Home Health Certification and Plan of Care

Order ID: 1195/1448

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
2CE9RQ5XC23	09/04/2026	From: 09/04/2026 To: 11/02/2026	959	239350

6. Patient's Name and Address

Dianne Gruse
7241 CO ROAD 612,
KALKASKA, MI 496468727-
231-624-0000

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 10/15/1944 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
M48.061	Spinal stenosis lumbar region without neurogenic claud	09/04/26

13. ICD	Other Pertinent Diagnoses	Date
M54.50	Low back pain unspecified	09/04/26
M54.16	Radiculopathy lumbar region	09/04/26
M41.85	Other forms of scoliosis thoracolumbar region	09/04/26
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	09/04/26
G89.29	Other chronic pain	09/04/26
R53.1	Weakness	09/04/26
Z74.09	Other reduced mobility	09/04/26
N18.30	Chronic kidney disease stage 3 unspecified	09/04/26
G60.9	Hereditary and idiopathic neuropathy unspecified	09/04/26
I10.	Essential (primary) hypertension	09/04/26

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

PANTOPRAZOLE 40 MG mg= 1 Tab Oral Daily
Prednisone - Prednisone 10 mg 3 tabs x3 days, 2 tabs x3 days, 1 tab x3 daysm 1/2 tab x2 days by mouth as directed
VESICARE 5 MG mg= 1 Tab Oral Daily
Tizanidine Hydrochloride - Tizanidine Hydrochloride eq 2 mg base 1 tab by mouth three times a day
TYLENOL 500 MG mg= 2 Tabs Oral TID, PRN
VOLTAREN 4 gm Top QID, PRN 1 refills
Amilodipine - Amlodipine Besylate 5mg by mouth once a day
FLUTICASONE 1 Spray Each Affected Nostril BID
PRAVASTATIN 40 MG mg= 1 Tab Oral Daily 3 refills
TRAMADOL 50 MG - 2 Tabs Oral q6hr, PRN
VITAMIN 50 mcg= 1 Cap Oral qPM
Senna - Senna 8.6mg by mouth twice a day
OXYBUTYNIN 5 MG mg= 1 Tab Oral Daily
Pregabalin - Pregabalin 25mg by mouth three times a day
ASPIRIN 81 MG Tab Oral Daily 3 refills

14. DME and Supplies:
walker

15. Safety Measures:
fall precautions, walker precautions

16. Nutrition:
regular

17. Allergies:
Cobalt Chloride - Rash, gabapentin - Nervousness, Shaking, HYDROcodone - An
Nickel - blisters, Rash

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
Exercises Prescribed, 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: 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.

22.B.Discharge Plans
PT: patient will be responsible for managing treatment
OT: patient will be responsible for managing treatment

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

Clinical Condition Requiring Homecare: - M48.061 - Spinal stenosis, lumbar region without neurogenic claudication

SN Careplans

SN Goals

PT Careplans

PT frequency Auth ID 747 WK1: 1 (09/04/26-09/05/26),Auth ID 747 WK3: 1 (09/13/26-09/19/26),Auth ID 747 WK5: 1 (09/27/26-10/03/26),Auth ID 747 WK7: 1 (10/11/26-10/17/26),Auth ID 747 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 < 60 > 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: 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

PT Goals

PATIENT-STATED GOAL: regain independence

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by LUBELAN, SAMANTHA RN SN on 09/04/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
MICHAEL DELANEY
419 S CORAL
KALKASKA, MI 49646
PHONE: (231) 258-7500 FAX: 12312587786 NPI: 1174905905

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 : 08/31/2026

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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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

09/04/2026 Problems : GG0170D1 - Sit to Stand
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
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170G1 - Car Transfer
GG0170F1 - Toilet Transfer
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
difficulty sleeping
balance deficit
limited range of motion
muscle weakness
limited strength
muscle spasms
limited endurance

PROCEDURES: cough/deep breathing exercises, incentive spirometer, monitor intake & output, home exercise program, gait training on uneven surfaces, gait training/stair training, transfers training, monitor dialysis schedule

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, * 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, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, 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

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

Sit to Stand - 06. Independent

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

OT Careplans

OT frequency Auth ID 748 WK1: 1 (09/04/26-09/05/26),Auth ID 748 WK1: 1 (09/04/26-09/05/26),Auth ID 748 WK3: 1 (09/13/26-09/19/26),Auth ID 748 WK3: 1 (09/13/26-09/19/26),Auth ID 748 WK5: 1 (09/27/26-10/03/26),Auth ID 748 WK5: 1 (09/27/26-10/03/26)

09/04/2026 Problems : Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating
GG0130F1 - Upper Body Dressing

OT Goals

PATIENT-STATED GOAL: Pt would like to be able to perform ADLs without fear of falling;Pt states that she would like to go back to a normal life with increased activity and would like to increase strength and balance for safety with transfers, ADL/IADL performance and ambulation.

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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	09/04/2026

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PROCEDURES: cough/deep breathing exercises: Provide Education, home exercise program: BUE AROM exercises in all ranges using red Theraband 3 x 12, equipment training: Using walker for transfers and performing ADLs using environmental modification to reduce fall risk, work simplification/energy conservation: Educate pt on strategies to avoid fatigue and related fall risk

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, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by LUBELAN, SAMANTHA RN SN	09/04/2026