

Home Health Certification and Plan of Care				Order ID: 1195/1312	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1000976753V441059		08/27/2026		From: 08/27/2026 To: 10/25/2026	
4. Medical Record No.		5. Provider No.			
6455		239350			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Dean Clark 2740 Townline Rd, ROSE CITY, MI 48654- 9892849039			Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021		
8. DOB 11/07/1965 9.Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD		Principal Diagnosis		Date	
187.2		Venous insufficiency (chronic) (peripheral)		08/27/26	
13. ICD		Other Pertinent Diagnoses		Date	
14. DME and Supplies:		wound care supplies, cane		15. Safety Measures:	
				medication safety, fall precautions, bleeding precautions, standard precautions	
16. Nutrition:		Z. NO PHYSICIAN-ORDERED DIET		17. Allergies:	
				pepto bismol	
18.A. Functional Limitations		Endurance, Ambulation		18.B. Activities Permitted	
				Cane, Up As Tolerated	
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: 4. Always, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes					
20. Prognosis: good					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			SN: patient will be responsible for managing treatment		
Homebound status: medical condition could get worse if patient leaves home					
Clinical Condition - Skilled home health referral for wound care and education related to chronic venous insufficiency. Source: VA Form 10-7080, Order for Services - Reason for Requiring Homecare: Request. - Medical history available in the referral identifies chronic peripheral venous insufficiency. No recent hospitalization course, acute issue management, or discharge summary is included in the uploaded referral. Source: VA Form 10-7080, Pertinent Clinical Information.					
SN Careplans			SN Goals		
SN frequency Auth VA0062744720 WK1: 1 (08/27/26-08/29/26),Auth VA0062744720 WK2: 2 (08/30/26-09/05/26),Auth VA0062744720 WK3: 2 (09/06/26-09/12/26),Auth VA0062744720 WK4: 2 (09/13/26-09/19/26),Auth VA0062744720 WK5: 2 (09/20/26-09/26/26),Auth VA0062744720 WK6: 2 (09/27/26-10/03/26),Auth VA0062744720 WK7: 2 (10/04/26-10/10/26),Auth VA0062744720 WK8: 2 (10/11/26-10/17/26),Auth VA0062744720 WK9: 2 (10/18/26-10/24/26)			PATIENT-STATED GOAL: Heal wounds and have less pain		
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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion			* 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		
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			* teach relaxation skills and diversional activities		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* prevention exacerbation of anxiety condition including coping patterns		
			* improved concentration		
			* strategies to reduce anxiety		
			* identification of anxiety precipitants, conflicts, and threats		
			* recalls related medication(s) purpose, schedule		
			patient/caregiver recalls		
			* depression-prevention strategies including avoidance of isolation		
			* healthy eating		
			* sleeping habits		
			* identification of activities that bring pleasure		
			* preventive care		
			* 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		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/27/2026					
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.		
ROBYN YATES			F2F date :		
1105 SIXTH ST					
TRAVERSE CITY, MI 49684-2345					
PHONE: (989) 497-2500 FAX: 19893214118 NPI: 1518174101					
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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Dean Clark			Evergreen Home Health		
2740 Townline Rd,			403 W Main Street Suite A1		
ROSE CITY, MI 48654-			Gaylord, MI 49735-1887		
9892849039			989-214-1114		
			1184225021		
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 09/09/2026 Problems : #2 - Observable Stasis Ulcer - Other - lateral right foot (distal) - #1 - Observable Stasis Ulcer - Other - lateral right foot (proximal) - M1720 - Anxiety D0700 - Social Isolation M1033 - Exhaustion Pain Effect on Sleep Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management Home Safety balance deficit difficulty sleeping limited endurance obesity open sores/lesions D0160 - Depression M2102d - Caregiver Performs Treatment PROCEDURES: physician-ordered wound care: #2 - Observable Stasis Ulcer - Other - lateral right foot (distal) -: Remove old bandage. Wash entire leg and foot with antibacterial soap and water. Rinse and dry. Ensure skin is completely dry between toes. Apply lidocaine cream to peri-wound and allow to sit for 10 minutes before wiping away. Clean wound bed with vashe. Apply Hydrofera Blue to wounds. Apply two layer compression bandage with appropriate level of compression according to compression level indicator on coban layer., physician-ordered wound care: #1 - Observable Stasis Ulcer - Other - lateral right foot (proximal) -: Remove old bandage. Wash entire leg and foot with antibacterial soap and water. Rinse and dry. Ensure skin is completely dry between toes. Apply lidocaine cream to peri-wound and allow to sit for 10 minutes before wiping away. Clean wound bed with vashe. Apply Hydrofera Blue to wounds. Apply two layer compression bandage with appropriate level of compression according to compression level indicator on coban layer., cough/deep breathing exercises, coordinate/arrange for maintenance of clean/uncluttered living area 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, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered, caregiver performs medical/rehabilitation treatments with adequate competence			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 patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule patient's living environment is clean/uncluttered caregiver performs medical/rehabilitation treatments with adequate competence		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/27/2026