# Home Health Certification and Plan of Care

**Order ID: 1195/1338**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 8EN1UM4GA20 | 08/26/2026 | From: 08/26/2026 To: 10/24/2026 | 952 | 239350 |

**6. Patient's Name and Address**
Roberta Tholl
344 S Estates Dr,
Gaylord, MI 49735-
(989) 390-2658

**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** 07/20/1954 | **9.Sex** Female

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| G93.41 | Metabolic encephalopathy | 08/26/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|
| I26.99 | Other pulmonary embolism without acute cor pulmonale | 08/26/26 |
| I10. | Essential (primary) hypertension | 08/26/26 |
| E78.5 | Hyperlipidemia unspecified | 08/26/26 |
| R53.1 | Weakness | 08/26/26 |
| R29.6 | Repeated falls | 08/26/26 |
| Z74.1 | Need for assistance with personal care | 08/26/26 |
| R41.841 | Cognitive communication deficit | 08/26/26 |
| R41.0 | Disorientation unspecified | 08/26/26 |

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

ALLOPURINOL 300 MG tablet by mouth one time a day for gout
LATANOPROST 1 drop in both eyes at bedtime for eye pressure
LOSARTAN POTASSIUM 50 MG tablet by mouth one time a day for Hypertension
Miralax - Polyethylene Glycol 3350 17 mg by mouth once a day
PRIMIDONE 250 MG tablet by mouth at bedtime for anticonvulsant
TYLENOL 325 MG tablet by mouth every 4 hours as needed for mild to moderate pain
ATORVASTATIN 40 MG tablet by mouth one time a day for cholesterol
FLUTICASONE 2 spray in each nostril every 12 hours as needed for allergies
Eliquis - Apixaban 5mg by mouth twice a day
ASPIRIN 81 MG tablet by mouth one time a day for heart health

**14. DME and Supplies:**
walker

**15. Safety Measures:**
walker precautions, standard precautions, fall precautions,

**16. Nutrition:**
regular

**17. Allergies:**
Dust

**18.A. Functional Limitations**
Ambulation

**18.B. Activities Permitted**
Up As Tolerated, 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:** 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

**Homebound status:** Absences from the home require considerable and taxing effort and infrequent or short duration. Absences from the home are for medical or religious reasons only

**Clinical Condition Requiring Homecare:** G93.41 METABOLIC ENCEPHALOPATHY. Roberta has an unsteady gait, poor balance and will need Physical Therapy services and Occupational Therapy for ADL functioning, strengthening, endurance, balance and to promote home safety and education.

## SN Careplans

SN frequency Auth ID 698 WK1: 1 (08/26/26-08/29/26),Auth ID 698 WK2: 1 (08/30/26-09/05/26),Auth ID 698 WK3: 1 (09/06/26-09/12/26),Auth ID 698 WK4: 1 (09/13/26-09/19/26),Auth ID 698 WK5: 1 (09/20/26-09/26/26),Auth ID 698 WK6: 1 (09/27/26-10/03/26),Auth ID 698 WK7: 1 (10/04/26-10/10/26),Auth ID 698 WK8: 1 (10/11/26-10/17/26),Auth ID 698 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: 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), 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:DNR (Do Not Resuscitate)

## SN Goals

PATIENT-STATED GOAL: Get stronger

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

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

**23. Signature and Date of Verbal SOC Where Applicable:**
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 08/26/2026

**25. Date HHA Received Signed POT**

**24. Physician's Name and Address**
BECKY ASHLEY
101 JENSON STREET
GAYLORD, MI 49735
PHONE: (989) 732-4422 FAX: 19897324402 NPI: 1427080381

**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 : 08/25/2026

**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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08/26/2026 Problems : M1400 - Dyspnea
M2020 - Oral Med Management
swelling in the arms/legs
limited strength
muscle weakness
B1000 - Vision Deficit

PROCEDURES: Fall precautions: Educate patient on fall prevention, Fall precautions: Educate patient on fall prevention, cough/deep breathing exercises, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, coordinate/arrange resources for vision-impaired

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 keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule

## PT Careplans

PT frequency Auth ID 699 WK2: 1 (08/30/26-09/05/26)

09/07/2026 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
GG0170M1 - 1 - Step (curb)
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170P1 - Picking Up Object
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170E1 - Chair to Bed to Chair

PROCEDURES: home exercise program, 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 - 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, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

## PT Goals

PATIENT-STATED GOAL: add patient-stated goal

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

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

12 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

## OT Careplans

OT frequency Auth ID 700 WK2: 1 (08/30/26-09/05/26)

09/05/2026 Problems : Pain Interference with ADLs
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:

Electronically Signed by GRANDCHAMP, SAVANNAH SN RN

Date

08/26/2026