Home Health Certification and Plan of Care

Order ID: 1195/1353

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7R31UN5CQ04	01/01/2026	From: 08/29/2026 To: 10/27/2026	331	239350

6. Patient's Name and Address

ARENAL BRADY
15370 RIEGER HWY,
OCQUEOC, MI 49759
(989) 306-3183

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 03/22/1936 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z43.3	Encounter for attention to colostomy	01/01/26

13. ICD	Other Pertinent Diagnoses	Date
K57.32	Dvtrcli of lg int w/o perforation or abscess w/o bleeding	01/01/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	01/01/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	01/01/26
I50.43	Acute on chronic combined systolic and diastolic hrt fail	01/01/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	01/01/26
N18.30	Chronic kidney disease stage 3 unspecified	01/01/26
D63.1	Anemia in chronic kidney disease	01/01/26
J96.01	Acute respiratory failure with hypoxia	01/01/26
I48.21	Permanent atrial fibrillation	01/01/26
G51.0	Bell's palsy	01/01/26
I49.5	Sick sinus syndrome	01/01/26
G25.2	Other specified forms of tremor	01/01/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	01/01/26
G89.29	Other chronic pain	01/01/26
M62.58	Muscle wasting and atrophy NEC oth site	01/01/26
E83.42	Hypomagnesemia	01/01/26
I25.2	Old myocardial infarction	01/01/26
Z95.0	Presence of cardiac pacemaker	01/01/26
Z60.2	Problems related to living alone	01/01/26
Z79.82	Long term (current) use of aspirin	01/01/26
Z79.01	Long term (current) use of anticoagulants	01/01/26
Z87.891	Personal history of nicotine dependence	01/01/26
Z90.49	Acquired absence of other specified parts of digestive tract	01/01/26
Z79.4	Long term (current) use of insulin	01/01/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	01/01/26
Z87.01	Personal history of pneumonia (recurrent)	01/01/26

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

Ammonium Lactate - Ammonium Lactate 12% topical as necessary apply twice a day as needed
Bactrim Ds - Sulfamethoxazole: Trimethoprim 800-160 mg / 1 tablet by mouth twice a day
Plavix - Clopidogrel Bisulfate 75 mg / 1 tablet by mouth once a day
Magnesium Oxide - Simethicone 400 mg / 1 tablet by mouth once a day
AZITHROMYCIN 250 mg / 1 capsule by mouth once a day
SPIRONOLACTONE 25 mg / 1 tablet by mouth once a day
COMBIVENT 20-100 mcg/act - 1 puff inhalant as necessary four times a day as needed
FINASTERIDE 5 mg / 1 tablet by mouth at bedtime take 2 tablets
LOSARTAN POTASSIUM 25 mg / 1 tablet by mouth once a day take 0.5 tablet
MUCINEX 600 mg / 1 tablet by mouth twice a day
NOVOLOG 100 units / ml inject 6 units subcutaneous in the morning
PANTOPRAZOLE 40 mg / 1 tablet by mouth twice a day
ZYRTEC 10 mg / 1 capsule by mouth once a day
METOPROLOL 25 mg / 1 tablet by mouth once a day take 0.5 tablet
FISH OIL 500 mg / 1 capsule by mouth once a day
PRESERVISION 1 capsule by mouth twice a day
ELIQUIS 5 mg / 1 tablet by mouth twice a day
JARDIANCE 10 mg / 1 tablet by mouth once a day
CVS OMEPRAZOLE MAGNESIUM ORAL CAPSULE DELAYED RELEASE 20 MG 20 mg / 1 tablet by mouth twice a day
DERMA-GARDX LIDOCAINE EXTERNAL GEL 5 % 5% topical twice a day apply a small amount on the affected area
CVS VITAMIN A ORAL CAPSULE 2400 MCG (8000 UT) 1 capsule by mouth once a day
CARBOXYMETHYLCELLULOSE SODIUM OPHTHALMIC SOLUTION 1 % 1 drop both eyes as necessary two times a day as needed
Repatha - Evolocumab 140 mg / 1 ml - inject 1 ml subcutaneous every two weeks
Praluent - Alirocumab 75 mg / 1 ml - inject 1ml subcutaneous every other week
Farxiga - Dapagliflozin Propanediol 10 mg / 1 tablet by mouth once a day
Sitagliptin Phosphate - Sitagliptin Phosphate 50 mg / 1 tablet by mouth once a day
Basaglar - Insulin Glargine 100 units / ml - inject 12 units subcutaneous at bedtime

14. DME and Supplies:
rolling walker, ostomy supplies, diabetic supplies

15. Safety Measures:
fall precautions, Universal/infection precautions, Proper use of assistive devices, Anticoagulation precautions, Keep pathways clear

16. Nutrition:
diabetic, low sodium

17. Allergies:
DRUG ALLERGIES: METFORMIN, STATINS, LOPID, EZETIMIBE, TRIHEXYPHENIDYL,

18.A. Functional Limitations
Dyspnea With Minimal Exertion, Ambulation

18.B. Activities Permitted
Walker, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
SN: patient will be responsible for managing treatment

Homebound status: Requires assistance for most to all ADL, Residual weakness, There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort, because of illness or injury, the person needs the following in order to leave their place of residence, the aid of supportive device(s): Walker, the assistance of another person

Clinical Condition Requiring Homecare: Acute on chronic combined systolic and diastolic hrt fail

SN Careplans

SN frequency Auth ID 703 WK2: 1 (08/30/26-09/05/26),Auth ID 703 WK3: 1 (09/06/26-09/12/26),Auth ID 703 WK4: 1 (09/13/26-09/19/26),Auth ID 703 WK5: 1 (09/20/26-09/26/26),Auth ID 703 WK6: 1 (09/27/26-10/03/26),Auth ID 703 WK7: 1 (10/04/26-10/10/26),Auth ID 703 WK8: 1 (10/11/26-10/17/26),Auth ID 703 WK9: 1 (10/18/26-10/24/26),Auth ID 703 WK10: 1 (10/25/26-10/27/26)

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

SN Goals

PATIENT-STATED GOAL: Regain strength and less exhaustion

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 08/24/2026

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 : 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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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

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:Patient does not have Advance Directives, Patient has Advanced Directives Material provided, Patient do not refuses Advance Directives

08/24/2026 Problems : weak hand grips
limited strength
abnormal BS < 70/140 > mg/dL

PROCEDURES: cough/deep breathing exercises, incentive spirometer, glucose testing via monitor

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

patient self-administers medications as prescribed
* recalls 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	08/24/2026