Home Health Certification and Plan of Care

Order ID: 1195/1346

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
4GA3TF2NE11	06/29/2026	From: 08/28/2026 To: 10/26/2026	776	239350

6. Patient's Name and Address
Barbara Dice
10930 PARK DR ATLANTA MI 49709-0000,
ATLANTA, MI 49709-
0000000000

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 09/28/1943 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
M71.21	Synovial cyst of popliteal space [Baker] right knee	06/29/26

13. ICD	Other Pertinent Diagnoses	Date
R26.89	Other abnormalities of gait and mobility	06/29/26
I10.	Essential (primary) hypertension	06/29/26
E78.5	Hyperlipidemia unspecified	06/29/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	06/29/26
J84.9	Interstitial pulmonary disease unspecified	06/29/26
R32.	Unspecified urinary incontinence	06/29/26
J44.9	Chronic obstructive pulmonary disease unspecified	06/29/26
M17.9	Osteoarthritis of knee unspecified	06/29/26

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

Amlodipine Besylate - Amlodipine Besylate eq 10 mg base 1 tablet by mouth once a day
Furosemide - Furosemide 20 mg 1 tablet by mouth in the morning
Oxybutynin Chloride - Oxybutynin Chloride 10 mg 1 tablet by mouth at bedtime
Polyethylene Glycol 3350 - Polyethylene Glycol 3350 1 packet by mouth once a day
Aspirin - Aspirin 325 mg - 1 tablet by mouth once a day
CareAll Naproxen 220 mg -1 tablet by mouth once a day

14. DME and Supplies:
rolling walker

15. Safety Measures:
fall precautions, standard precautions, ambulates with device

16. Nutrition:
cardiac diet

17. Allergies:
no known allergies

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Exercises Prescribed, Walker

19. Mental & Pyschosocial Status: COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:

20. Prognosis: fair

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

22.B.Discharge Plans
PT: patient will be responsible for managing treatment

Homebound status: Residual weakness, There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort, because of illness or injury, the person needs the following in order to leave their place of residence, the aid of supportive device(s): Walker, the assistance of another person, Knee Pain, Gait Deviations, Fall Risk

Clinical Condition Requiring Homecare: Synovial cyst of popliteal space [Baker], right knee

SN Careplans

SN Goals

PT Careplans

PT frequency Auth ID 696 WK2: 1 (08/30/26-09/05/26),Auth ID 696 WK3: 1 (09/06/26-09/12/26),Auth ID 696 WK4: 1 (09/13/26-09/19/26),Auth ID 696 WK5: 1 (09/20/26-09/26/26),Auth ID 696 WK6: 1 (09/27/26-10/03/26),Auth ID 696 WK7: 1 (10/04/26-10/10/26),Auth ID 696 WK8: 1 (10/11/26-10/17/26),Auth ID 696 WK9: 1 (10/18/26-10/24/26),Auth ID 696 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: 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), 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 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.

PT Goals

PATIENT-STATED GOAL: Regain independence

GOALS
Toilet Transfer - 06. Independent

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

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

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

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by ORR, DANIEL PT on 08/24/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
WAYNE MCEWEN
11899 M 32
ATLANTA, MI 49709-9374
PHONE: (989) 785-4855 FAX: 19893184606 NPI: 1437101680

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 : 06/19/2026

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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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:No Advance Directive

08/27/2026 Problems : limited strength
limited endurance

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., Therapy Procedures: Physical therapist to provide interventions including the following: monitor vital signs, provide education regarding health condition, comorbidities, pressure injury prevention and management, nutrition, and pain management. May educate on medications in accordance with physician instructions. PT may provide home exercise program, therapeutic exercises and activities, neuromuscular re-education; transfer, stair, gait, bed mobility and/or balance training, manual therapy, fall prevention strategies and assistive/orthotic device application and training., cough/deep breathing exercises, incentive spirometer, bladder training, 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.

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, 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 - 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, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by ORR, DANIEL PT

Date

08/24/2026