# 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 | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 1000976753V441059 | 08/27/2026 | From: 08/27/2026 To: 10/25/2026 | 5455 | 239350 |

**6. Patient's Name and Address**
Dean Clark
2740 Townline Rd,
ROSE CITY, MI 48654-
9892849039

**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** 11/07/1965 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| I87.2 | Venous insufficiency (chronic) (peripheral) | 08/27/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| | | |

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

Advil - Ibuprofen 200 mg 2 tabs by mouth as necessary PRN for breakthrough pain
Hydroxyurea - Hydroxyurea 500 mg 2 caps by mouth twice a day
Lidocaine - Lidocaine 5 perc pea size topical as necessary for wound care
Methocarbamol - Methocarbamol 750 mg 1 tab by mouth at bedtime
Norco - Acetaminophen: Hydrocodone Bitartrate 325 mg;10 mg 1 tab by mouth three times a day PRN
Asa - Aspirin 81mg by mouth once a day
Atorvastatin - Atorvastatin Calcium 20mg by mouth once a day
Vit D - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50mcg by mouth once a day
Refresh Tears - Normal Saline 2 drops per eye both eyes twice a day PRN for dry eyes
Tadalafil - Tadalafil 20mg/1 tab by mouth as necessary prior to intercourse

**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:**
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**
SN: patient will be responsible for managing treatment

**Homebound status:** medical condition could get worse if patient leaves home

**Clinical Condition Requiring Homecare:** - Skilled home health referral for wound care and education related to chronic venous insufficiency. Source: VA Form 10-7080, Order for Services - Reason for 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 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)

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: 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

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: Heal wounds and have less pain

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
* 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:**
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/27/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
ROBYN YATES
1105 SIXTH ST
TRAVERSE CITY, MI 49684-2345
PHONE: (989) 497-2500 FAX: 19893214118 NPI: 1518174101

**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** **09/10/2026**: 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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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 |
|---|---|
| | PAGE 2 of 2 |
| Optional Name/Signature of Nurse/Therapist: | Date |
| Electronically Signed by LUBELAN, SAMANTHA RN SN | 08/27/2026 |