Home Health Certification and Plan of Care

Order ID: 1195/1435

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
HRT116150935001	09/02/2026	From: 09/02/2026 To: 10/31/2026	963	239350

6. Patient's Name and Address

Dianne Darga
1008 N CEDAR ST,
ROGERS CITY, MI 49779-
9897344721

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 02/18/1945 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
I48.0	Paroxysmal atrial fibrillation	09/02/26

13. ICD	Other Pertinent Diagnoses	Date
S32.030D	Wedge comprsn fx third lum vert subs for fx w routn heal	09/02/26
S22.32XD	Fracture of one rib left side subs for fx w routn heal	09/02/26
I50.22	Chronic systolic (congestive) heart failure	09/02/26
I34.0	Nonrheumatic mitral (valve) insufficiency	09/02/26
E11.9	Type 2 diabetes mellitus without complications	09/02/26
I10.	Essential (primary) hypertension	09/02/26
I69.398	Other sequelae of cerebral infarction	09/02/26

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

ACETIC ACID 0.25% IN PLASTIC CONTAINER unit mouth daily Commonly known as: VITAMIN D3
DULOXETINE HYDROCHLORIDE 20 MG mg mouth daily Commonly known as: CYMBALTA
ESTRADIOL 0.1 MG % vaginal 2 (two) times a week Commonly known as: ESTRACE. Insert into the vagina
LEVOTHYROXINE 75 mcg mouth daily Commonly known as: SYNTHROID
VALSARTAN 40 MG tablet (40 mg total) mouth daily Commonly known as: Diovan. Start taking on: August 18, 2026. Replaces: losartan 50 mg tablet
ATORVASTATIN 40 MG mg mouth nightly Commonly known as: LIPITOR
DILTIAZEM 120 MG capsule (120 mg total) mouth daily Commonly known as: cardiZem CD
METOPROLOL 50 MG mg mouth daily Commonly known as: TopROL XL
POTASSIUM 20 mEq mouth daily Commonly known as: Klor-Con M
MAGNESIUM 400 MG tablet mouth daily Commonly known as: Mag-Ox
ELIQUIS 2.5 MG tablet (2.5 mg total) mouth 2 (two) times a day Commonly known as: Eliquis
ASPIRIN 81 MG mg daily Chew and swallow
Mounjaro 2.5 mg/0.5 mL subcutaneous injection 2.5 MG mg subcutaneous every Wednesday Generic drug: tirzepatide. Inject under the skin

14. DME and Supplies:

walker, grab bars, diabetic supplies, small base cane, bath bench

15. Safety Measures:

ambulates with device, fall precautions, walker precautions, hand rails

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

Prednisone, Adhesive Tape-Silicones, Ciprofloxacin, Diazepam, Gabapentin, Ind

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

Cane, Walker

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: 2. Sometimes, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

20. Prognosis: fair

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.

22.B.Discharge Plans

SN: patient will be responsible for managing treatment
PT: patient will be responsible for managing treatment
OT: patient will be responsible for managing treatment

Homebound status: medical condition could get worse if patient leaves home

Clinical Condition Requiring Homecare: - I48.0 - Paroxysmal atrial fibrillation with rapid ventricular response

SN Careplans

SN frequency Auth AUTH-14644743 WK1: 1 (09/02/26-09/05/26),Auth AUTH-14644743 WK2: 1 (09/06/26-09/12/26),Auth AUTH-14644743 WK3: 1 (09/13/26-09/19/26),Auth AUTH-14644743 WK5: 1 (09/27/26-10/03/26),Auth AUTH-14644743 WK7: 1 (10/11/26-10/17/26),Auth AUTH-14644743 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: 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), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 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 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

SN Goals

PATIENT-STATED GOAL: Pt wants to heal fractured ribs and build back strength and do things more independently

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 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
* 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
* depression-prevention strategies including avoidance of isolation
* healthy eating

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by LUBELAN, SAMANTHA RN SN on 09/02/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Connie Booms
PO BOX 427
hillman, MI 49746
PHONE: (989) 354-2197 FAX: (989) 354-1952 NPI: 1700591005

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 : 08/18/2026

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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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:Do not resuscitate (DNR) orders

09/02/2026 Problems : M1720 - Anxiety
D0700 - Social Isolation
M1610 - Urinary Incontinence
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
weak hand grips
limited range of motion
limited strength
open sores/lesions
abnormal BS < 70/140 > mg/dL
D0160 - Depression

PROCEDURES: showers : offer assistance with showers at every visit, cough/deep breathing exercises, incentive spirometer, glucose testing via monitor, bladder training, coordinate/arrange long-term socialization activities

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, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, * strategies to increase socialization, related medication(s) purpose, schedule

* sleeping habits
* identification of activities that bring pleasure
* preventive care
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to increase socialization
* recalls related medication(s) purpose, schedule

PT Careplans

PT frequency Auth AUTH-14644743 WK2: 1 (09/06/26-09/12/26),Auth AUTH-14644743 WK3: 1 (09/13/26-09/19/26),Auth AUTH-14644743 WK4: 1 (09/20/26-09/26/26),Auth AUTH-14644743 WK5: 1 (09/27/26-10/03/26),Auth AUTH-14644743 WK6: 1 (10/04/26-10/10/26),Auth AUTH-14644743 WK7: 1 (10/11/26-10/17/26),Auth AUTH-14644743 WK8: 1 (10/18/26-10/24/26),Auth AUTH-14644743 WK9: 1 (10/25/26-10/31/26)

09/10/2026 Problems : GG0170D1 - Sit to Stand
GG0170F1 - Toilet Transfer
GG0170I1 - Walk 10 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170M1 - 1 - Step (curb)
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170P1 - Picking Up Object
GG0170G1 - Car Transfer
GG0170E1 - Chair to Bed to Chair
GG0170L1 - Walk 10 ft on Uneven Surface

PROCEDURES: 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., gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: 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, 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

PT Goals

PATIENT-STATED GOAL: Return to prior level of function.

GOALS
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

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
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	09/02/2026

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OT Careplans

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09/09/2026 Problems : Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130F1 - Upper Body Dressing
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating

PROCEDURES: home exercise program: BUE Strengthening and AROM including proximal and distal, equipment training, work simplification/energy conservation, transfers training

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, Picking Up Object - 05. Setup or clean-up assistance, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: Patient would like to be more independent with household chores and self care tasks such as dressing lower body and showering.

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 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

Picking Up Object - 05. Setup or clean-up assistance

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Upper Body Dressing - 06. Independent

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