

Home Health Certification and Plan of Care							Order ID: 1195/1137		
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period		4. Medical Record No.		5. Provider No.	
973395053		08/03/2026		From: 08/03/2026 To: 10/01/2026		864		239350	
6. Patient's Name and Address Gerald Omstead 863 4TH ST, CHARLEVOIX, MI 497209724- (269) 339-7243					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 07/10/1943 9. Sex Male					10. Medications: Dose/Frequency/Route (N)ew (C)hanged ACETAMINOPHEN 500 MG Tab Oral TID HYDROCHLOROTHIAZIDE 12.5 MG Cap Oral Daily TOPROL-XL 50 MG Tab Oral Daily TRAMADOL 50 MG Tab Oral q6hr, PRN Moderate Pain ELIQUIS 5 MG Tab Oral BID				
11. ICD Z47.1	Principal Diagnosis Aftercare following joint replacement surgery			Date 08/03/26	15. Safety Measures: fall precautions, ambulates with device, hip precautions, walker precautions				
13. ICD Z96.642 I48.20 I10. N40.0 F32.A G47.33 G47.00 M25.512	Other Pertinent Diagnoses Presence of left artificial hip joint Chronic atrial fibrillation unspecified Essential (primary) hypertension Benign prostatic hyperplasia without lower urinry tract symp Depression unspecified Obstructive sleep apnea (adult) (pediatric) Insomnia unspecified Pain in left shoulder			Date 08/03/26 08/03/26 08/03/26 08/03/26 08/03/26 08/03/26 08/03/26 08/03/26					
14. DME and Supplies: walker, bath bench									
16. Nutrition: regular									
18.A. Functional Limitations None of the above									
19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No									
20. Prognosis: good									
22. A Rehabilitation Potential: SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.									
Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home					22.B.Discharge Plans patient will be responsible for managing treatment				
Clinical Condition Requiring Homecare: Evaluate and treat. S/P L THA									
SN Careplans						SN Goals			
PT Careplans PT WK1: 2 (08/03/26-08/08/26) ,WK2: 2 (08/09/26-08/15/26) 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), 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						PT Goals PATIENT-STATED GOAL: Complete in home post surgical rehab, improve ambulation GOALS patient self-administers medications as prescribed * recalls related medication(s) purpose, schedule Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 - Step (curb) - 06. Independent 4 Steps - 06. Independent Picking Up Object - 06. Independent			
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by LUBELAN, SAMANTHA RN SN on 08/03/2026							25. Date HHA Received Signed POT		
24. Physician's Name and Address DARCIE DOHNAL 14734 PARK AVENUE BLDG A CHARLEVOIX PRIMARY CARE CHARLEVOIX, MI 49720-1927 PHONE: (231) 547-6554 FAX: 12313927332 NPI: 1487800959					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 : 07/27/2026				
27. Attending Physician's Signature and Date Signed 09/02/2026 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 2				

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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:Yes 08/06/2026 Problems : GG0170K1 - Walk 150 Feet GG0130F1 - Upper Body Dressing GG0130A1 - Eating GG0130H1 - Don/Doff Footwear GG0130G1 - Lower Body Dressing GG0130E1 - Shower/Bathe Self GG0130C1 - Toileting Hygiene GG0130B1 - Oral Hygiene GG0170E1 - Chair to Bed to Chair GG0170P1 - Picking Up Object GG0170O1 - 12 Steps GG0170N1 - 4 Steps GG0170M1 - 1 - Step (curb) GG0170L1 - Walk 10 ft on Uneven Surface GG0170J1 - Walk 50 ft with 2 Turns GG0170I1 - Walk 10 Feet GG0170G1 - Car Transfer GG0170F1 - Toilet Transfer GG0170D1 - Sit to Stand Pain Effect on Sleep Pain Interference with ADLs M1400 - Dyspnea M2020 - Oral Med Management abnormal blood pressure muscle weakness limited strength limited endurance PROCEDURES: cough/deep breathing exercises, home exercise program, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training TEACH PATIENT/CAREGIVER: patient self-administers medications as prescribed, related medication(s) purpose, schedule, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Don/Doff Footwear - 06. Independent		12 Steps - 06. Independent Don/Doff Footwear - 06. Independent		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	08/03/2026