Home Health Certification and Plan of Care

Order ID: 1195/1406

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
H72475841	08/10/2026	From: 08/10/2026 To: 10/08/2026	896	239350

6. Patient's Name and Address
Janice Payne
1364 N Perry Creek Rd,
MIO, MI 48647-
(330) 495-0349

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 11/20/1950 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N39.0	Urinary tract infection site not specified	08/10/26

13. ICD	Other Pertinent Diagnoses	Date
E86.0	Dehydration	08/10/26
N17.9	Acute kidney failure unspecified	08/10/26
N18.30	Chronic kidney disease stage 3 unspecified	08/10/26
S82.62XD	Disp fx of lateral malleolus of l fibula 7thD	08/10/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	08/10/26
J44.9	Chronic obstructive pulmonary disease unspecified	08/10/26
I10.	Essential (primary) hypertension	08/10/26
E03.9	Hypothyroidism unspecified	08/10/26
N20.0	Calculus of kidney	08/10/26
F41.9	Anxiety disorder unspecified	08/10/26

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

Keflex - Cephalexin eq 500 mg base 1 tab by mouth every 12 hours
Pantoprazole - Pantoprazole Sodium 40 mg 1 tab by mouth once a day
Wellbutrin Xl - Bupropion Hydrochloride 300 mg 1 tab by mouth once a day
Zantac 150 - Ranitidine Hydrochloride eq 150 mg base 1 tab by mouth once a day
Asa 81 Mg - Aspirin 1 tab by mouth once a day
Trazadone - Trazodone Hydrochloride 100mg/1 tab by mouth once a day
Tylenol Es - Acetaminophen 500-1000mg/1-2 tab(s) by mouth every 6 hours PRN for pain
Vitamin D-3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1250mcg/1 cap by mouth once a week Once weekly on Mondays
Tums - Simethicone 750mg/1 tab by mouth as necessary PRN

14. DME and Supplies:
wheelchair, commode, walker

15. Safety Measures:
medication safety, fall precautions, , standard precautions, wheelchair precautions, cardiac precautions

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
Amitriptyline Hydrochloride, codeine, Darvon, iron containing compounds, Mepe

18.A. Functional Limitations
Endurance, Hearing, Ambulation

18.B. Activities Permitted
Walker, Wheelchair

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions!3. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.!6. Delusional, hallucinatory, or paranoid behavior, 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

Homebound status: Symptoms identified support difficulty to leave home for medical services required.

Clinical Condition Requiring Homecare: Symptoms identified support difficulty to leave home for medical services required., debility, weakness

SN Careplans

SN frequency Auth 232930085 WK1: 1 (08/10/26-08/15/26),Auth 232930085 WK2: 2 (08/16/26-08/22/26),Auth 232930085 WK3: 1 (08/23/26-08/29/26),Auth 232930085 WK4: 1 (08/30/26-09/05/26),Auth 232930085 WK5: 1 (09/06/26-09/12/26),Auth 232930085 WK6: 1 (09/13/26-09/19/26),Auth 232930085 WK7: 1 (09/20/26-09/26/26),Auth 232930085 WK8: 1 (09/27/26-10/03/26),Auth 232930085 WK9: 1 (10/04/26-10/08/26)

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), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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, 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

SN Goals

PATIENT-STATED GOAL: Be more independent

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
* 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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/10/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
EVAN GRAVEDONI
1320 E M 32
gaylord, MI 49735
PHONE: (989) 731-5092 FAX: (989) 705-8323 NPI: 1083326557

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 : 08/07/2026

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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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:Durable power of attorney for health care/Medical power of attorney

08/10/2026 Problems : M1720 - Anxiety
M1745 - Behavioral Issues
M1600 - UTI
M1610 - Urinary Incontinence
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
headache
sensitivity to sounds & light
balance deficit
daytime fatigue
difficulty sleeping
limited range of motion
muscle weakness
limited strength
limited endurance
dark-colored urine
cloudy urine
painful urination
nausea/vomiting
B0200 - Hearing Deficit
D0160 - Depression
M2102d - Caregiver Performs Treatment

PROCEDURES: HHA: HHA frequency: twice per week for assistance with bathing, dressing, grooming, mobility., cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, bladder training, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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, * 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver performs medical/rehabilitation treatments with adequate competence

* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

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

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/10/2026