Home Health Certification and Plan of Care

Order ID: 1195/1387

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
X3L919953121	08/25/2026	From: 08/25/2026 To: 10/23/2026	937	239350

6. Patient's Name and Address

Betty Cowles
9305 Skinny Rd,
Onaway, MI 49765-
(989) 733-4047

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 07/12/1936 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.344	Monoplg low lmb fol cerebral infrc aff left nondom side	08/25/26

13. ICD	Other Pertinent Diagnoses	Date
I69.311	Memory deficit following cerebral infarction	08/25/26
I69.312	Vis def/sptl nglct following cerebral infarction	08/25/26
E03.9	Hypothyroidism unspecified	08/25/26
F32.A	Depression unspecified	08/25/26
F41.9	Anxiety disorder unspecified	08/25/26
I10.	Essential (primary) hypertension	08/25/26
E78.5	Hyperlipidemia unspecified	08/25/26
G25.81	Restless legs syndrome	08/25/26

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

CLOPIDOGREL 75 MG tablet by mouth one time a day related to MONOPLEGIA OF LOWER LIMB FOLLOWING CEREBRAL INFARCTION AFFECTING LEFT NON-DOMINANT SIDE (I69.344)
ESCITALOPRAM 10 MG tablet by mouth one time a day for depression related to DEPRESSION, UNSPECIFIED (F32.A)
EZETIMIBE 10 MG tablet by mouth one time a day for cholesterol
LOSARTAN POTASSIUM 100 MG tablet by mouth one time a day for hypertension for 30 Days
Pantoprazole Sodium - Pantoprazole Sodium 40 mg 1 by mouth once a day
ROPINIROLE HYDROCHLORIDE 4 MG tablet by mouth at bedtime for RLS
Iron - Ferrous Sulfate: Folic Acid 65mg by mouth once a day
LEVOTHYROXINE 100mg -1 tablet by mouth one time a day for low thyroid hormone
AMLODIPINE 5 MG tablet by mouth one time a day for hypertension
Aspirin 81Mg - Aspirin 81mg by mouth once a day
ATORVASTATIN 20 MG tablet by mouth at bedtime for cholesterol
METOPROLOL 25 MG tablet by mouth one time a day for hypertension
TRAMADOL 50 MG tablet by mouth every 8 hours as needed for pain
CO Q 10 100 MG capsule by mouth one time a day for cholesterol
MAGNESIUM 250 MG tablet by mouth at bedtime for RLS
RAMELTEON 8 MG tablet by mouth at bedtime for insomnia

14. DME and Supplies:
grab bars, bath bench, rolling walker, 4 wheeled walker

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

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

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

18.B. Activities Permitted
Up As Tolerated, Exercises Prescribed

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: 1. Rarely, 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
PT: patient will be responsible for managing treatment

Homebound status: medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: - Discharge home from Medilodge of Hillman with current medications, a 4-wheel walker, and PT/OT after skilled rehabilitation. The discharge order specifically directs home discharge with PT/OT and the 4-wheel walker. - Recent medical history: The H&P documents admission for therapy services after hospitalization for CVA. Residual problems include left non-dominant lower-extremity monoplegia, memory deficit, visuospatial deficit/spatial neglect, generalized weakness, gait/mobility impairment, unsteadiness, and need for personal-care assistance. Therapy notes document ongoing lower-extremity/core strengthening, balance, gait and transfer training, with fall-risk precautions and use of a 4-wheel walker. A prior nursing note also states she had a fall at home and was receiving therapy to increase strength.

SN Careplans

SN Goals

PT Careplans

PT frequency Auth 08212026DOM781398 WK1: 1 (08/25/26-08/29/26),Auth 08212026DOM781398 WK2: 1 (08/30/26-09/05/26),Auth 08212026DOM781398 WK3: 1 (09/06/26-09/12/26),Auth 08212026DOM781398 WK4: 1 (09/13/26-09/19/26),Auth 08212026DOM781398 WK5: 1 (09/20/26-09/23/26)

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: 1. Non-agency caregiver(s) currently provide assistance

PT Goals

PATIENT-STATED GOAL: improve ambulation and strength

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/25/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
DAVID DARGIS
109 S 13 HARRINGTON ST
ALPENA, MI 49707-1609
PHONE: (989) 356-2400 FAX: 19893542606 NPI: 1457490609

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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HOSPITALIZATION RISKS: 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.; 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

09/10/2026 Problems : GG0170E1 - Chair to Bed to Chair
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170P1 - Picking Up Object
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
GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
M1033 - Exhaustion
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
abnormal blood pressure
cramping calves/thighs/hips
daytime fatigue
difficulty sleeping
lethargy
balance deficit
limited strength
muscle weakness
limited endurance

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, home exercise program: B LE strengthening, NMR, static and dynamic balance activities, equipment training, work simplification/energy conservation, gait training/stair training, transfers training

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, * 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, 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 - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent

OT Careplans

* 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
* 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

12 Steps - 04. Supervision or touching assistance

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 05. Setup or clean-up assistance

Upper Body Dressing - 06. Independent

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by LUBELAN, SAMANTHA RN SN

Date

08/25/2026

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OT frequency Auth 08212026DOM781398 WK3: 1 (09/06/26-09/12/26)

09/09/2026 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 - 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 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/25/2026