Home Health Certification and Plan of Care

Order ID: 1195/1320

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H73296235	07/31/2026	From: 07/31/2026 To: 09/28/2026	858	239350

6. Patient's Name and Address
Sandra Ferguson
8899 HELENA RD,
ALDEN, MI 49612-
(231) 331-4133

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 01/12/1944 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
I99.8	Other disorder of circulatory system	07/31/26

13. ICD	Other Pertinent Diagnoses	Date
E43.	Unspecified severe protein-calorie malnutrition	07/31/26
I71.43	Infrarenal abdominal aortic aneurysm without rupture	07/31/26
F43.21	Adjustment disorder with depressed mood	07/31/26
D63.8	Anemia in other chronic diseases classified elsewhere	07/31/26
J44.9	Chronic obstructive pulmonary disease unspecified	07/31/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	07/31/26
K21.9	Gastro-esophageal reflux disease without esophagitis	07/31/26
R31.9	Hematuria unspecified	07/31/26
R60.0	Localized edema	07/31/26
I89.0	Lymphedema not elsewhere classified	07/31/26
R53.81	Other malaise	07/31/26
C50.919	Malignant neoplasm of unsp site of unspecified female breast	07/31/26
F51.01	Primary insomnia	07/31/26
I10.	Essential (primary) hypertension	07/31/26
I73.9	Peripheral vascular disease unspecified	07/31/26
H25.9	Unspecified age-related cataract	07/31/26
K59.01	Slow transit constipation	07/31/26
N18.31	Chronic kidney disease stage 3a	07/31/26
I70.412	Athscl autol vein bypass of extrm w intrmt claud left leg	07/31/26
I70.222	Athscl native arteries of extremities w rest pain left leg	07/31/26
F17.210	Nicotine dependence cigarettes uncomplicated	07/31/26
D50.0	Iron deficiency anemia secondary to blood loss (chronic)	07/31/26
Z71.89	Other specified counseling	07/31/26
R11.0	Nausea	07/31/26
K59.00	Constipation unspecified	07/31/26

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

FLUDEOXYGLUCOSE F 18 16 g Chew every 15 minutes as needed for Low blood sugar.
IMODIUM 2 MG mg by mouth 4 times daily as needed for Diarrhea.
LIPITOR 40 MG tablet by mouth nightly
ONDANSETRON 4 MG tablet by mouth every 6 hours as needed for Nausea/Vomiting.
PROTONIX 40 MG mg by mouth nightly
PROVENTIL 2 puff by inhalation every 6 hours as needed for Wheezing.
TOPROL-XL 25 MG mg by mouth 2 times daily.
ULTRAM 50 MG mg by mouth every 6 hours as needed for Pain.
WELLBUTRIN 150 MG tablet by mouth daily
OXYBUTYNIN 5 MG mg by mouth daily.
LINZESS 145 mcg Oral daily as needed (constipation).
ASPIRIN 81 MG tablet by mouth nightly

14. DME and Supplies:
walker

15. Safety Measures:
walker precautions

16. Nutrition:
regular

17. Allergies:
Fentanyl - Agitation, Confusion. Per pt "after last surgery I was given fentanyl ar upset. I don't want that again". Sertraline - Rash, Agitation. Oxycodone - Confus

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
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: Yes

20. Prognosis: fair

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

Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home

Clinical Condition Requiring Homecare: LEG PAIN

SN Careplans

SN frequency Auth 232176890 WK1: 1 (07/31/26-08/01/26),Auth 232176890 WK2: 1 (08/02/26-08/08/26),Auth 232176890 WK3: 1 (08/09/26-08/15/26),Auth 232176890 WK4: 1 (08/16/26-08/22/26),Auth 232176890 WK5: 1 (08/23/26-08/29/26),Auth 232176890 WK6: 1 (08/30/26-09/05/26),Auth 232176890 WK7: 1 (09/06/26-09/12/26),Auth 232176890 WK8: 1 (09/13/26-09/19/26),Auth 232176890 WK9: 1 (09/20/26-09/26/26)

SN Goals

PATIENT-STATED GOAL: Strengthen

GOALS
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 07/31/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
NATALIE OKERSON-SPARKS
419 S CORAL ST
KALKASKA, MI 49646-2503
PHONE: (231) 258-7777 FAX: 12312587786 NPI: 1972503324

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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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: 7. Currently taking 5 or more medications

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:None on file

08/05/2026 Problems : M1400 - Dyspnea
M2020 - Oral Med Management
B1000 - Vision Deficit
D0160 - Depression

PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: monitor graft sight for s/sx of infection. cleanse daily with soap and water and leave open to air., coordinate/arrange resources for vision-impaired

TEACH PATIENT/CAREGIVER: patient self-administers medications as prescribed, related medication(s) purpose, schedule

PT Careplans

PT frequency Auth 232176890 WK2: 1 (08/02/26-08/08/26)

09/10/2026 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
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170M1 - 1 - Step (curb)
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170P1 - Picking Up Object
GG0170E1 - Chair to Bed to Chair

PROCEDURES: home exercise program, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

PT Goals

OT Careplans

OT frequency Auth 232176890 WK2: 1 (08/02/26-08/08/26)

08/18/2026 Problems : M1400
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating
GG0130F1 - Upper Body Dressing

OT Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	07/31/2026

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Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	07/31/2026