Home Health Certification and Plan of Care

Order ID: 1195/1381

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
002235721100	08/28/2026	From: 08/28/2026 To: 10/26/2026	946	239350

6. Patient's Name and Address
Brenda Foucart
781 CHESTER RD,
GAYLORD, MI 497358548-
(989) 858-1332

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 01/22/1975 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	08/28/26

13. ICD	Other Pertinent Diagnoses	Date
M17.11	Unilateral primary osteoarthritis right knee	08/28/26
M25.561	Pain in right knee	08/28/26
Z98.890	Other specified postprocedural states	08/28/26
E78.5	Hyperlipidemia unspecified	08/28/26

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

Gabapentin - Gabapentin 300 mg 1 by mouth at bedtime
Meloxicam - Meloxicam 7.5 mg 1 tab by mouth once a day
Omeprazole - Omeprazole 20 mg 1 by mouth once a day PRN for heartburn/indigestion
Aspirin 81Mg - Aspirin 1 by mouth twice a day
Atorvastatin - Atorvastatin Calcium 80mg by mouth once a day
Extra Strength Tylenol - Acetaminophen 2 tab 500mg by mouth every 8 hours
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5 mg 1 tab by mouth every 4-6 hours

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

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

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
Shellfish (Hives, Skin Rash)

18.A. Functional Limitations
Endurance, Ambulation,

18.B. Activities Permitted
Walker, 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: 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: patient will be responsible for managing treatment
PT: patient will be responsible for managing treatment

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

Clinical Condition Requiring Homecare: - Home health nursing and PT/OT were ordered for care associated with planned right total knee arthroplasty (TKA) on 08/27/2026. Nursing is ordered to evaluate and treat after right TKA, initiate care within 24-72 hours after hospital discharge, and provide postoperative monitoring and education. PT/OT is ordered for postoperative therapy and education with full/weight bearing as tolerated, range-of-motion work, gait training, later strengthening, and modalities to decrease pain and swelling. (Source: Referral Orders, pages 3-4 of 6)

SN Careplans

SN frequency Auth ID 737 WK2: 1 (08/30/26-09/05/26),Auth ID 737 WK3: 1 (09/06/26-09/12/26)

09/01/2026 Problems : M1400 - Dyspnea
M1400 - Dyspnea
abnormal blood pressure
muscle weakness
swelling of affected area
bruising/discoloration
dependent edema
M1033 - Exhaustion
decreased ROM knee
limited strength
limited endurance
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs

PROCEDURES: Monitor incision R knee: Monitor s/s of infection, non removable dressing on knee not to be removed until f/u w/doc on 9/11., Monitor BP: BP runs low 80's over low 50's. Assess BP and whether pt has any s/s- pt states this is normal BP for her, doc wants BP monitored.

TEACH PATIENT/CAREGIVER: * 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

SN Goals

PATIENT-STATED GOAL: Pt will have increased strength and mobility in R knee

GOALS
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

PT Careplans

PT frequency Auth TEMP COVG WK1: 1 (08/28/26-08/29/26),Auth TEMP COVG WK2: 2 (08/30/26-09/05/26),Auth TEMP COVG WK3: 2 (09/06/26-09/12/26)

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: Complete in home post surgical rehab, improve ambulation

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

Walk 10 Feet - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
SHELLY SLIVINSKI
829 N CENTER AVE STE 298
GAYLORD, MI 49735-1683
PHONE: (989) 731-7708 FAX: 19897317929 NPI: 1770568248

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 : 05/26/2026

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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HOSPITALIZATION RISKS: 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

08/28/2026 Problems : GG0170K1 - Walk 150 Feet
GG0130F1 - Upper Body Dressing
GG0130A1 - Eating
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
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)
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170G1 - Car Transfer
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
#1 - Non-Observable Surgical Wound - Anterior Right Knee -
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M2020 - Oral Med Management
limited range of motion
limited strength
limited endurance

PROCEDURES: home exercise program: TKA post surgical HEP, therapeutic exercises: supine, seated and standing ther ex, equipment training, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * 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, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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, 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, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up 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

Don/Doff Footwear - 05. Setup or clean-up assistance

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

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

Lower Body Dressing - 05. Setup or clean-up assistance

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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

Car Transfer - 06. Independent

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/28/2026