HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 1195928

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
135278366	06/17/2026	08/16/2026 - 10/14/2026	719	239350

Patient's Name and Address	Gender	Date of Birth	Phone Number
SHERRY ABBE 269 E KNEELAND RD MIO, MI 48647	Female	12/01/1960	(989) 390-3380
	Email		Primary Language: English

Clinical Profile

Provider's Name	Address	Phone Number
Evergreen Home Health	403 W Main Street Suite A1 Gaylord, MI 49735	989-214-1114
NPI: 1184225021		Fax Number: 866-410-7843

Clinical Condition Requiring Homecare:	Physician Statement on Homebound Status:
Chronic obstructive pulmonary disease w (acute) exacerbation	There exists a normal inability to leave the home. Leaving home requires a considerable and taxing effort. Because of illness or injury, the person needs a walker and assistance of another person in order to leave their place of residence.

ICD-10 CM Principal Diagnosis: J44.1. Chronic obstructive pulmonary disease w (acute) exacerbation

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
J43.2	Centrilobular emphysema	Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT 2 puffs inhalant every 4 hours Aspirin 81Mg - Aspirin 1 capsule by mouth in the morning Levothyroxine Sodium - Levothyroxine Sodium 25 MCG / 1 capsule by mouth in the morning Rosuvastatin Calcium - Rosuvastatin Calcium 40 mg 1 tablet by mouth in the morning Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT 1 puff by mouth in the morning Plavix - Clopidogrel Bisulfate eq 75 mg base 1 tablet by mouth once a day Percocet - Acetaminophen: Oxycodone Hydrochloride 325 mg;7.5 mg 1 tablet by mouth as necessary every 4 hours as needed for pain Bactrim Ds - Sulfamethoxazole: Trimethoprim 800 mg;160 mg 1 tablet by mouth twice a day Cyclobenzaprine Hydrochloride - Cyclobenzaprine Hydrochloride 5 mg 1 tablet by mouth twice a day Mirtazapine - Mirtazapine 15 mg 1 tablet by mouth at bedtime Nitrostat Sublingual Tablet Sublingual 0.3 MG / 1 Tablet sublingual as necessary dis tnt
G35.D	Multiple sclerosis unspecified	
I10.	Essential (primary) hypertension	
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	
I65.29	Occlusion and stenosis of unspecified carotid artery	
I35.0	Nonrheumatic aortic (valve) stenosis	
R73.9	Hyperglycemia unspecified	
R29.6	Repeated falls	

Prognosis	Mental and Psychosocial Status
fair	COGNITION: 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer, ANXIETY: 0. Never, SOCIAL ISOLATION: , BEHAVIORAL ISSUES: , HISTORY OF DEPRESSION:
Functional Limitations Bowel/Bladder Incontinence, Endurance	**Activities Permitted** Wheelchair
DME & Supplies walker, oxygen supplies, , , grab bars, , hoyer lift, , , , bath bench, wheelchair	**Safety Measures** diabetic precautions, fall precautions, transfer with assist, wheelchair precautions, , standard precautions, O2 precautions, medication safety, bathroom safety,
Nutrition Z. NO PHYSICIAN-ORDERED DIET	**Allergies** Paxil (Difficulty breathing), natalizumab (Dyspnea), Tysabri (difficulty breathing)

Advance Directives	Caregiver Status
No Advance Directive	0. No assistance needed - patient is independent or does not have needs in this area
Rehabilitation Potential	**DISCHARGE PLAN:**
SELF-CARE: , MOBILITY:	patient will be responsible for managing treatment family/caregiver will be responsible for managing treatment

Orders for Discipline and Treatment:

1 - SOC - SN: Home care referral/order dated 06/04/2026 for RN and Home Health Aide services. Order states referral is based on face-to-face encounter, symptoms justify support difficulty to leave home for medical services required, COPD, no discharge today, and vital sign notification parameters: SBP >100-150, DBP 60-90, pulse 60-110, O2 sat yes.
- Patient presented to the emergency department for difficulty breathing after pneumonia within the past two weeks. History and Physical documents COPD exacerbation with no home oxygen at baseline, emphysema on chest x-ray, CTA negative for pulmonary embolism, DuoNebs, budesonide-formoterol, albuterol PRN, dexamethasone, and azithromycin. Hyperglycemia was noted as steroid induced, with initial glucose reported as 886, later 429, and plan for blood glucose checks and sliding scale insulin. Patient also reported several falls at home.

PT Eval

4 - Recertification PT

4 - Recertification

3 - ROC - SN: ROC

SN CAREPLAN

SN frequency WK1: 1 (08/16/26-08/22/26),WK2: 1 (08/23/26-08/29/26),WK3: 1 (08/30/26-09/05/26),WK4: 1 (09/06/26-09/12/26),WK5: 1 (09/13/26-09/19/26),WK6: 1 (09/20/26-09/26/26),WK7: 1 (09/27/26-10/03/26),WK8: 1 (10/04/26-10/10/26),WK9: 1 (10/11/26-10/14/26)

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: 1. History of falls (2 or more falls- or any fall with an injury- in the past 12 months), 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

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

08/14/2026 Problems : M1810 - Upper Body Dressing
M1820 - Lower Body Dressing
M1830 - Bathing
M1840 - Toilet Transferring
M1850 - Transferring
loss of appetite

PROCEDURES: cough/deep breathing exercises, incentive spirometer, assist with fall prevention, assist with O2 safety

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise

SN NARRATIVE

Recert assessment complete - patient agreeable to continue with weekly visits.

RN knocked and entered through unlocked front door. Greeted in living room by patient. She is in good spirits. RN informed of recert visit. Patient agreed to continuing weekly visits. Head to toe assessment completed and vitals obtained. Vitals stable. Unable to obtain weight due to patient being unable to stand on scale. Patient currently on 3L nasal cannula and showing no signs of respiratory distress. Patient agreeable with continued POC. Next visit planned for 8/21. Patient denied further questions or concerns at conclusion of visit.

SN GOALS

PATIENT-STATED GOAL: continue improving breathing;regain mobility

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
* lifestyle modifications to manage cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* recalls related medication(s) purpose, schedule

getting enough sleep, related medication(s) purpose, schedule, * 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	

PT CAREPLAN

PT frequency WK1: 1 (08/16/26-08/22/26),WK2: 1 (08/23/26-08/29/26),WK3: 1 (08/30/26-09/05/26),WK4: 1 (09/06/26-09/12/26),WK5: 1 (09/13/26-09/19/26),WK6: 1 (09/20/26-09/26/26),WK7: 1 (09/27/26-10/03/26),WK8: 1 (10/04/26-10/10/26),WK9: 1 (10/11/26-10/14/26)

08/20/2026 Problems : M1860 - Ambulation/Locomotion
M1860 - Ambulation/Locomotion
poor muscle tone
limited strength
muscle weakness
limited endurance

PROCEDURES: transfers training: transfers training, wheelchair training : 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., equipment training : wheelchair use, work simplification/energy conservation: work simplification/energy conservation

TEACH PATIENT/CAREGIVER: Chair to Bed to Chair - 04. Supervision or touching assistance, Sit to Stand - 05. Setup or clean-up assistance, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent

PT NARRATIVE

At today's re-evaluation, the patient continues make progress toward functional goals, participates in care, and tolerated PT interventions well at today's visit. She reports recent hospitalization due to breathing difficulty, and as of today's visit has finished course of new medications. Improvement demonstrated today with strength and home exercise program completion. Ptnt demonstrates sit to stand with mod assist from daughter, and demonstrates basic home exercises in seated and supine position with 50% or greater accuracy. The patient would continue to benefit from continued physical therapy services in order promote greater independence and decrease risk of falls and further hospitalizations. Progress has been slowed by medical comorbidities and safety concerns.

PT GOALS

PATIENT-STATED GOAL: return to prior level of function

GOALS
Chair to Bed to Chair - 04. Supervision or touching assistance

Sit to Stand - 05. Setup or clean-up assistance

Walk 50 ft with 2 Turns - 06. Independent

Walk 150 Feet - 06. Independent

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: SYDNEY STRICKLER SN RN on 08/14/2026

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. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred (or will occur) within timeframe requirements and it is related to the primary reason the patient requires home health services.

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.

Certifying Physician or Allowed Practitioner Name and Address **MUHAMMAD ABDELHAI**
11899 M 32
ATLANTA, MI 49709-9374
NPI 1083190888

Phone Number (989) 785-4855

Fax Number 19893184606

Physician's Signature and Date Signed

X

MUHAMMAD ABDELHAI, MD
: Date of physician last face-to-face