unspecified		08/12/26			
I34.0	Nonrheumatic mitral (valve) insufficiency		08/12/26			
I36.1	Nonrheumatic tricuspid (valve) insufficiency		08/12/26			
E11.9	Type 2 diabetes mellitus without complications		08/12/26			
E03.9	Hypothyroidism unspecified		08/12/26			
I10.	Essential (primary) hypertension		08/12/26			
G47.33	Obstructive sleep apnea (adult) (pediatric)		08/12/26			
N40.0	Benign prostatic hyperplasia without lower urinry tract symp		08/12/26			
14. DME and Supplies: walker			15. Safety Measures: fall precautions, ambulates with device, walker precautions			
16. Nutrition: low sodium			17. Allergies: Entresto (Angioedema), sulfa drugs			
18.A. Functional Limitations Ambulation, Speech			18.B. Activities Permitted Walker			
19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 1. In new or complex situations only, 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.			22.B.Discharge Plans patient will be responsible for managing treatment family/caregiver will be responsible for managing treatment			
Homebound status: medical condition could get worse if patient leaves home						
Clinical Condition - Home Health Skilled Nursing was ordered on 08/10/2026 at 11:04 EDT, with LIP face-to-face documented on 08/10/2026 at 11:04 EDT. The order is marked Requiring Homecare: routine. (Source: Post Acute Service Orders) - Recent hospitalization was for stroke symptoms after EMS reported left-sided facial droop and aphasia. The patient was diagnosed with an acute ischemic CVA with multiple punctate bilateral acute ischemic infarcts, appearing cardioembolic. During the hospitalization he had confusion/aphasia and was followed by neurology, cardiology, and the medical team. Chronic cardiac issues addressed included combined systolic/diastolic heart failure with EF 35-40%, chronic atrial fibrillation, severe pulmonary hypertension, valvular regurgitation, and cardiac amyloidosis. (Source: Cardiology Progress Note 08/08/2026; Consultation Notes)						
SN Careplans			SN Goals			
SN frequency WK1: 1 (08/12/26-08/15/26) ,WK2: 1 (08/16/26-08/22/26) ,WK3: 1 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK5: 1 (09/06/26-09/12/26) ,WK7: 1 (09/20/26-09/26/26) ,WK9: 1 (10/04/26-10/10/26)			PATIENT-STATED GOAL: Build back strength, work on independence			
PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 94 > 101.0, heart rate < 50 > 100, respiratory rate < 12 > 20, blood pressure systolic < 90 > 150, blood pressure diastolic < 50 > 100, O2 saturation < 90 > 100, pain < 0 > 7			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			
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance			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			
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications			patient/caregiver recalls * urinary incontinence management including bladder training * Kegel exercises * skin care * recalls related medication(s) purpose, schedule			
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.;			patient/caregiver recalls * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms * recalls related medication(s) purpose, schedule			
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/12/2026				25. Date HHA Received Signed POT		
24. Physician's Name and Address MARK RICHMOND 2810 CHARLEVOIX AVE PETOSKEY, MI 49770 PHONE: (231) 881-9054 FAX: (231) 881-9052 NPI: 1144227653			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 : 08/10/2026			
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. PAGE 1 of 3			

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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 08/17/2026 Problems : M1610 - Urinary Incontinence Pain Effect on Sleep Pain Interference with Therapy activities Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management daytime fatigue lethargy muscle weakness limited range of motion limited strength B0200 - Hearing Deficit B1000 - Vision Deficit PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, bladder training, coordinate/arrange resources for vision-impaired, coordinate/arrange home modifications for hearing impaired, i.e. alarms 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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, 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		patient/caregiver recalls * how to keep home safe for patient with vision loss including eliminating hazards * enhancing lighting * using mechanical aids patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule		
PT Careplans		PT Goals		
PT frequency WK1: 1 (08/12/26-08/15/26) ,WK2: 3 (08/16/26-08/22/26) ,WK3: 3 (08/23/26-08/29/26) ,WK4: 1 (08/30/26-09/05/26) ,WK5: 1 (09/06/26-09/12/26) ,WK6: 1 (09/13/26-09/19/26)		PATIENT-STATED GOAL: improve mobility and ambulation		
08/17/2026 Problems : Pain Effect on Sleep Pain Interference with ADLs GG0170D1 - Sit to Stand GG0170F1 - Toilet Transfer GG0170G1 - Car Transfer GG0170I1 - Walk 10 Feet GG0170J1 - Walk 50 ft with 2 Turns GG0170K1 - Walk 150 Feet GG0170M1 - 1 - Step (curb) GG0170N1 - 4 Steps GG0170O1 - 12 Steps GG0170P1 - Picking Up Object GG0170L1 - Walk 10 ft on Uneven Surface GG0170E1 - Chair to Bed to Chair		GOALS Toilet Transfer - 06. Independent Chair to Bed to Chair - 06. Independent		
PROCEDURES: home exercise program: Instruct and progress HEP as tolerated. To include NMR, static and dynamic balance training, BLE strengthening,, gait training/stair training, transfers training		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		
TEACH PATIENT/CAREGIVER: * 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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance		Car Transfer - 06. Independent Sit to Stand - 06. Independent Walk 10 Feet - 04. Supervision or touching assistance Walk 50 ft with 2 Turns - 04. Supervision or touching assistance 1 - Step (curb) - 04. Supervision or touching assistance Walk 150 Feet - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance		
OT Careplans		OT Goals		
OT frequency WK1: 1 (08/12/26-08/15/26)				
Signature of Physician:		Date		
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Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by LUBELAN, SAMANTHA RN SN		08/12/2026		

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08/13/2026 Problems : Pain Effect on Sleep M1400 GG0130B1 - Oral Hygiene GG0130C1 - Toileting Hygiene GG0130E1 - Shower/Bathe Self GG0130F1 - Upper Body Dressing GG0130G1 - Lower Body Dressing GG0130H1 - Don/Doff Footwear GG0130A1 - Eating				

Signature of Physician:	Date
	PAGE 3 of 3
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