Home Health Certification and Plan of Care

Order ID: 1195/1369

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
135420963	03/05/2026	From: 09/01/2026 To: 10/30/2026	461	239350

6. Patient's Name and Address

CAROL GORDON
1441 MAPLE DR, APT 5, AUSABLE VALLEY APT,
FAIRVIEW, MI 48621
(989) 808-3141

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 09/06/1954 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
J18.9	Pneumonia unspecified organism	03/05/26

13. ICD	Other Pertinent Diagnoses	Date
J96.01	Acute respiratory failure with hypoxia	03/05/26
J44.1	Chronic obstructive pulmonary disease w (acute) exacerbation	03/05/26
N18.31	Chronic kidney disease stage 3a	03/05/26
I10.	Essential (primary) hypertension	03/05/26
E78.5	Hyperlipidemia unspecified	03/05/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	03/05/26
F17.210	Nicotine dependence cigarettes uncomplicated	03/05/26
Z95.0	Presence of cardiac pacemaker	03/05/26

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

Lasix - Furosemide 20 mg 1 tablet by mouth once a day
Albuterol - Albuterol 0.09 mg/inh 2 puff by mouth as necessary every 4 hours as needed for wheezing
Carvedilol - Carvedilol 3.125 mg 1 tablet by mouth twice a day
Chlorthalidone - Chlorthalidone 25 mg 1 tablet by mouth once a day
Duoneb - Albuterol Sulfate: Ipratropium Bromide 0.5-2.5 (3) mg/ 3 ml - 3 ml by mouth four times a day
Hydroxyzine Hydrochloride - Hydroxyzine Hydrochloride 25 mg / 1 Tablet by mouth as necessary twice a day as needed for anxiety
Lisinopril - Lisinopril 40 mg 1 tablet by mouth once a day
Pantoprazole - Pantoprazole Sodium 3 tablets by mouth once a day
Atorvastatin - Atorvastatin Calcium 40 mg / 1 Tablet by mouth once a day
Albuterol Sulfate - Albuterol Sulfate (2.5 mg / 3 ml) 0.083% - 3 ml inhalant as necessary every 4 hours as needed for weheezing
Potassium Chloride - Potassium Chloride 10meq 1 tablet by mouth once a day
Jardiance - Empagliflozin 10 mg / 1 Tablet by mouth in the morning
Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT 100-62.5-25 MCG/ACT inhalant once a day same time each day
Aspirin - Aspirin 81 mg / 1 capsule by mouth once a day

14. DME and Supplies:

grab bars, rolling walker, bath bench, electric scooter

15. Safety Measures:

standard precautions, walker precautions, O2 precautions, medication safety, cardiac precautions, , bathroom safety, fall precautions, ambulates with device

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

PCN, macro bid, Dilaudid, Bactrim, Keflex

18.A. Functional Limitations

Bowel/Bladder Incontinence, Endurance, Ambulation

18.B. Activities Permitted

Walker, Up As Tolerated, electric scooter

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: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

Clinical Condition Requiring Homecare: Skilled Nursing to Assess and Eval Education, oxygen monitoring/concervation

SN Careplans

SN frequency Auth ID 727 WK2: 1 (09/06/26-09/12/26),Auth ID 727 WK4: 1 (09/20/26-09/26/26),Auth ID 727 WK6: 1 (10/04/26-10/10/26),Auth ID 727 WK8: 1 (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), 4. Multiple emergency department visits (2 or more) in the past 6 months, 5. Decline in mental, emotional, or behavioral status 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 deterioration.; Home Health Clinician to assess, review, and reinforce patient/caregiver emergency preparedness plan throughout the home health episode, recertifications and resumptions of care ;

SN Goals

PATIENT-STATED GOAL: have decreased shoulder pain;Improve endurance

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
* 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
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to take the patient's blood pressure
* record the reading
* recalls related medication(s) purpose, schedule

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by STRICKLER, SYDNEY SN RN on 08/27/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

MICHELLE VANOOSTEN
2110 M-76 SUITE 6
WEST BRANCH, MI 48661
PHONE: (989) 345-1184 FAX: 19893456944 NPI: 1659616613

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.

Home Health Certification and Plan of Care

Order ID: 1195/1369

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
135420963	03/05/2026	From: 09/01/2026 To: 10/30/2026	461	239350

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
CAROL GORDON 1441 MAPLE DR, APT 5, AUSABLE VALLEY APT, FAIRVIEW, MI 48621 (989) 808-3141	Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021

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 : coughing
lightheadedness
difficulty sleeping
balance deficit
constipation
limited range of motion
limited strength
limited endurance
loss of appetite

PROCEDURES: cough/deep breathing exercises, incentive spirometer

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, related medication(s) purpose, schedule, * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * 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

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN RN	08/27/2026