

Home Health Certification and Plan of Care				Order ID: 1195/1384	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
X3L919037391		08/26/2026		From: 08/26/2026 To: 10/24/2026	
				4. Medical Record No. 940	
				5. Provider No. 239350	
6. Patient's Name and Address Alice Modrzynski 9436 Miller Rd, Posen, MI 49776- (989) 255-2420				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 06/22/1942				9.Sex Female	
11. ICD 148.20		Principal Diagnosis Chronic atrial fibrillation unspecified		Date 08/26/26	
13. ICD R53.1		Other Pertinent Diagnoses Weakness		Date 08/26/26	
I95.9		Hypotension unspecified		08/26/26	
R20.2		Paresthesia of skin		08/26/26	
E11.9		Type 2 diabetes mellitus without complications		08/26/26	
I10.		Essential (primary) hypertension		08/26/26	
N32.81		Overactive bladder		08/26/26	
14. DME and Supplies: grab bars, walker, bath bench				10. Medications: Dose/Frequency/Route (N)ew (C)hanged HYDROCHLOROTHIAZIDE 12.5 mg oral every day LOSARTAN POTASSIUM 50 mg oral 2 times every day DILTIAZEM 360 mg oral EVERY DAY TAKE 1 CAPSULE METOPROLOL 100 mg oral 2 times every day with meals PRESERVISION 250 mg-90 mg-40 mg-1 mg oral every day chewable tablet ELIQUIS 5 mg oral 2 times per day Arch Support Customized arch supports for plantar fasciitis M72.2 cane Hurricane to prevent falls do to imbalance issues. Dx R26.89 Wheeled walker w/ seat Wheeled walker with seat Dx R53.81, M54.5, M54.9	
16. Nutrition: diabetic, low sodium				15. Safety Measures: ambulates with device, walker precautions, medication safety, fall precautions, diabetic precautions, cardiac precautions, bathroom safety	
18.A. Functional Limitations Endurance, Hearing, Ambulation				17. Allergies: clindamycin	
18.A. Functional Limitations Endurance, Hearing, Ambulation				18.B. Activities Permitted Cane, Walker, Up As Tolerated, Independent at Home	
19. Mental & Psychosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 3. Often, 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 PT: patient will be responsible for managing treatment OT: patient will be responsible for managing treatment	
Homebound status: Temporarily medically restricted to home r/t recent illness, surgery or diagnosis, Has increased sob when ambulating distances less than 20 feet, Ambulation is painful, difficult, increasing fall risk, Deterorating mental status or other physical condition making leaving home unsafe without constant supervision					
Clinical Condition Requiring Homecare: Presents today in follow up for progressive weakness, shortness of breath, and numbness in extremities.					
SN Careplans SN frequency Auth 08212026DOM781665 WK1: 1 (08/26/26-08/29/26),Auth 08212026DOM781665 WK2: 1 (08/30/26-09/05/26),Auth 08212026DOM781665 WK3: 1 (09/06/26-09/12/26),Auth 08212026DOM781665 WK4: 1 (09/13/26-09/19/26),Auth 08212026DOM781665 WK5: 1 (09/20/26-09/22/26),Auth 08212026DOM781665 WK1: 1 (09/23/26-09/26/26),Auth 08212026DOM781665 WK2: 1 (09/27/26-10/03/26),Auth 08212026DOM781665 WK3: 1 (10/04/26-10/10/26),Auth 08212026DOM781665 WK4: 1 (10/11/26-10/17/26),Auth 08212026DOM781665 WK5: 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: 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:Living Will				SN Goals PATIENT-STATED GOAL: Increased strength and mobility GOALS patient/caregiver recalls * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet * 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/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 * depression-prevention strategies including avoidance of isolation * healthy eating * sleeping habits * identification of activities that bring pleasure	
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by ABRAHAM, ALEXIS SN RN on 08/26/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address JAMES COOK 1501 W CHISHOLM ST ST ALPENA, MI 49707 PHONE: (989) 356-4049 FAX: 19893583712 NPI: 1598759672				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 : 08/20/2026	
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. PAGE 1 of 3	

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6. Patient's Name and Address Alice Modrzynski 9436 Miller Rd, Posen, MI 49776- (989) 255-2420			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			
08/26/2026 Problems : M1720 - Anxiety D0700 - Social Isolation M1830 - Bathing M1830 - Bathing M1033 - Exhaustion Pain Effect on Sleep Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management Home Safety muscle weakness limited strength limited endurance frequent urination bruising/discoloration abnormal BS < 70/140 > mg/dL D0160 - Depression M1800 - Grooming M1800 - Grooming PROCEDURES: Assist with Bathing : Assist pt with bathing and dressing at every visit., cough/deep breathing exercises, assist with seizure precautions prn, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with O2 safety, assist with grooming, coordinate/arrange for maintenance of clean/uncluttered living area, coordinate/arrange long-term socialization activities 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, * 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, * strategies to increase socialization, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered			* preventive care * recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule patient/caregiver recalls * strategies to increase socialization * recalls related medication(s) purpose, schedule patient's living environment is clean/uncluttered			
PT Careplans			PT Goals			
PT frequency Auth 08212026DOM781665 WK1: 1 (08/26/26-08/29/26),Auth 08212026DOM781665 WK2: 1 (08/30/26-09/05/26),Auth 08212026DOM781665 WK3: 1 (09/06/26-09/12/26),Auth 08212026DOM781665 WK4: 1 (09/13/26-09/19/26),Auth 08212026DOM781665 WK5: 1 (09/20/26-09/22/26),Auth 08212026DOM781665 WK1: 1 (09/23/26-09/26/26),Auth 08212026DOM781665 WK2: 1 (09/27/26-10/03/26),Auth 08212026DOM781665 WK3: 1 (10/04/26-10/10/26),Auth 08212026DOM781665 WK4: 1 (10/11/26-10/17/26),Auth 08212026DOM781665 WK5: 1 (10/18/26-10/24/26) 09/09/2026 Problems : GG0170F1 - Toilet Transfer GG0170E1 - Chair to Bed to Chair GG0170G1 - Car Transfer GG0170P1 - Picking Up Object GG0170O1 - 12 Steps GG0170N1 - 4 Steps GG0170M1 - 1 - Step (curb) GG0170L1 - Walk 10 ft on Uneven Surface GG0170K1 - Walk 150 Feet GG0170J1 - Walk 50 ft with 2 Turns GG0170I1 - Walk 10 Feet GG0170D1 - Sit to Stand M1860 - Ambulation/Locomotion M1860 - Ambulation/Locomotion M1860 - Ambulation/Locomotion M1840 - Toilet Transferring M1840 - Toilet Transferring M1850 - Transferring M1850 - Transferring PROCEDURES: home exercise program: Therapist to instruct seated, standing and/or reclined home exercises including but not limited to any or all of the following as tolerated: active or band resisted/assisted ankle pumps, circumduction, hip flexion, adduction, and/or abduction, range of motion for Lower extremity joints of knees, hips, and/or ankle/foot. Core strengthening; neuromuscular education. Written home exercises provided and program may be modified and/or progressed as tolerated., equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training, assist with toilet transferring, assist with			PATIENT-STATED GOAL: Patient Goal GOALS Toilet Transfer - 06. Independent 12 Steps - 06. Independent Car Transfer - 05. Setup or clean-up assistance Sit to Stand - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 - Step (curb) - 06. Independent 4 Steps - 06. Independent Picking Up Object - 06. Independent			
Signature of Physician:			Date			
			PAGE 2 of 3			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by ABRAHAM, ALEXIS SN RN			08/26/2026			

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				239350	
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Alice Modrzynski			Evergreen Home Health		
9436 Miller Rd,			403 W Main Street Suite A1		
Posen, MI 49776-			Gaylord, MI 49735-1887		
(989) 255-2420			989-214-1114		
			1184225021		
transferring, assist with mobility, assist with seizure precautions prn, assist with infection control, assist with fall prevention, assist with assistive devices prn, assist with O2 safety					
TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Car Transfer - 05. Setup or clean-up assistance					
OT Careplans			OT Goals		
OT frequency Auth 08212026DOM781665 WK2: 1 (08/30/26-09/05/26),Auth 08212026DOM781665 WK3: 1 (09/06/26-09/12/26),Auth 08212026DOM781665 WK5: 1 (09/20/26-09/22/26),Auth 08212026DOM781665 WK2: 1 (09/27/26-10/03/26),Auth 08212026DOM781665 WK4: 1 (10/11/26-10/17/26)			PATIENT-STATED GOAL: TO IMPROVE STRENGTH AND SHOWER		
09/01/2026 Problems : Pain Effect on Sleep			GOALS		
M1400			patient/caregiver recalls		
GG0130B1 - Oral Hygiene			* lifestyle modifications to manage respiratory condition including		
GG0130C1 - Toileting Hygiene			* diet changes and regular exercise		
GG0130E1 - Shower/Bathe Self			* strategies to control shortness of breath		
GG0130G1 - Lower Body Dressing			* home remedies to keep lungs healthy		
GG0130H1 - Don/Doff Footwear			* recalls related medication(s) purpose, schedule		
GG0130A1 - Eating					
GG0130F1 - Upper Body Dressing			patient/caregiver recalls		
M1810 - Upper Body Dressing			* how to maintain a diary to monitor effective and non-effective pain relief including		
M1810 - Upper Body Dressing			documenting time of pain, rating, precipitating events, medications, treatments, and what		
M1810 - Upper Body Dressing			works best to relieve pain		
M1820 - Lower Body Dressing			* teach relaxation skills and diversional activities		
M1820 - Lower Body Dressing			* recalls related medication(s) purpose, schedule		
PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program: UB STRENGTHENING, L HAND STRENGTHENING AND FMC, equipment training, work simplification/energy conservation			Oral Hygiene - 05. Setup or clean-up assistance		
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, Oral Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Upper Body Dressing - 06. Independent, PATIENT WILL UTILIZE INSTRUCTED TECHNIQUES TO IMPROVE ABILITY TO SAFELY TRANSFER USING AD TO MOD I., PATIENT WILL DEMONSTRATE IMPROVED BUE STRENGTH NECESSARY FOR ADL/IADLS AND TRANSFERS., PATIENT WILL IMPROVE CORE STRENGTH AND SITTING BALANCE FOR IMPROVED ADL'S.			Shower/Bathe Self - 03. Partial/moderate assistance		
			Lower Body Dressing - 05. Setup or clean-up assistance		
			Don/Doff Footwear - 05. Setup or clean-up assistance		
			PATIENT WILL IMPROVE CORE STRENGTH AND SITTING BALANCE FOR IMPROVED ADL'S.		
			PATIENT WILL DEMONSTRATE IMPROVED BUE STRENGTH NECESSARY FOR ADL/IADLS AND TRANSFERS.		
			PATIENT WILL UTILIZE INSTRUCTED TECHNIQUES TO IMPROVE ABILITY TO SAFELY TRANSFER USING AD TO MOD I.		
			Upper Body Dressing - 06. Independent		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by ABRAHAM, ALEXIS SN RN	08/26/2026