Home Health Certification and Plan of Care

Order ID: 1195/1361

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
0008014508	08/31/2026	From: 08/31/2026 To: 10/29/2026	954	239350

6. Patient's Name and Address
Emily Michelsen
107 EIGHT POINT CT,
PRUDENVILLE, MI 48651-
231-901-4668

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 03/27/1999 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M00.061	Staphylococcal arthritis right knee	08/31/26

13. ICD	Other Pertinent Diagnoses	Date
R78.81	Bacteremia	08/31/26
B95.61	Methicillin suscep staph infct causing dis classd elswhr	08/31/26
S83.511D	Sprain of anterior cruciate ligament of right knee subs	08/31/26
F32.A	Depression unspecified	08/31/26
F41.9	Anxiety disorder unspecified	08/31/26
E03.9	Hypothyroidism unspecified	08/31/26

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

Abilify - Aripiprazole 5mg Oral qD
ACETAMINOPHEN 325 MG mg= 2 Tab Oral q6hr
Ancef - Cefazolin Sodium 6gm intravenous continuous Infuse over 24 hours
Folic Acid - Folic Acid 1 mg 1 tab by mouth once a day
IBUPROFEN 600 MG mg= 1 Tab Oral q6hr
LEXAPRO 20 MG mg= 1 Tab Oral qAM
Norco - Acetaminophen: Hydrocodone Bitartrate 325 mg;5 mg 1 tab by mouth every 6 hours PRN
ONDANSETRON 4 mg mg= 1 Tab Oral every 8 hours PRN
Asa - Aspirin 81mg by mouth once a day
Thiamine - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100mg by mouth once a day
Normal Saline Flush - Normal Saline 10ml intravenous once a day Flush between infusions

14. DME and Supplies:
bath bench, rolling walker

15. Safety Measures:
restricted ROM, walker precautions, , fall precautions, ambulates with device

16. Nutrition:
Regular

17. Allergies:
amoxicillin Hives; Grass Rash; penicillin Hives

18.A. Functional Limitations
Ambulation, ,

18.B. Activities Permitted
Up As Tolerated, Walker,

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: 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: Referral based on face to face encounter, RN, Symptoms identified support difficulty to leave home for medical services required.

Clinical Condition Requiring Homecare: S/P Rupture of right anterior cruciate ligament status post arthroscopic assisted reconstruction with quadriceps tendon autograft and medial meniscus repair/partial meniscectomy on 7/10/2026

SN Careplans

SN frequency Auth ID 706 WK1: 1 (08/31/26-09/05/26),Auth ID 706 WK2: 1 (09/06/26-09/12/26),Auth ID 706 WK3: 1 (09/13/26-09/19/26),Auth ID 706 WK4: 1 (09/20/26-09/26/26),Auth ID 706 WK5: 1 (09/27/26-10/03/26),Auth ID 706 WK6: 1 (10/04/26-10/10/26),Auth ID 706 WK7: 1 (10/11/26-10/17/26),Auth ID 706 WK8: 1 (10/18/26-10/24/26),Auth ID 706 WK9: 1 (10/25/26-10/29/26)

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

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.

SN Goals

PATIENT-STATED GOAL: Get through antibiotic course without complication

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by STRICKLER, SYDNEY SN RN on 08/31/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
BRIANNA EDSON
1200 W NORTH DOWN RIVER RD STE
C GRAYLING, MI 49738-8024
PHONE: (989) 348-0550 FAX: 19893480473 NPI: 1003448846

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 : 08/26/2026

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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Advance Directive:No Advance Directive

08/31/2026 Problems : M1720 - Anxiety
D0700 - Social Isolation
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
swelling of affected area
limited range of motion
D0160 - Depression

PROCEDURES: Lab Draw: Draw labs per MD order, cough/deep breathing exercises

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, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN RN	08/31/2026