Home Health Certification and Plan of Care

Order ID: 1195/1251

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
5GM2XF8EV24	08/17/2026	From: 08/17/2026 To: 10/15/2026	884	239350

6. Patient's Name and Address

Richard Hoffman
4541 M-66,
EAST JORDAN, MI 49727-
(231)675-9835

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 08/28/1952 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.621	Type 2 diabetes mellitus with foot ulcer	08/17/26

13. ICD	Other Pertinent Diagnoses	Date
L97.519	Non-prs chronic ulcer oth prt right foot w unsp severity	08/17/26
L97.529	Non-pressure chronic ulcer oth prt left foot w unsp severity	08/17/26
N18.6	End stage renal disease	08/17/26
Z99.2	Dependence on renal dialysis	08/17/26
D63.1	Anemia in chronic kidney disease	08/17/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/17/26
I25.5	Ischemic cardiomyopathy	08/17/26
I65.21	Occlusion and stenosis of right carotid artery	08/17/26

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

ALPRAZOLAM 0.5 MG mg oral QHS, PRN
Clopidogrel - Clopidogrel 75 mg 1 tab by mouth once a day
FUROSEMIDE 80 MG mg oral Daily
ISOSORBIDE DINITRATE 20 MG mg oral BID
PLAVIX 75 MG mg oral Daily
LEVOTHYROXINE 150 mcg oral Daily
ROSUVASTATIN CALCIUM 20 MG mg oral QHS
Sertraline - Sertraline Hydrochloride 50mg by mouth once a day
TRAMADOL 50 MG mg oral BID, PRN
Trazadone - Trazodone Hydrochloride 50mg by mouth at bedtime
ASPIRIN 81 MG mg oral QAM

14. DME and Supplies:

bath bench, diabetic supplies, wound care supplies

15. Safety Measures:

infectious material management, fall precautions, diabetic precautions, ambulates with device, anticoagulant precautions, bathroom safety

16. Nutrition:

diabetic, cardiac diet

17. Allergies:

no known allergies

18.A. Functional Limitations

Hearing, Amputation, Endurance

18.B. Activities Permitted

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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

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: Post-hospitalization care following admission for chest pain and management of chronic conditions including coronary artery disease, end-stage renal disease, and diabetic foot ulcer.

SN Careplans

SN frequency WK1: 1 (08/17/26-08/22/26) ,WK2: 2 (08/23/26-08/29/26) ,WK3: 2 (08/30/26-09/05/26) ,WK4: 2 (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 (10/11/26-10/15/26)

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: 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, 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

SN Goals

PATIENT-STATED GOAL: Heal wounds BLE, L forearm, R groin- increased strength and endurance.

GOALS
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
* 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/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 08/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Carrie Bollmann
1249 M-75 SOUTH
Boyne City, MI 49712
PHONE: (231) 582-1515 FAX: (231) 582-2425 NPI: 1417935040

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 : 07/31/2026

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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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:Self (Non-HC Facilit

09/08/2026 Problems : #5 - Observable Surgical Wound - Anterior Right Thigh -
#4 - Observable Surgical Wound - Anterior Left Elbow/Forearm - Dialysis fistula went bad while hospitalized, incision from flushing and cleaning out
#3 - Observable Surgical Wound - Anterior Right Ankle -
#2 - Observable Surgical Wound - Anterior Left Ankle -
#1 - Observable Surgical Wound - Anterior Left Foot -
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
muscle weakness
limited strength
limited endurance
constipation
rough/scaly/cracked skin
bruising/discoloration
abnormal BS < 70/140 > mg/dL
abnormal thyroid 0.40 - 4.50 mIU/mL

PROCEDURES: physician-ordered wound care: #2 - Observable Surgical Wound - Anterior Left Ankle -, physician-ordered wound care: #1 - Observable Surgical Wound - Anterior Left Foot -: Clean with wound cleanser, apply xeroform over wound, 4x4 over xeroform, wrap with guaze, cover with ace bandage Q2-3 days., physician-ordered wound care: #3 - Observable Surgical Wound - Anterior Right Ankle -: Clean with wound cleanser, apply xeroform over wound, 4x4 over xeroform, wrap with guaze Q2-3 days., physician-ordered wound care: #4 - Observable Surgical Wound - Anterior Left Elbow/Forearm - Dialysis fistula went bad while hospitalized, incision from flushing and cleaning out: Clean with wound cleanser, open to air., physician-ordered wound care: #5 - Observable Surgical Wound - Anterior Right Thigh -: Clean with wound cleanser, open to air., monitor dialysis schedule: Pt goes in for hemodialysis 3x weekly.

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, * 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, 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 GRANDCHAMP, SAVANNAH SN RN	08/17/2026