Home Health Certification and Plan of Care

Order ID: 1195/1335

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H90390575	08/26/2026	From: 08/26/2026 To: 10/24/2026	942	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	Principal Diagnosis	Date
S32.010D	Wedge comprsn fx first lum vert subs for fx w routn heal	08/26/26

13. ICD	Other Pertinent Diagnoses	Date
J44.9	Chronic obstructive pulmonary disease unspecified	08/26/26
L03.114	Cellulitis of left upper limb	08/26/26
F33.9	Major depressive disorder recurrent unspecified	08/26/26
S32.020D	Wedge comprsn fx second lum vert subs for fx w routn heal	08/26/26
M47.26	Other spondylosis with radiculopathy lumbar region	08/26/26
M41.86	Other forms of scoliosis lumbar region	08/26/26
M48.00	Spinal stenosis site unspecified	08/26/26
F63.9	Impulse disorder unspecified	08/26/26

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

ACETAMINOPHEN 500 MG tablet by mouth every 6 hours as needed for Wedge Compression Fx (L1,L2) (S32.020A)
ALBUTEROL 2 puff inhalation every 4-6 hours as needed for wheezing for CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED (J44.9)
GABAPENTIN 300 MG capsule by mouth three times a day for PERSONAL HISTORY OF TRAUMATIC BRAIN INJURY (Z87.820)
Methocarbamol - Methocarbamol 500 mg 1 tab by mouth three times a day
MIRTAZAPINE 15 MG Tablet by mouth at bedtime for F33.9 Major Depressive Disorder
FLUTICASONE 1 inhalation orally one time a day for CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED (J44.9)
MULTIPLE VITAMIN 1 tablet by mouth one time a day of Supplement
OXYCODONE 5 MG tablet by mouth every 6 hours as needed for pain for WEDGE COMPRESSION FRACTURE(S32.020D)
Sertraline - Sertraline Hydrochloride 50mg 3 tab by mouth once a day
Pregabalin - Pregabalin 75mg 1 tab by mouth three times a day

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 & Pyschosocial 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 Requiring Homecare: - 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. - 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 : 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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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 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

PT Goals

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

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by LUBELAN, SAMANTHA RN SN

Date

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

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/26/2026