

Home Health Certification and Plan of Care				Order ID: 1195/1427	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
987590273		08/31/2026		From: 08/31/2026 To: 10/29/2026	
4. Medical Record No.			5. Provider No.		
956			239350		
6. Patient's Name and Address John Cayce 372 N Lawn Street, Alpena, MI 49707- (520)869-4686			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 06/04/1953 9.Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD Principal Diagnosis		Date		FLUOXETINE 20 mg oral every day in the morning	
F03.918 Unsp dementia unsp severity with other behavioral disturb		08/31/26		GLIMEPIRIDE 2 mg oral every day	
13. ICD Other Pertinent Diagnoses		Date		JANUVIA 100 mg MOUTH EVERY DAY	
G47.00 Insomnia unspecified		08/31/26		LOSARTAN POTASSIUM 25 mg MOUTH EVERY DAY	
14. DME and Supplies: rolling walker, cane			15. Safety Measures: diabetic precautions, standard precautions, fall precautions,		
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET			17. Allergies: MANGO		
18.A. Functional Limitations Ambulation, Endurance			18.B. Activities Permitted Exercises Prescribed		
19. Mental & Pyschosocial Status: COGNITION: 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, ANXIETY: 3. During the day and evening, but not constantly, SOCIAL ISOLATION: 8. Patient unable to respond, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, 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 PT: family/caregiver will be responsible for managing treatment		
Homebound status: medical condition could get worse if patient leaves home					
Clinical Condition - Referral order dated 08/27/2026 is for Home Health Care / Home Health Evergreen. The referral lists repeated falls (R29.6) as the primary/billing diagnosis, with Requiring Homecare: generalized muscle weakness (M62.81) and dizziness and giddiness (R42) also documented. - Recent outpatient follow-up on 07/14/2026 addressed mood, sleep, and weakness in the setting of dementia with behavioral disturbance. Mood had improved after starting fluoxetine (Prozac), sleep remained good on trazodone, and weakness was ongoing. The note states that a nurse intake visit with home health had been completed and that physical therapy was scheduled for the following week. No hospitalization or acute inpatient stay is documented in the packet.					
SN Careplans			SN Goals		
PT Careplans PT frequency Auth ID 743 WK1: 1 (08/31/26-09/05/26),Auth ID 743 WK2: 1 (09/06/26-09/12/26),Auth ID 743 WK3: 1 (09/13/26-09/19/26),Auth ID 743 WK4: 1 (09/20/26-09/26/26),Auth ID 743 WK5: 1 (09/27/26-10/03/26),Auth ID 743 WK6: 1 (10/04/26-10/10/26),Auth ID 743 WK7: 1 (10/11/26-10/17/26),Auth ID 743 WK8: 1 (10/18/26-10/24/26),Auth ID 743 WK9: 1 (10/25/26-10/29/26) 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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance 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, 8. Currently reports exhaustion, 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			PT Goals PATIENT-STATED GOAL: regain independence GOALS patient/caregiver recalls * how to keep home safe for patient with dementia * coping strategies for the caregiver* 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 * healthy eating * sleeping habits * identification of activities that bring pleasure * 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 * strategies to minimize fatigue and exhaustion including work simplification * energy conservation * lifestyle changes * diet		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by ORR, DANIEL PT on 08/31/2026				25. Date HHA Received Signed POT	
24. Physician's Name and Address David Westphal 1185 US HIGHWAY 23 N alpena, MI 49707 PHONE: (989) 356-4049 FAX: (989) 358-3712 NPI: 1699349308			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 : 07/14/2026		
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. PAGE 1 of 3		

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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 09/01/2026 Problems : GG0170J1 - Walk 50 ft with 2 Turns GG0130A1 - Eating GG0130H1 - Don/Doff Footwear GG0130G1 - Lower Body Dressing GG0130F1 - Upper Body Dressing GG0130E1 - Shower/Bathe Self GG0130C1 - Toileting Hygiene GG0130B1 - Oral Hygiene GG0170L1 - Walk 10 ft on Uneven Surface GG0170E1 - Chair to Bed to Chair GG0170G1 - Car Transfer GG0170P1 - Picking Up Object GG0170O1 - 12 Steps GG0170N1 - 4 Steps GG0170M1 - 1 - Step (curb) GG0170K1 - Walk 150 Feet GG0170I1 - Walk 10 Feet GG0170F1 - Toilet Transfer GG0170D1 - Sit to Stand M1700 - Cognition M1745 - Behavioral Issues M1033 - Exhaustion M1400 - Dyspnea M2020 - Oral Med Management balance deficit limited strength limited endurance obesity M2102d - Caregiver Performs Treatment M2102c - Med Admin D0160 - Depression PROCEDURES: Physical Therapy Procedures and Protocols for PTA: Physical Therapist Assistant (PTA) may perform the procedures listed in this care plan with the exception of joint mobilization, and may progress interventions as reasonable and appropriate according to the procedures listed. Prior to providing or continuing care, PTA must immediately notify and speak with supervising PT by phone call if the patient experiences a significant, unanticipated change in condition, functional status, or response to treatment., cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, coordinate/arrange caregiver support to prevent caregiver physical, emotional and mental exhaustion, 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., equipment training, work simplification/energy conservation, gait training/stair training, transfers training, teach/coordinate/arrange medication packaging and/or administration 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, * 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, * 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 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, 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		* recalls related medication(s) purpose, schedule patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule caregiver administers and/or packages medications appropriately caregiver performs medical/rehabilitation treatments with adequate competence Sit to Stand - 05. Setup or clean-up assistance Chair to Bed to Chair - 05. Setup or clean-up assistance Toilet Transfer - 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 12 Steps - 04. Supervision or touching assistance Car Transfer - 05. Setup or clean-up assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Picking Up Object - 04. Supervision or touching assistance Oral Hygiene - 05. Setup or clean-up assistance Toileting Hygiene - 05. Setup or clean-up assistance Shower/Bathe Self - 04. Supervision or touching assistance 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 2 of 3		
Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by ORR, DANIEL PT		08/31/2026		

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Surface - 04. Supervision or touching assistance, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Shower/Bathe Self - 04. Supervision or touching assistance, 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
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