Home Health Certification and Plan of Care

Order ID: 1195/1390

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H62539434	08/24/2026	From: 08/24/2026 To: 10/22/2026	355-3	239350

6. Patient's Name and Address

Oonagh Mccune
3341 Buttles Rd,
Lewiston, MI 49756-
(989) 786-4144

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 03/23/1956 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
S82.64XD	Nondisp fx of lateral malleolus of r fibula 7thD	08/24/26

13. ICD	Other Pertinent Diagnoses	Date
I11.0	Hypertensive heart disease with heart failure	08/24/26
I50.32	Chronic diastolic (congestive) heart failure	08/24/26
I48.0	Paroxysmal atrial fibrillation	08/24/26
I89.0	Lymphedema not elsewhere classified	08/24/26
E46.	Unspecified protein-calorie malnutrition	08/24/26
N39.0	Urinary tract infection site not specified	08/24/26
B96.20	Unsp Escherichia coli as the cause of diseases classd elswhr	08/24/26

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

Furosemide - Furosemide 40 mg 1 tab by mouth in the morning
Ibuprofen - Ibuprofen 200 mg 1 tab by mouth every 4-6 hours PRN arthritis/pain
Methenamine Hippurate - Methenamine Hippurate 1gm 1 tab by mouth twice a day
PANTOPRAZOLE 40 MG tablet by mouth once a day for GERD
Potassium Chloride - Potassium Chloride 20meq 1 tab by mouth in the morning
Levothyroxine - Levothyroxine Sodium 25mcg 1 tab by mouth in the morning
Levothyroxine - Levothyroxine Sodium 25mcg 1 tab by mouth in the morning
Atorvastatin - Atorvastatin Calcium 40mg 1 tab by mouth in the morning
WARFARIN 2 MG tablet by mouth at bedtime related to PERSONAL HISTORY OF OTHER VENOUS THROMBOSIS AND EMBOLISM (I82.8), (B20.), (E46.). (E16.2), (G30.9). HELD per order with PT/COMMON LOG
MILK OF MAGNESIA 400 MG ml orally as needed for no PRN for constipation. bowel movement x 24 hours Hold for loose stools

14. DME and Supplies:

commode, walker, bath bench

15. Safety Measures:

wheelchair precautions, walker precautions, medication safety, fall precautions, ambulates with device, ambulates with assistance, knee precautions, anticoagulant precautions

16. Nutrition:

regular

17. Allergies:

Erythromycin, Iodine, Prednisone

18.A. Functional Limitations

Endurance, Ambulation, Hearing

18.B. Activities Permitted

Up As Tolerated, Wheelchair, Walker

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: fair

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

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: medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: - Physician order dated 08/19/2026 states: discharge home with home health services SN/PT/OT. Source: Discharge/Home Health Order. - The packet documents a most recent hospital stay from 07/25/2026 through 07/28/2026, followed by admission/readmission to Medilodge of Gaylord on 07/28/2026. The exact reason for that hospital stay is not stated in the packet. Recent SNF documentation describes ongoing therapy for generalized weakness and impaired mobility, bilateral lower-extremity lymphedema, fall risk, right knee pain limiting ambulation/transfers, and multiple recent/ongoing medical problems including right fibula fracture with routine healing, heart failure, atrial fibrillation, urinary tract infection, and cognitive-communication deficit. Source: Face Sheet, Progress Notes, Physical Therapy Treatment Encounter.

SN Careplans

SN frequency Auth 233670152 WK1: 1 (08/24/26-08/29/26),Auth 233670152 WK2: 1 (08/30/26-09/05/26),Auth 233670152 WK3: 1 (09/06/26-09/12/26),Auth 233670152 WK4: 1 (09/13/26-09/19/26),Auth 233670152 WK5: 1 (09/20/26-09/26/26),Auth 233670152 WK6: 1 (09/27/26-10/03/26),Auth 233670152 WK7: 1 (10/04/26-10/10/26),Auth 233670152 WK8: 1 (10/11/26-10/17/26),Auth 233670152 WK9: 1 (10/18/26-10/22/26)

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

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

SN Goals

PATIENT-STATED GOAL: Increased strength and use walker to ambulate instead of wheelchair, decrease fluid in BLE

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
* 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by ABRAHAM, ALEXIS SN RN on 08/24/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

JESSICA NEUROTH
3040 Bourn Street
Lewiston, MI 49756
PHONE: 989-786-4877 FAX: 19897316723 NPI: 1487036513

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 : 07/21/2026

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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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:Full Resuscitate, DNI

08/24/2026 Problems : M1600 - UTI
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
dependent edema
muscle weakness
limited strength
limited endurance
bruising/discoloration
abnormal thyroid <> 0.40 - 4.50 mIU/mL

PROCEDURES: Pain Management: Monitor pts pain at every visit, report unusual findings or severe pain, Monitor UTI s/s: Assess s/s of UTI, Electrolyte imbalance/fluid retention: Monitor s/s of electrolyte imbalance due to water pills/fluid retained

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, * prevention including increase fluid intake increase Vitamin C intake to promote acidic bladder environment (cranberry juice) perineal hygiene, 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

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

PT Careplans

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09/09/2026 Problems : GG0170D1 - Sit to Stand
GG0170F1 - Toilet 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
GG0170G1 - Car Transfer
GG0170E1 - Chair to Bed to Chair
GG0170L1 - Walk 10 ft on Uneven Surface

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/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

PT Goals

PATIENT-STATED GOAL: Patient Goal

GOALS
Toilet Transfer - 06. Independent

Sit to Stand - 05. Setup or clean-up assistance

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

Car Transfer - 05. Setup or clean-up assistance

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

Chair to Bed to Chair - 05. Setup or clean-up assistance

OT Careplans

OT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by ABRAHAM, ALEXIS SN RN

Date

08/24/2026

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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: Upper body exercises to increase transfer abilities, 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 - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: Increased strength and use walker to ambulate instead of wheelchair

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

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

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

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

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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