Home Health Certification and Plan of Care

Order ID: 1195/1348

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
102263761400	03/02/2026	From: 08/29/2026 To: 10/27/2026	182	239350

6. Patient's Name and Address
DAVID BOUGHNER
5832 TONAWANDA TRAIL,
GAYLORD, MI 49735
(989) 448-5576

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 10/16/1976 **9.Sex** Male

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

Motrin - Ibuprofen 800 mg 800 MG / 1 Tablet by mouth as necessary Once a day as needed for pain
Baclofen - Baclofen 20 MG / 1 Tablet by mouth three times a day 40 mg total at evening dose.
Sertraline Hcl - Sertraline Hydrochloride 100 MG / 1 Tablet by mouth once a day
Atorvastatin Calcium - Atorvastatin Calcium 20 MG / 1 Tablet by mouth once a day

11. ICD	Principal Diagnosis	Date
L89.324	Pressure ulcer of left buttock stage 4	03/02/26

13. ICD	Other Pertinent Diagnoses	Date
G82.21	Paraplegia complete	03/02/26
S24.102S	Unsp injury at T2-T6 level of thoracic spinal cord sequela	03/02/26
Z46.6	Encounter for fitting and adjustment of urinary device	03/02/26
Z79.899	Other long term (current) drug therapy	03/02/26
Z99.3	Dependence on wheelchair	03/02/26

14. DME and Supplies:
grab bars, wheelchair, hoyer lift, ostomy supplies, shower wheelchair

15. Safety Measures:
wheelchair precautions, , , transfer with assist, fall precautions, Universal/infection precautions, Proper use of assistive devices, Keep pathways clear

16. Nutrition:
regular, liquids

17. Allergies:
no known allergies

18.A. Functional Limitations
Paralysis, Ambulation

18.B. Activities Permitted
Wheelchair, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 4. Is totally dependent in toileting., ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: good

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
SN: family/caregiver will be responsible for managing treatment

Homebound status: There exists a normal inability to leave the home.

Clinical Condition Requiring Homecare: Skilled Nursing to Assess and Eval wound care, cath care, ostomy care, vitals, assessment due to Pressure ulcer of left hip, stage 4

SN Careplans

SN frequency Auth ID 705 WK2: 3 (08/30/26-09/05/26),Auth ID 705 WK3: 3 (09/06/26-09/12/26),Auth ID 705 WK4: 3 (09/13/26-09/19/26),Auth ID 705 WK5: 3 (09/20/26-09/26/26),Auth ID 705 WK6: 3 (09/27/26-10/03/26),Auth ID 705 WK7: 3 (10/04/26-10/10/26),Auth ID 705 WK8: 3 (10/11/26-10/17/26),Auth ID 705 WK9: 3 (10/18/26-10/24/26),Auth ID 705 WK10: 3 (10/25/26-10/27/26)

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: 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:Do not resuscitate (DNR) orders

08/26/2026 Problems : muscle weakness
limited strength
limited endurance

PROCEDURES: Assess skin integrity at every visit: Assess head to toe, especially lower extremities for any injuries/pressure ulcers due to paraplegia, physician-ordered wound care: Pressure ulcer stage 4

SN Goals

PATIENT-STATED GOAL: care for wound and make sure it doesn't get worse.

GOALS
patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* 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/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

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
LAURA CHRISTOPHER
5085 ANNA DR STE B& C T
RAVERSE CITY, MI 49684-7475
PHONE: (231) 935-5900 FAX: 12319355907 NPI: 1558839696

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 : 08/28/2026

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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wound care- Clean with wound cleanser, insert 2 collagen prisma, calcium alginate applied over prismas, cover with silicone foam dressing, catheter change, care & irrigation: Change catheter Q 30 days

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, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	08/26/2026