Home Health Certification and Plan of Care

Order ID: 1195/1436

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
0052682140	09/02/2026	From: 09/02/2026 To: 10/31/2026	949	239350

6. Patient's Name and Address

Carlene Wood
509 W 10th Street,
MIO, MI 48647-0065
(989) 390-1963

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 07/16/1980 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
K65.1	Peritoneal abscess	09/02/26

13. ICD	Other Pertinent Diagnoses	Date
K63.1	Perforation of intestine (nontraumatic)	09/02/26
Z93.2	Ileostomy status	09/02/26
R56.9	Unspecified convulsions	09/02/26
F20.9	Schizophrenia unspecified	09/02/26
F43.10	Post-traumatic stress disorder unspecified	09/02/26
D32.9	Benign neoplasm of meninges unspecified	09/02/26
F17.200	Nicotine dependence unspecified uncomplicated	09/02/26
E66.9	Obesity unspecified	09/02/26

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

Decadron - Dexamethasone 1mg tabs by mouth as directed taper as directed
Hep Flush Kit In Plastic Container - Heparin Sodium 10 units/ml 5ml intravenous as necessary after infusion and saline flush
IMODIUM 4 MG mg Oral 3x Daily Last Action Given, 4 mg at 08/25 0530
LAMICTAL 100 MG mg Oral 1x Daily with Breakfast Last Action Given, 100 mg at 08/24 0928
LYRICA 50 MG mg Oral 2x Daily Last Action Given, 50 mg at 08/24 2146
Naloxone Hcl - Naloxone Hydrochloride 0.4 mg/ml 1 spray inhalant as necessary PRN for opioid overdose
Pepcid - Famotidine 20 mg 1 tab by mouth twice a day
RISPERDAL 3 MG mg Oral HS Last Action Given, 3 mg at 08/24 2146
ROXICODONE 5 MG mg Oral Q6H PRN Last Action Given, 5 mg at 08/25 0405
TYLENOL 500mg Oral Q6H SCH Last Action Given, 1,000 mg at 08/25 0405
Valium - Diazepam 5 mg 1 tab by mouth twice a day PRN
Lisinipril - Hydrochlorothiazide: Lisinopril 10mg by mouth once a day
VITAMIN 500 MG mg Oral 1x Daily with Breakfast Last Action Given, 500 mg at 08/24 0928
Normal Saline Flush - Normal Saline 10ml intravenous as necessary before and after infusions and PRN
MERREM 2000mg IV Q8H

14. DME and Supplies:

ostomy supplies, IV supplies, wound care supplies, bath bench

15. Safety Measures:

medication safety, fall precautions, standard precautions, seizure precautions

16. Nutrition:

low fiber

17. Allergies:

Adhesive: Rash-Mild; Codeine: Nausea And Vomiting; Metoclopramide: Agitation

18.A. Functional Limitations

Endurance

18.B. Activities Permitted

Up As Tolerated

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: Yes

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

SN: patient will be responsible for managing treatment

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

Clinical Condition Requiring Homecare: Anticipate DC in 2-3 days with IV antibiotics, wound care and ostomy care. Pt and family are teachable. Can you accept/ Thx

SN Careplans

SN frequency Auth ID 686 WK1: 2 (09/02/26-09/05/26),Auth ID 686 WK2: 2 (09/06/26-09/12/26),Auth ID 686 WK3: 2 (09/13/26-09/19/26),Auth ID 686 WK4: 2 (09/20/26-09/26/26),Auth ID 686 WK5: 2 (09/27/26-10/03/26),Auth ID 686 WK6: 2 (10/04/26-10/10/26),Auth ID 686 WK7: 2 (10/11/26-10/17/26),Auth ID 686 WK8: 2 (10/18/26-10/24/26),Auth ID 686 WK9: 2 (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: 2. Non-agency caregiver(s) need training/supportive services to provide assistance

HOSPITALIZATION RISKS: 2. Unintentional weight loss of a total of 10 pounds or more 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, 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 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

SN Goals

PATIENT-STATED GOAL: Heal wounds and prevent more infection

GOALS

patient/caregiver recalls
* ostomy management including how to clean stoma
* change ostomy pouch
* 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
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* 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

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by STRICKLER, SYDNEY SN RN on 09/02/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

BRIANNA EDSON
1200 W NORTH DOWN RIVER RD STE
C GRAYLING, MI 49738-8024
PHONE: (989) 348-0550 FAX: 19893480473 NPI: 1003448846

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 : 08/28/2026

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: 1195/1436

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
0052682140	09/02/2026	From: 09/02/2026 To: 10/31/2026	949	239350

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Carlene Wood 509 W 10th Street, MIO, MI 48647-0065 (989) 390-1963	Evergreen Home Health 403 W Main Street Suite A1 Gaylord, MI 49735-1887 989-214-1114 1184225021

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:Patient DOES NOT have DPOA-HC

09/04/2026 Problems : cluttered/soiled living area (CM)
unsafe floor coverings (CM)
#1 - Observable Surgical Wound - Other - RLQ #1 -
#2 - Observable Surgical Wound - Other - RLQ #2 -
#3 - Observable Surgical Wound - Other - Midline abdomen -
M1630 - GI Ostomy
M1033 - Unintentional Weight Loss
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
lightheadedness
limited endurance
irritation/discharge stoma site
M2102c - Med Admin
D0160 - Depression
M2102d - Caregiver Performs Treatment

PROCEDURES: physician-ordered wound care: #2 - Observable Surgical Wound - Other - RLQ #2 -: Cleanse wound with saline. Cover with ABD. Change daily., physician-ordered wound care: #1 - Observable Surgical Wound - Other - RLQ #1 -: Remove packing. Cleanse wound with saline or wound cleanser. Re-pack with saline moistened roll gauze. Cover with ABD. Change daily., physician-ordered wound care: #1 - Observable Surgical Wound - Other - RLQ #1 -: Remove packing. Cleanse wound with saline or wound cleanser. Re-pack with saline moistened roll gauze. Cover with ABD. Change daily., physician-ordered wound care: #3 - Observable Surgical Wound - Other - Midline abdomen -: Turn off wound vac. Remove wound vac dressing. Cleanse wound with saline or wound cleanser. Apply new wound vac dressing per order. Dressing to be changed on Tuesdays and Fridays., physician-ordered wound care: #1 - Observable Surgical Wound - Other - RLQ #1 -: Remove packing. Cleanse wound with saline or wound cleanser. Re-pack with saline moistened roll gauze. Cover with ABD. Change daily., Weekly labs: Weekly labs to obtain via PICC line: CBC w/ diff and CMP., IV antibiotic administration: Administer 2g of meropenem via PICC line Q8 over 15 minutes. Using SASH method, flush prior to and after antibiotic administration and administer heparin. Clean hub for 15 seconds between each connection., PICC line care: Change PICC line dressing in sterile fashion once per week and PRN. Change extension and microclave weekly and PRN., cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, wound vacuum: To be completed on Tuesdays and Fridays: Remove wound vac dressing. Cleanse wound with saline or wound cleanser. Frame wound with drape. Cut black foam to fit and apply to wound bed. Cover entire area drape. Cut small hole above black foam. Apply suction tubing. Connect to canister tubing. Power wound vac back on and ensure suction is maintaining at -125mmHg., apply collection/fistula pouch, ostomy care & irrigation: provide education n ostomy pouch and care. highlight no use of wipes around stoma, only warm soap and water to clean area. Once preferred products are noted, please enter in POC, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange repair of unsafe floor coverings, coordinate/arrange for maintenance of clean/uncluttered living area

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * strategies to increase caloric intake, related medication(s) purpose, schedule, * ostomy management including how to clean stoma change ostomy pouch, 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, patient living environment has safe floor coverings, patient's living environment is clean/uncluttered, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

* 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
* strategies to increase caloric intake
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

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

patient living environment has safe floor coverings

patient's living environment is clean/uncluttered

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Signature of Physician:	Date
	PAGE 2 of 2
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by STRICKLER, SYDNEY SN RN	09/02/2026