Home Health Certification and Plan of Care

Order ID: 1195/1266

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
0069227910	08/12/2026	From: 08/12/2026 To: 10/10/2026	882	239350

6. Patient's Name and Address
Kailoni Derosia
24317 LISTER RD,
HILLMAN, MI 49746-9524
689-255-9763

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 05/06/1988 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J96.01	Acute respiratory failure with hypoxia	08/12/26

13. ICD	Other Pertinent Diagnoses	Date
I50.33	Acute on chronic diastolic (congestive) heart failure	08/12/26
I10.	Essential (primary) hypertension	08/12/26
E11.9	Type 2 diabetes mellitus without complications	08/12/26
D50.9	Iron deficiency anemia unspecified	08/12/26
E66.01	Morbid (severe) obesity due to excess calories	08/12/26
E03.9	Hypothyroidism unspecified	08/12/26
R65.10	SIRS of non-infectious origin w/o acute organ dysfunction	08/12/26

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

Carvedilol - Carvedilol 12.5 mg 1 tab by mouth twice a day
Nystatin - Nystatin 100,000 units/gm apply topically to groin and beneath abdominal fold transdermal twice a day
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg by mouth once a day
FLAXSEED OIL 1 capsule mouth nightly
Red Yeast Rice 600mg by mouth once a day

14. DME and Supplies:
oxygen supplies, , walker

15. Safety Measures:
cardiac precautions, O2 precautions, fall precautions, diabetic precautions

16. Nutrition:
2gm sodium, fluid restriction

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Ambulation

18.B. Activities Permitted
Walker, 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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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

Homebound status: Confined to the home

Clinical Condition Requiring Homecare: Based on the above findings, I certify that this patient is confined to the home and needs intermittent skilled nursing care, physical therapy and/or speech therapy.

SN Careplans

SN frequency Auth TEMP COVG WK1: 1 (08/12/26-08/15/26),Auth TEMP COVG WK2: 2 (08/16/26-08/22/26),Auth TEMP COVG WK3: 1 (08/23/26-08/29/26),Auth TEMP COVG WK4: 2 (08/30/26-09/05/26),Auth TEMP COVG WK5: 2 (09/06/26-09/12/26),Auth TEMP COVG WK6: 2 (09/13/26-09/19/26),Auth TEMP COVG WK7: 2 (09/20/26-09/26/26),Auth TEMP COVG WK8: 2 (09/27/26-10/03/26),Auth TEMP COVG WK9: 2 (10/04/26-10/10/26)

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: 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 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

08/27/2026 Problems : dependent edema (CR)
bruising/discoloration (SK)

SN Goals

PATIENT-STATED GOAL: Pt will no longer retain fluid in her body

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

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
* 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

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
BEELETSEGA YENENEH
460 LONG RAPIDS PLAZA
ALPENA, MI 49707
PHONE: (989) 356-0141 FAX: (989) 354-5670 NPI: 1528367166

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 : 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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abnormal BS < 70/140 > mg/dL (EM)
inadequate floor/roof/windows (CM)
cluttered/soiled living area (CM)
A1250 - Lack of Necessary Transportation
M1720 - Anxiety
D0700 - Social Isolation
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
muscle weakness
limited strength
limited endurance
rough/scaly/cracked skin
D0160 - Depression

PROCEDURES: Monitor Edema/Fluid Retention: Watch for s/s of electrolyte imbalances with rapid fluid loss, monitor increased edema/if any wounds develop BLE, Weight check at every visit: Weigh at every visit on scale, cough/deep breathing exercises, glucose testing via monitor, monitor intake & output, coordinate/arrange repair of inadequate floor/roof/windows, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange long-term socialization activities

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, * 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, * 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 transportation needs are met, patient has adequate floor/roof/windows, patient's living environment is clean/uncluttered

* recalls related medication(s) purpose, schedule

patient's transportation needs are met

patient has adequate floor/roof/windows

patient's living environment is clean/uncluttered

PT Careplans

PT frequency Auth TEMP COVG WK1: 1 (08/12/26-08/15/26),Auth TEMP COVG WK2: 1 (08/16/26-08/22/26),Auth TEMP COVG WK3: 1 (08/23/26-08/29/26),Auth TEMP COVG WK4: 1 (08/30/26-09/05/26),Auth TEMP COVG WK5: 1 (09/06/26-09/12/26),Auth TEMP COVG WK6: 1 (09/13/26-09/19/26),Auth TEMP COVG WK7: 1 (09/20/26-09/26/26),Auth TEMP COVG WK8: 1 (09/27/26-10/03/26)

08/31/2026 Problems : GG0170P1 - Picking Up Object
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170E1 - Chair to Bed to Chair
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170D1 - Sit to Stand
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170G1 - Car Transfer
GG0170F1 - Toilet Transfer

PROCEDURES: Manual Therapy: Manual therapy may include manually resisted or assisted range of motion to the joints of the right or left lower extremity; manual muscle stretching to decrease muscular tension and improve range of motion for improved transfers in and out of vehicle., home exercise program: Therapist to instruct seated, standing and/or reclined home exercises including but not limited to any or all of the following as tolerated: active or band resisted/assisted ankle pumps, circumduction, hip flexion, adduction, and/or abduction, range of motion for Lower extremity joints of knees, hips, and/or ankle/foot. Core strengthening; neuromuscular education. Written home exercises provided and program may be modified and/or progressed as tolerated., equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

PATIENT-STATED GOAL: Patient Goal

GOALS
1 - Step (curb) - 05. Setup or clean-up assistance

Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

Sit to Stand - 06. Independent

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Picking Up Object - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by LUBELAN, SAMANTHA RN SN

Date
08/12/2026

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Signature of Physician:	Date
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