Home Health Certification and Plan of Care

Order ID: 1195/1342

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
1GX7JF5NT51	08/28/2026	From: 08/28/2026 To: 10/26/2026	216-1	239350

6. Patient's Name and Address

Betty Berry
3250 PARK RD,
Luzerne, MI 48636-
(989) 889-1876

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 04/09/1950 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
N10.	Acute pyelonephritis	08/28/26

13. ICD	Other Pertinent Diagnoses	Date
A41.52	Sepsis due to Pseudomonas	08/28/26
I21.A1	Myocardial infarction type 2	08/28/26
B96.20	Unsp Escherichia coli as the cause of diseases classd elswhr	08/28/26
Z16.24	Resistance to multiple antibiotics	08/28/26
Z96.0	Presence of urogenital implants	08/28/26
E66.01	Morbid (severe) obesity due to excess calories	08/28/26
Z68.41	Body mass index [BMI] 40.0-44.9 adult	08/28/26
G31.84	Mild cognitive impairment of uncertain or unknown etiology	08/28/26
F41.9	Anxiety disorder unspecified	08/28/26
E03.9	Hypothyroidism unspecified	08/28/26
G20.B1	Parkinson's dis with dyskinesia w/o mention of fluctuations	08/28/26
K90.0	Celiac disease	08/28/26
J90.	Pleural effusion not elsewhere classified	08/28/26
I71.40	Abdominal aortic aneurysm without rupture unspecified	08/28/26
D35.02	Benign neoplasm of left adrenal gland	08/28/26
I73.9	Peripheral vascular disease unspecified	08/28/26
Z87.442	Personal history of urinary calculi	08/28/26
Z96.651	Presence of right artificial knee joint	08/28/26

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

ALBUTEROL 2 puffs orally every 4 hours as needed for wheezing
AMANTADINE HYDROCHLORIDE 100 MG tablet by mouth two times a day
Excedrin (Migraine) - Acetaminophen: Aspirin: Caffeine 250 mg;250 mg;65 mg 1-2 tabs by mouth as necessary
FLUOXETINE 20 MG tablet by mouth one time a day
LEVOTHYROXINE 1 tablet by mouth one time a day for low thyroid hormone
ATORVASTATIN 20 MG tablet by mouth at bedtime
LACTOBACILLUS 2 capsule by mouth two times a day for restore normal flora in gut for 10 Days
DUTASTERIDE AND TAMSULOSIN HYDROCHLORIDE 0.4 MG capsule by mouth at bedtime
Carbidopa-Levodopa Oral Tablet 25-100 MG (Carbidopa-Levodopa) 100 MG tablet by mouth four times a day

14. DME and Supplies:

grab bars, bath bench, rolling walker, wheelchair, power wheelchair

15. Safety Measures:

walker precautions, medication safety, fall precautions, , ambulates with device, , transfer with assist, standard precautions, bathroom safety

16. Nutrition:

gluten free

17. Allergies:

Gluten, Lactose

18.A. Functional Limitations

Endurance, Ambulation, Bowel/Bladder Incontinence

18.B. Activities Permitted

Up As Tolerated, Walker, , Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

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: family/caregiver will be responsible for managing treatment
PT: family/caregiver will be responsible for managing treatment
OT: family/caregiver will be responsible for managing treatment

Homebound status: Reliant upon caregiver

Clinical Condition Requiring Homecare: Aftercare for surgery/procedure

SN Careplans

SN frequency Auth ID 680 WK1: 1 (08/28/26-08/29/26),Auth ID 680 WK2: 1 (08/30/26-09/05/26),Auth ID 680 WK3: 1 (09/06/26-09/12/26),Auth ID 680 WK4: 1 (09/13/26-09/19/26),Auth ID 680 WK5: 1 (09/20/26-09/26/26),Auth ID 680 WK6: 1 (09/27/26-10/03/26),Auth ID 680 WK7: 1 (10/04/26-10/10/26),Auth ID 680 WK8: 1 (10/11/26-10/17/26),Auth ID 680 WK9: 1 (10/18/26-10/24/26),Auth ID 680 WK10: 1 (10/25/26-10/26/26)

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), 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

SN Goals

PATIENT-STATED GOAL: Prevent further UTIs;Improve mobility and endurance

GOALS
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
* 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
* depression-prevention strategies including avoidance of isolation

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/28/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

KERI HODGINS
2110 M-76, SUITE 6
WEST BRANCH, MI 48661
PHONE: (989) 345-1184 FAX: 19893457910 NPI: 1851333736

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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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

08/28/2026 Problems : M1720 - Anxiety
D0700 - Social Isolation
M1600 - UTI
M1610 - Urinary Incontinence
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
coughing
daytime fatigue
balance deficit
involuntary movement of extremity
limited strength
muscle weakness
limited endurance
constipation
loss of appetite
obesity
abnormal thyroid <> 0.40 - 4.50 mIU/mL
D0160 - Depression

PROCEDURES: cough/deep breathing exercises, incentive spirometer, bladder training, coordinate/arrange long-term socialization activities

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, * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, * urinary incontinence management including bladder training Kegel exercises skin care, 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

* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

PT Careplans

PT frequency Auth ID 681 WK2: 1 (08/30/26-09/05/26),Auth ID 681 WK4: 2 (09/13/26-09/19/26),Auth ID 681 WK5: 2 (09/20/26-09/26/26),Auth ID 681 WK6: 1 (09/27/26-10/03/26),Auth ID 681 WK7: 1 (10/04/26-10/10/26)

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
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170S1 - Wheel 150 feet
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170E1 - Chair to Bed to Chair

PROCEDURES: wheelchair training, home exercise program, gait training/stair training, transfers training

PT Goals

PATIENT-STATED GOAL: Improve mobility and endurance

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Wheel 50 ft w 2 Turns - 06. Independent

Walk 10 Feet - 04. Supervision or touching assistance

Wheel 150 feet - 06. Independent

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/28/2026

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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, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Walk 10 ft on Uneven Surface - 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 682 WK2: 1 (08/30/26-09/05/26),Auth ID 682 WK4: 1 (09/13/26-09/19/26),Auth ID 682 WK6: 1 (09/27/26-10/03/26)

09/05/2026 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

PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program, 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, * 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, Oral Hygiene - 06. Independent, Toileting Hygiene - 03. Partial/moderate assistance, Shower/Bathe Self - 06. Independent, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent

OT Goals

PATIENT-STATED GOAL: Improve mobility and endurance

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 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 03. Partial/moderate assistance

Shower/Bathe Self - 06. Independent

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

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

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

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/28/2026