

Home Health Certification and Plan of Care				Order ID: 1195/1335	
1. Patient s HI claim No. H90390575		2. Start Of Care Date 08/26/2026		3. Certification Period From: 08/26/2026 To: 10/24/2026	
		4. Medical Record No. 942		5. Provider No. 239350	
6. Patient's Name and Address Lawrence Smith 13015 M-32 Room 9, ATLANTA, MI 49709- (989) 350-5377				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 05/28/1962				9.Sex Male	
11. ICD S32.010D		Principal Diagnosis Wedge comprsn fx first lum vert subs for fx w routn heal		Date 08/26/26	
13. ICD J44.9 L03.114 F33.9 S32.020D		Other Pertinent Diagnoses Chronic obstructive pulmonary disease unspecified Cellulitis of left upper limb Major depressive disorder recurrent unspecified Wedge comprsn fx second lum vert subs for fx w routn heal		Date 08/26/26 08/26/26 08/26/26 08/26/26	
M47.26 M41.86 M48.00 F63.9		Other spondylosis with radiculopathy lumbar region Other forms of scoliosis lumbar region Spinal stenosis site unspecified Impulse disorder unspecified		Date 08/26/26 08/26/26 08/26/26 08/26/26	
14. DME and Supplies: walker				15. Safety Measures: walker precautions, medication safety, , fall precautions, ambulates with device	
16. Nutrition: regular				17. Allergies: no known allergies	
18.A. Functional Limitations Endurance, Hearing, Ambulation				18.B. Activities Permitted Independent at Home, Up As Tolerated, Walker	
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: 4. Always, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
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 PT: patient will be responsible for managing treatment	
Homebound status: medical condition could get worse if patient leaves home					
Clinical Condition - Discharge order dated 08/21/2026 directs discharge home on/after 08/23/2026 with Home Health Care Services: Licensed Nurse, Home Health Aide, PT, and OT. - Requiring Homecare: Recent facility care followed admission on 08/06/2026 after an acute-care hospital stay at Otsego Memorial Hospital. Active problems include wedge compression fractures of the first and second lumbar vertebrae with routine healing, impaired mobility requiring PT/OT, COPD, left upper-limb cellulitis/wound care, and behavioral health diagnoses. Active orders also include TLSO brace use when out of bed, therapy evaluations/treatment, left elbow wound care, respiratory medications, pain medication, and other scheduled/PRN medications.					
SN Careplans SN frequency Auth 233769329 WK1: 1 (08/26/26-08/29/26),Auth 233769329 WK2: 1 (08/30/26-09/05/26),Auth 233769329 WK3: 1 (09/06/26-09/12/26),Auth 233769329 WK4: 1 (09/13/26-09/19/26),Auth 233769329 WK6: 1 (09/27/26-10/03/26),Auth 233769329 WK8: 1 (10/11/26-10/17/26),Auth 233769329 WK9: 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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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 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				SN Goals PATIENT-STATED GOAL: Decrease pain and increase mobility and strength in back 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 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 * 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 patient/caregiver recalls	
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/26/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address LINDSEY GRACE 21258 WEST M-68 HWY. ONAWAY, MI 49765 PHONE: (989) 742-4583 FAX: 19893184606 NPI: 1518330257				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 : 08/24/2026	
27. Attending Physician's Signature and Date Signed 09/11/2026 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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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 08/26/2026 Problems : A1250 - Lack of Necessary Transportation M1720 - Anxiety D0700 - Social Isolation M1033 - Exhaustion Pain Effect on Sleep Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management Financial muscle weakness limited strength limited endurance abnormal electrolyte panel PROCEDURES: Wear back brace daily when awake: Pt must wear back brace daily when awake at all times due to fractures, assess compliance/ability to take on/off each visit, coordinate/arrange access to rent/utility assistance considering patient inability to pay, coordinate/arrange long-term socialization activities, coordinate/arrange transportation services 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 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, * 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 transportation needs are met, patient has access to rent/utility assistance considering inability to pay			* strategies to increase socialization * recalls related medication(s) purpose, schedule patient's transportation needs are met patient has access to rent/utility assistance considering inability to pay			
PT Careplans			PT Goals			
PT frequency Auth 233769329 WK1: 1 (08/26/26-08/29/26),Auth 233769329 WK2: 1 (08/30/26-09/05/26),Auth 233769329 WK3: 1 (09/06/26-09/12/26),Auth 233769329 WK4: 1 (09/13/26-09/19/26),Auth 233769329 WK5: 1 (09/20/26-09/26/26),Auth 233769329 WK6: 1 (09/27/26-10/03/26),Auth 233769329 WK7: 1 (10/04/26-10/10/26),Auth 233769329 WK8: 1 (10/11/26-10/17/26) 09/11/2026 Problems : GG0170D1 - Sit to Stand GG0170F1 - Toilet 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 GG0170G1 - Car Transfer GG0170E1 - Chair to Bed to Chair PROCEDURES: Manual Therapy: Manual therapy may include manually resisted or assisted range of motion to the joints of the right or left lower extremity; manual muscle stretching to decrease muscular tension and improve range of motion for improved transfers in and out of vehicle., 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 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 - 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, Car Transfer - 05. Setup or clean-up assistance			PATIENT-STATED GOAL: Patient Goal GOALS Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance Toilet Transfer - 06. Independent Sit to Stand - 05. Setup or clean-up assistance 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 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 Car Transfer - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance			
OT Careplans			OT Goals			
Signature of Physician:			Date			
			PAGE 2 of 3			
Optional Name/Signature of Nurse/Therapist:			Date			
Electronically Signed by LUBELAN, SAMANTHA RN SN			08/26/2026			

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OT frequency Auth 233769329 WK3: 1 (09/06/26-09/12/26),Auth 233769329 WK4: 1 (09/13/26-09/19/26) 09/08/2026 Problems : Pain Effect on Sleep Pain Interference with Therapy activities Pain Interference with ADLs M1400 GG0130B1 - Oral Hygiene GG0130C1 - Toileting Hygiene GG0130E1 - Shower/Bathe Self GG0130F1 - Upper Body Dressing GG0130G1 - Lower Body Dressing GG0130H1 - Don/Doff Footwear GG0130A1 - Eating				

Signature of Physician:	Date
	PAGE 3 of 3
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