Home Health Certification and Plan of Care

Order ID: 1195/1430

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7M58N98VM43	07/04/2026	From: 09/02/2026 To: 10/31/2026	470	239350

6. Patient's Name and Address
SHIRLEY BILLS
165 SITTING BULL RD,
ALPENA, MI 49707-
(989) 354-4682

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 10/14/1935 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I69.351	Hemiplga following cerebral infrc aff right dominant side	07/04/26

13. ICD	Other Pertinent Diagnoses	Date
S62.640D	Nondisp fx of prox phalanx of r idx fngr 7thD	07/04/26
S62.642D	Nondisp fx of prox phalanx of r mid fngr 7thD	07/04/26
I87.2	Venous insufficiency (chronic) (peripheral)	07/04/26
E11.9	Type 2 diabetes mellitus without complications	07/04/26
I11.0	Hypertensive heart disease with heart failure	07/04/26
I50.9	Heart failure unspecified	07/04/26
I69.320	Aphasia following cerebral infarction	07/04/26
F41.9	Anxiety disorder unspecified	07/04/26
W19.XXXD	Unspecified fall subsequent encounter	07/04/26
Z79.01	Long term (current) use of anticoagulants	07/04/26
Z79.51	Long term (current) use of inhaled steroids	07/04/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	07/04/26
Z99.3	Dependence on wheelchair	07/04/26
Z91.81	History of falling	07/04/26

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

ALBUTEROL 108 (90 Base) MCG/ACT - 2 puffs inhalant every 4 hours PRN for wheezing
ALLOPURINOL 300 mg 1 Tab(s) by mouth once a day
BRIMONIDINE TARTRATE 0.2 % - 1 drop both eyes twice a day
FUROSEMIDE 40 mg 2 tablets by mouth twice a day ac (breakfast & dinner)
GLIPIZIDE 5 MG Tab(s) po bid ac (breakfast & dinner) Administered By: Patient
LATANOPROST 0.005 perc 1 drop both eyes in the evening Administered By: Patient
LOVASTATIN 40 mg 1 tablet by mouth in the evening Administered By: Patient
NYSTATIN 100,000 units/gm 1 application transdermal twice a day PRN for yeast
CITALOPRAM 20 mg - 1 tablet by mouth once a day Administered By: Patient
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325 mg - 1 tablet by mouth once a day wf (Breakfast)
METFORMIN 500 mg - 1 tablet by mouth once a day wf (breakfast)
METOPROLOL 50 mg - 1 tablet by mouth twice a day Administered By: Patient
POTASSIUM 10 MEQ - 1 tablet by mouth once a day Administered By: Patient
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 5000 IU, 1 capsule daily by mouth once a day
ACCU CHECKS 100 MG Cap(s) po bid PRN const Administered By: Patient
PRESERVISION 1 capsule po twice a day Administered By: Patient
Xarelto - Rivaroxaban 2.5 mg - 1 tablet by mouth twice a day
Bariatric Multivitamins Oral Tablet 1 Tab(s) by mouth once a day
Budesonide-Formoterol Fumarate Inhalation Aerosol 80-4.5 MCG/ACT 80-4.5 MCG/ACT - 2 puffs inhalant twice a day
ECK Docusate Sodium 100 mg - 1 capsule by mouth twice a day PRN for const
GNCF Magnesium Oxide Oral Tablet 400 MG 400 mg - 1 tablet by mouth once a day Administered By: Patient
GMP Turmeric Joint Oral Capsule 1 Cap(s) by mouth once a day Administered By: Patient

14. DME and Supplies:
rolling walker, wheelchair, Hemi walker

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

16. Nutrition:
Unknown

17. Allergies:
amoxicillin

18.A. Functional Limitations
Endurance, Ambulation, , Contracture,

18.B. Activities Permitted
Exercises Prescribed, Walker, Wheelchair

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: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: R LE flex. AAROM 90 deg, HISTORY OF DEPRESSION:

20. Prognosis: good

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

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

Homebound status: Leaving home requires a considerable and taxing effort

Clinical Condition Requiring Homecare: Fall

SN Careplans

SN frequency Auth ID 702 WK1: 1 (09/02/26-09/05/26),Auth ID 702 WK2: 1 (09/06/26-09/12/26),Auth ID 702 WK3: 1 (09/13/26-09/19/26),Auth ID 702 WK4: 1 (09/20/26-09/26/26),Auth ID 702 WK5: 1 (09/27/26-10/03/26),Auth ID 702 WK6: 1 (10/04/26-10/10/26),Auth ID 702 WK7: 1 (10/11/26-10/17/26),Auth ID 702 WK8: 1 (10/18/26-10/24/26),Auth ID 702 WK9: 1 (10/25/26-10/31/26)

09/02/2026 Problems : bruising/discoloration
open sores/lesions
weak hand grips
limited range of motion
muscle weakness

PROCEDURES: Wound management : Completed wound care to right hand by cleansing with wound

SN Goals

PATIENT-STATED GOAL: Heal wound

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 keep home safe for patient with dementia
* coping strategies for the caregiver* recalls related medication(s) purpose,

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN on 08/31/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
CHRISTY WERTH
211 LONG RAPIDS RD
ALPENA, MI 49707-1315
PHONE: (989) 354-2142 FAX: 19893548600 NPI: 1750390498

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 : 07/04/2026

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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cleanser, patting dry, applying xeroform to wound bed, and wrap with kirlex gauze., cough/deep breathing exercises, incentive spirometer, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion

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 keep home safe for patient with dementia coping strategies for the caregiver*, 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 patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

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 patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

meal preparation is available to patient for all meals

PT Careplans

PT frequency Auth ID 776 WK2: 1 (09/06/26-09/12/26),Auth ID 776 WK3: 1 (09/13/26-09/19/26),Auth ID 776 WK4: 1 (09/20/26-09/26/26),Auth ID 776 WK5: 1 (09/27/26-10/03/26),Auth ID 776 WK6: 1 (10/04/26-10/10/26),Auth ID 776 WK7: 1 (10/11/26-10/17/26),Auth ID 776 WK8: 1 (10/18/26-10/24/26),Auth ID 776 WK9: 1 (10/25/26-10/31/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 94 > 101.0, heart rate < 50 > 100, respiratory rate < 12 > 20, blood pressure systolic < 90 > 150, blood pressure diastolic < 50 > 100, O2 saturation < 90 > 100, pain < 0 > 7

CAREGIVER: --

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 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, 9. Other risk(s) not listed in 1- 8

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:No Advance Directive

09/05/2026 Problems : pain radiating to arms/legs (NR)
impaired speech (NR)
balance deficit (NR)
poor muscle tone (MS)
limited strength (MS)
limited endurance (MS)
#2 - Other - Posterior Right Hand -
#1 - Observable Stasis Ulcer - Other - right leg -

PROCEDURES: physician-ordered wound care: #2 - Other - Posterior Right Hand -, physician-ordered wound care: #1 - Observable Stasis Ulcer - Other - right leg -, Gait and/or Balance Training: Gait and/or Balance Training with assistive device or assistance., cough/deep breathing exercises, wheelchair training, home exercise program: Therapist

PT Goals

PATIENT-STATED GOAL: Regain independence

GOALS
patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

Chair to Bed to Chair - 02. Substantial/maximal assistance

Sit to Stand - 04. Supervision or touching assistance

Toilet Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Car Transfer - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by GRANDCHAMP, SAVANNAH SN RN	08/31/2026

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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, transfers training

TEACH PATIENT/CAREGIVER: * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, Chair to Bed to Chair - 02. Substantial/maximal assistance, Sit to Stand - 04. Supervision or touching assistance, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Car Transfer - 04. Supervision or touching assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
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