Home Health Certification and Plan of Care

Order ID: 1195/1391

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
983606404	08/24/2026	From: 08/24/2026 To: 10/22/2026	938	239350

6. Patient's Name and Address

Roxie Olson
900 HAYES RD APT D2,
GAYLORD, MI 497357347-
(231) 590-5238

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 01/26/1932 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I10.	Essential (primary) hypertension	08/24/26

13. ICD	Other Pertinent Diagnoses	Date
I66.23	Occlusion and stenosis of bi posterior cerebral arteries	08/24/26
R42.	Dizziness and giddiness	08/24/26
R00.1	Bradycardia unspecified	08/24/26
R29.6	Repeated falls	08/24/26
N32.81	Overactive bladder	08/24/26
R15.9	Full incontinence of feces	08/24/26
Z87.440	Personal history of urinary (tract) infections	08/24/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	08/24/26

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

ALBUTEROL 90 mcg/inh inhalant PRN
ALPRAZOLAM 0.25 mg oral tablet, 0.25 mg= 1 Tab Oral TID, PRN
Clopidogrel - Clopidogrel 75 mg 1 tab by mouth once a day
METRONIDAZOLE 0.75% topical gel, 1 Appl Top BID
LOSARTAN POTASSIUM 25 mg oral tablet, 25 mg= 1 Tab Oral Daily
METHENAMINE HIPPURATE 1 g oral tablet, 1 gm= 1 Tab Oral BID 11 refills
MIRTAZAPINE 15 mg oral tablet, 15 mg= 1 Tab Oral QAM
METOPROLOL 25 mg oral tablet, 25 mg= 1 Tab Oral Daily
ASPIRIN 81 mg oral delayed release tablet, 81 mg= 1 Tab Oral QAM

14. DME and Supplies:

bath bench, grab bars, 4 wheeled walker

15. Safety Measures:

walker precautions, , fall precautions, ambulates with device, anticoagulant precautions

16. Nutrition:

regular

17. Allergies:

Bactrim

18.A. Functional Limitations

Bowel/Bladder Incontinence, , Endurance, Hearing, Ambulation

18.B. Activities Permitted

Up As Tolerated, Walker, Independent at Home

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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

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: another facility/provider will be responsible for managing treatment
PT: patient will be responsible for managing treatment
OT: patient will be responsible for managing treatment

Homebound status: Symptoms identified support difficulty to leave home for medical services required.

Clinical Condition Requiring Homecare: Symptoms identified support difficulty to leave home for medical services required., fall

SN Careplans

SN frequency Auth ID 653 WK1: 1 (08/24/26-08/29/26)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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, 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: Decrease feeling dizzy and increased strength to not have to use walker

GOALS
patient/caregiver recalls
* prevention including increase fluid intake
* increase Vitamin C intake to promote acidic bladder environment (cranberry juice)
* perineal hygiene
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary incontinence management including bladder training
* Kegel exercises
* skin 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/24/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

KATHLEEN PAWLANTA
829 N CENTER AVE SUITE 210
GAYLORD, MI 49735-1595
PHONE: (989) 731-7860 FAX: 19897317833 NPI: 1225055833

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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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:Living Will

08/24/2026 Problems : M1600 - UTI
M1610 - Urinary Incontinence
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
dizziness/syncope
muscle weakness
limited strength
limited endurance
bruising/discoloration

PROCEDURES: bladder training

TEACH PATIENT/CAREGIVER: * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin 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

PT Careplans

PT frequency Auth ID 654 WK1: 1 (08/24/26-08/29/26),Auth ID 654 WK2: 2 (08/30/26-09/05/26),Auth ID 654 WK3: 1 (09/06/26-09/12/26),Auth ID 654 WK4: 1 (09/13/26-09/19/26),Auth ID 654 WK5: 1 (09/20/26-09/26/26)

09/08/2026 Problems : GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
GG0170G1 - Car Transfer
GG0170I1 - Walk 10 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170M1 - 1 - Step (curb)
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170P1 - Picking Up Object
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170E1 - Chair to Bed to Chair

PROCEDURES: home exercise program: Vestibular training exercises, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Walk 150 Feet - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Vertigo symptoms

PT Goals

PATIENT-STATED GOAL: Reduce dizziness symptoms

GOALS
Walk 150 Feet - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Vertigo symptoms

OT Careplans

OT frequency Auth ID 655 WK3: 1 (09/06/26-09/12/26),Auth ID 655 WK4: 1 (09/13/26-09/19/26),Auth ID 655 WK5: 1 (09/20/26-09/26/26),Auth ID 655 WK6: 1 (09/27/26-10/03/26)

09/08/2026 Problems : M1400 - Dyspnea
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating
GG0130F1 - Upper Body Dressing

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program, equipment training, work simplification/energy conservation

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: PT will trial use of shower chair to increase safety in showering in 30 days

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/24/2026