# Home Health Certification and Plan of Care

**Order ID: 1195/1450**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 1001888370V554041 | 09/04/2026 | From: 09/04/2026 To: 11/02/2026 | 2529-2 | 239350 |

**6. Patient's Name and Address**

Borhan Khatib
211 CRESTWOOD DR,
GRAYLING, MI 49738-
9897452248

**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** 02/25/1955 | **9.Sex** Male

| 11. ICD | Principal Diagnosis | Date |
|---|---|---|
| J44.9 | Chronic obstructive pulmonary disease unspecified | 09/04/26 |

| 13. ICD | Other Pertinent Diagnoses | Date |
|---|---|---|

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

8-Hour Bayer - Aspirin 325 mg by mouth as necessary
Albuterol - Albuterol 90 mcg inhaler (8.5g) inhalant four times a day as needed
Bumetanide - Bumetanide 2 mg by mouth twice a day
Allopurinol - Allopurinol 100 mg by mouth once a day
Spironolactone - Spironolactone 25 mg by mouth once a day
Glipizide And Metformin Hydrochloride - Glipizide: Metformin Hydrochloride 5 mg;500 mg by mouth as necessary
Keppra - Levetiracetam 1000 mg by mouth twice a day
Lidocaine - Lidocaine 5% topical as necessary
Lisinopril - Lisinopril 10 mg by mouth once a day
Metoprolol Succinate - Metoprolol Succinate eq 100 mg tartrate by mouth once a day
Naloxone - Naloxone Hydrochloride 4mg/.1 mL nasal as directed
Omeprazole - Omeprazole 20 mg by mouth twice a day
Oxycodone 5/Apap 500 - Acetaminophen: Oxycodone Hydrochloride 500 mg;5 mg by mouth every 12 hours
Tamsulosin Hydrochloride - Tamsulosin Hydrochloride 0.4 mg by mouth after meal
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 500 mg tablet by mouth once a day
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 1000 mcg by mouth once a day
Biotin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 50 mcg by mouth twice a day
Feosol - Ferrous Sulfate: Folic Acid 325 mg by mouth every other day
Metformin - Metformin Hydrochloride 1000 mg by mouth twice a day
Magnesium Oxide - Simethicone 400 mg by mouth once a day
Citracal - Calcium Citrate 200 mg by mouth twice a day
Hydrocortisone Cream - Hydrocortisone Cream 1% ointment topical as necessary
Jardiance - Empagliflozin 10 mg by mouth in the morning
Tiotropium- Olodaterol 2.5 mcg inhaler inhalant twice a day

**14. DME and Supplies:**

diabetic supplies, wheelchair, grab bars, commode, hospital bed, cane, 4 wheeled walker

**15. Safety Measures:**

remove environmental barriers, hand rails, fall precautions, diabetic precautions, ambulates with device, seizure precautions, bathroom safety, activity supervision

**16. Nutrition:**

Z. NO PHYSICIAN-ORDERED DIET

**17. Allergies:**

no known allergies

**18.A. Functional Limitations**

Endurance, Ambulation

**18.B. Activities Permitted**

Up As Tolerated, Walker, Exercises Prescribed, Transfer bed/Chair

**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: 4. Always, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: Yes

**20. Prognosis:** good

**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 Requiring Homecare:** J449 Chronic obstructive pulmonary disease, unspecified

**SN Careplans**

**SN Goals**

**PT Careplans**

**PT Goals**

**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**

ROBYN YATES
1105 SIXTH ST
TRAVERSE CITY, MI 49684-2345
PHONE: (989) 497-2500 FAX: 19893214118 NPI: 1518174101

**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 : 09/02/2026

**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.

# Home Health Certification and Plan of Care

**Order ID: 1195/1450**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 1001888370V554041 | 09/04/2026 | From: 09/04/2026 To: 11/02/2026 | 2529-2 | 239350 |

6. Patient's Name and Address
Borhan Khatib
211 CRESTWOOD DR,
GRAYLING, MI 49738-
9897452248

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

PT frequency Auth VA0062992415 WK1: 1 (09/04/26-09/05/26),Auth VA0062992415 WK2: 1 (09/06/26-09/12/26),Auth VA0062992415 WK3: 1 (09/13/26-09/19/26),Auth VA0062992415 WK4: 1 (09/20/26-09/26/26),Auth VA0062992415 WK5: 1 (09/27/26-10/03/26),Auth VA0062992415 WK6: 1 (10/04/26-10/10/26),Auth VA0062992415 WK7: 1 (10/11/26-10/17/26),Auth VA0062992415 WK8: 1 (10/18/26-10/24/26),Auth VA0062992415 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: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 4. Multiple emergency department visits (2 or more) in the past 6 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

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

09/14/2026 Problems : GG0170L1 - Walk 10 ft on Uneven Surface
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
GG0170G1 - Car 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
GG0170E1 - Chair to Bed to Chair
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130F1 - Upper Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0170P1 - Picking Up Object
GG0130A1 - Eating
D0700 - Social Isolation
M1620 - Bowel Incontinence
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
Home Safety
swelling in legs/around eyes
weak pulses in feet
abnormal blood pressure
extremity burn/tingle/numb
difficulty sleeping
pain radiating to arms/legs
balance deficit
seizures
muscle weakness
limited range of motion
poor muscle tone
swelling of affected area
limited strength
limited endurance

PATIENT-STATED GOAL: Be able to walk to bathroom and back to bed;Be able to walk to garage

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

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

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

patient's living environment is clean/uncluttered

Sit to Stand - 06. Independent

Car Transfer - 06. Independent

Walk 10 Feet - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance

Walk 150 Feet - 05. Setup or clean-up assistance

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

patient/caregiver recalls
* bowel incontinence management including dietary changes
* bowel training
* skin care
* recalls related medication(s) purpose, schedule

Signature of Physician:

Date



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

Date
09/04/2026

# Home Health Certification and Plan of Care

**Order ID: 1195/1450**

| 1. Patient s HI claim No. | 2. Start Of Care Date | 3. Certification Period | 4. Medical Record No. | 5. Provider No. |
|---|---|---|---|---|
| 1001888370V554041 | 09/04/2026 | From: 09/04/2026 To: 11/02/2026 | 2529-2 | 239350 |

| 6. Patient's Name and Address | 7. Provider's Name, Address and Telephone Number |
|---|---|
| Borhan Khatib<br>211 CRESTWOOD DR,<br>GRAYLING, MI 49738-<br>9897452248 | Evergreen Home Health<br>403 W Main Street Suite A1<br>Gaylord, MI 49735-1887<br>989-214-1114<br>1184225021 |

obesity
loss of appetite
bruising/discoloration
swelling in legs/around eyes
D0160 - Depression

PROCEDURES: home exercise program: sitting; marches, LAQ, hip abd, hip adduction. supine: quad set, hamstring set, glute set, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training, coordinate/arrange for maintenance of clean/uncluttered living area

TEACH PATIENT/CAREGIVER: * 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * bowel incontinence management including dietary changes bowel training 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, patient's living environment is clean/uncluttered, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, 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 |